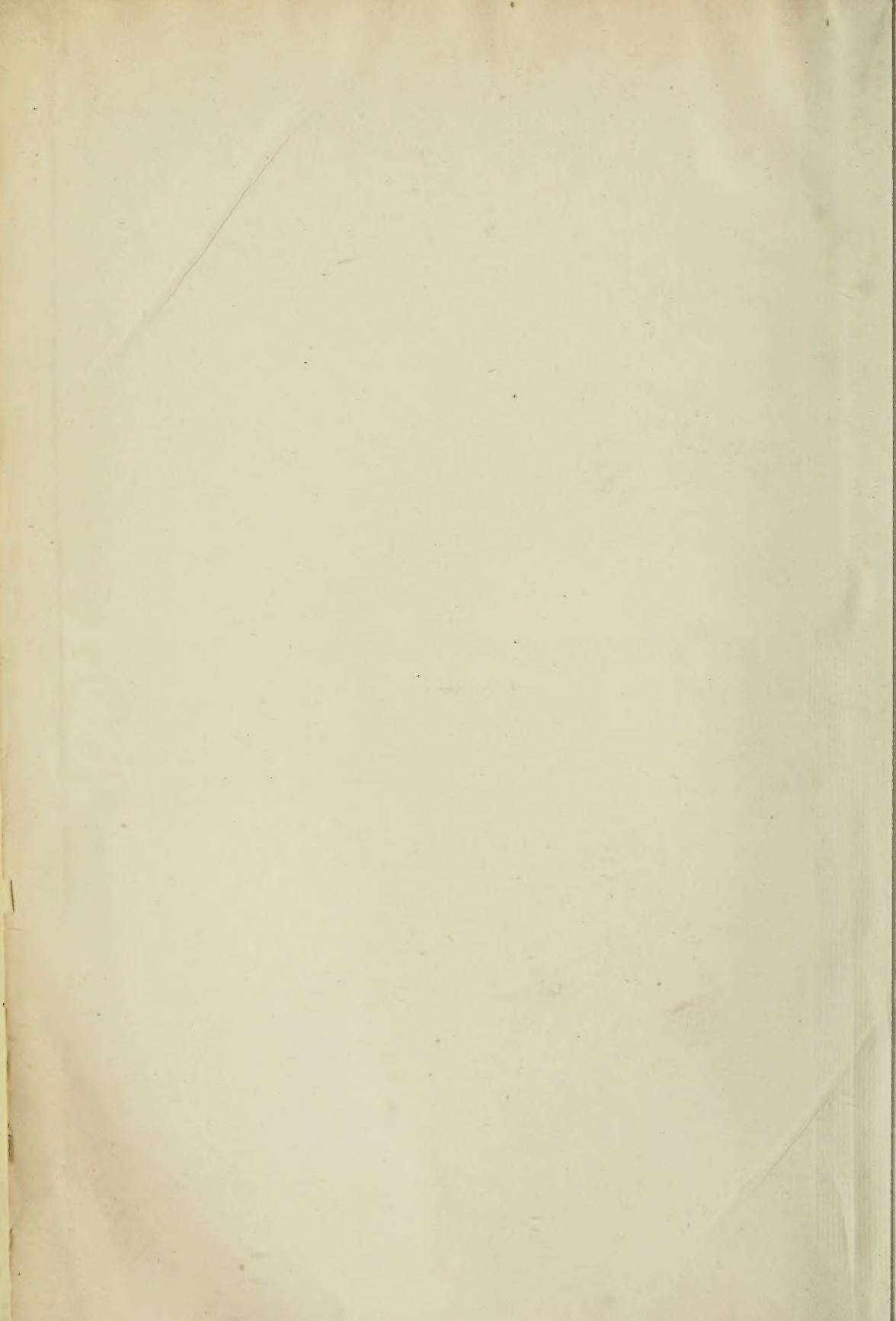


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THE

# BRITISH MEDICAL JOURNAL,

BEING THE

JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.

EDITED FOR THE ASSOCIATION BY

WILLIAM O. MARKHAM, M.D.,

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS; PHYSICIAN TO ST. MARY'S HOSPITAL.

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# BRITISH MEDICAL JOURNAL:

BEING THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.

EDITED BY DR. MARKHAM.

LONDON: SATURDAY, JULY 7, 1866.

## Clinical Lecture

ON

## ADDISON'S DISEASE.

BY

EDWARD HEADLAM GREENHOW, M.D.,

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS; CONSULTING  
PHYSICIAN TO THE WESTERN GENERAL DISPENSARY;  
ASSISTANT PHYSICIAN TO THE MIDDLESEX  
HOSPITAL; ETC.

### PART I.

GENTLEMEN,—I propose to bring under your notice to-day a rare but very interesting disease, which was first recognised only a few years ago by the late Dr. Addison of Guy's Hospital, and is on that account now commonly called Addison's disease. It consists in a particular change of structure in the suprarenal capsules, which usually manifests itself by a peculiar train of constitutional symptoms, and by a very remarkable discoloration of skin. From this last named most striking, though not quite invariable feature, the disease has been frequently but not very happily termed bronzed skin disease; for it is only in a comparatively small number of cases that the peculiar discoloration of skin could be accurately described by the term bronzing.

During the last twelve months, it has singularly happened that we have had in the wards of the hospital four well-marked cases of this uncommon disease; namely, two under Dr. Thompson's care, one under the care of Dr. Stewart, and one under my own care. My own case and one of Dr. Thompson's left the hospital much benefited by treatment, and are still under my occasional observation as out-patients; Dr. Thompson's other case proved fatal on the 2nd instant; and the case under Dr. Stewart is at present in Founder Ward. The suprarenal disease in this patient is, I scarcely doubt, associated with caries of one or more vertebræ, which is by no means an unusual complication of Addison's disease; but the case is none the less, in its history and progress, a typical example of that disease; and the discoloration of skin is perhaps the most characteristic of any which has come under my observation. Partly on this account, and partly also because you have still the opportunity of verifying my statements, I proceed, with Dr. Stewart's permission, to read you an abstract of the notes I have taken of the case.

C. S., aged 32, was admitted an in-patient on the 13th of February. In early life, he worked as an agricultural labourer in his native county of Herefordshire, but for the last thirteen years had been employed as a coal-porter at a London wharf. About three years previously to the commencement of his

illness, he had strained his back severely in the lower dorsal region while shunting a loaded coal-truck, and had felt as if something gave way at the moment of the accident. For some days he suffered much pain in the part, and more or less ever afterwards, though he was able to continue his work. He did not himself attribute the origin of his illness to this injury, and, indeed, attached so little importance to it, that I only elicited the fact by careful inquiry. He stated his health to have been uniformly good until about eight or nine months before his admission to the hospital, when his illness began with headache, sweating and debility, followed by loss of appetite, sickness and breathlessness on exertion, with pain in the lumbar region and right flank. The symptoms of asthenia steadily increased; faintness was super-added to breathlessness on making any muscular effort; and he had been incapacitated from labour for about two months before he came under our observation a month ago. The gastric disturbance also continued; he had nausea, and retching at other times, as well as vomiting after food; the pains in the loins increased in severity, and became associated with gastralgia and with pains in both hypochondria; and these symptoms were all much aggravated by any attempt to move about. Three or four months after the accession of the first constitutional symptoms, his wife had noticed a slight duskiness of colour, which she believed was at first confined to the face and hands, but which gradually spread over the whole body, and progressively deepened in hue.

On careful examination a few days after his admission, I found the skin generally of an olive-brown colour, which was especially marked on the face, hands, and neck; the shade being deepest on the more exposed parts, and least dark on that part of the forehead covered by the hair. The chest, down to the fourth rib, was paler than the face and neck; but the nipples and areolæ were very dark. From the fourth rib downwards, the colour gradually deepened; the abdomen was very dark; the groins still more so; and the penis and scrotum almost black. The upper parts of the thighs were also dark, but the colour faded away towards the legs, which were very lightly tinted. On the right flank, and also over the lumbar vertebræ, were well-defined oval patches darker than the surrounding skin, corresponding with the sites of blisters which had been applied some months previously for the relief of pain in those parts. The knuckles likewise were more deeply coloured than the rest of the hands. But for the thoroughly English cast of the man's features, the peculiar tinge of the discoloration might have easily caused him to be mistaken for a person belonging to one of the darker races of mankind. The white pearly hue of the conjunctivæ contrasted strongly with the dusky complexion; and this is a peculiarity which has been remarked by all those who have carefully observed genuine cases of this disease. Upon the face were several small black specks, which might have passed for congenital marks, had not the patient's wife assured me that they had appeared since the commencement of his



illness—a statement corroborated by the fact that they have manifestly darkened and increased in size, if not in number, since he came under observation. Lastly, there was a dark stain upon the right edge of the tongue, near the tip; and the lips and buccal mucous membrane generally were mottled with brownish discoloration.

In this description, noted nearly a month ago, I have not found it necessary to make any change; for the only alteration that has occurred is the general deepening of the discoloration characteristic of the later stages of the disease.

The patient has complained more or less, ever since his admission, of pain in the loins and right side, and of occasional pain in one or other hypochondrium, but most frequently in the right. He also complains of difficulty in stretching out his legs when he has been lying for some time on his back, with his feet resting on the bed and his knees raised; and says that this difficulty is caused by a sense of tightness, as though the extension of the legs were restrained by cords situated between the flanks and the groins. He has, moreover, a feeling of weakness in the back, as if it were broken or had a loose joint; and a sense of constriction round the lower part of the abdomen, which seems to start from the weak and painful portion of the spine. He rarely now attempts to leave his bed; but, when he does so, suffers from vertigo, with dimness of sight and sickness, accompanied by such extreme prostration, that he is afraid of falling; and, when he sits down in a chair, can scarcely rise again. He has an anxious, exhausted expression of countenance, which is increased by sitting up in bed; is breathless on the slightest exertion, with a tendency to yawn, especially at nights; has frequent retchings, and rarely passes a day without vomiting. His appetite is bad; bowels confined, the faces being dark coloured and dry; urine normal. The pupils of his eyes are large, and act sluggishly under the stimulus of light. He is slightly deaf; but his intelligence is unimpaired. He sleeps badly, owing to the pain in the loins, which he says is more intense by night than by day. There is frequently uneasiness on pressure over the epigastrium and one or other hypochondrium, and always great tenderness on pressure, and severe pain on percussion, over several of the lower dorsal and upper lumbar vertebræ; but he has neither difficulty in micturition, nor yet pain, numbness, nor formication in the lower limbs. The pulse varies from 80 to 100, is exceedingly feeble even when the patient is in a recumbent posture, and becomes almost imperceptible when he is raised up in bed. The percussion-resonance over the anterior and upper part of the chest is slightly deficient; and the respiration is tubular below the right clavicle, and harsh below the left. There is also increased vocal vibration on the right side. The percussion resonance is somewhat deficient over the base of the right lung posteriorly, and the respiration is somewhat harsh over the back of both lungs; but there are no moist sounds. The patient has slight cough, and is subject to catarrh. The heart's impulse, though feeble, is comparatively stronger than the arterial pulse; and the sounds are healthy.

The history and progress of this case render it, as I have said, a typical example of Addison's disease; for although it is true that, besides the vertebral complication to which I have already alluded, there exists apparently some slight inactive pulmonary affection, I need not tell you that neither of these would account for the peculiar constitutional symptoms and discoloration of skin which I have de-

scribed, and which present in an unusually striking and fully developed form all the features recognised as belonging to this remarkable malady.

As regards the assumed vertebral disease, I am led to diagnose it both by the local pain and tenderness in the lumbar vertebræ, and also by the sense of constriction round the abdomen, and the difficulty in stretching out the legs. Lumbar pain, and obscure pain on percussion over the loins, are indeed common in this disease; but here the pain is more severe and better defined than in simple cases of Addison's disease, and is accompanied by the other symptoms which I have described, and which are by no means usual features. I have no doubt that the injury to the back, received now nearly four years ago, produced some mischief, which set up slowly progressive inflammation, with, as I have said, probably caries of the bone and the formation of an abscess; and, if we should hereafter have the opportunity of examining the state of these parts, I expect that we shall find the cellular tissue around the suprarenal capsules thickened, and the capsules themselves infiltrated with tubercular or scrofulous-looking deposit. The time that has elapsed since the injury is indeed considerable, but by no means unparalleled; and I may mention that, in a case of this disease under my own care some years ago, the illness appeared also to have originated from a strain in the back received seven years before the commencement of definite symptoms of Addison's disease. That there is an intimate relation between the vertebral and suprarenal disease in our present case, I am well assured; and I believe the latter to have been caused by the extension of inflammation from the cellular tissue in the vicinity of the carious bone to that surrounding the capsules, and from it, secondarily, to the capsules themselves, which have thus become the seats of inflammatory deposit. My opinion respecting the origin of the suprarenal disease in this case is confirmed by a careful perusal of all the published cases I have been able to meet with; for not only has caries of the spine been found associated with Addison's disease in more cases than any other lesion, excepting always tubercle in the lungs and other organs, but in many other cases in which it was not found I am persuaded, by the symptoms recorded during life, that disease of vertebræ might have been discovered, had it been sought for at the *post mortem* examinations. Moreover, even when no disease of the spine exists, the capsules are often found adherent to adjoining organs, and surrounded by thickened cellular tissue, shewing that inflammation has probably been the primary link in the chain of local mischief.

The pulmonary affection in this case may be of tubercular character; but, whether or not, it is assuredly much too slight to be of any moment in the illness, and far less could it account for the remarkable prostration and other symptoms under which the man is labouring. Seeing, however, that his occupation has been of a very dusty nature, that he has been subject to catarrh, and that there is certainly no marked difference of percussion-note in the two infraclavicular regions, I incline to believe that the slight chest-symptoms are due rather to continued mechanical irritation arising from the inhalation of dust, than to actual tubercular disease. But on this point I can only speak with some doubt and reserve; for the physical signs are slight, and



the patient's condition such as to preclude a thorough examination, and it is certain that tubercular disease of the lungs has been frequently found associated with Addison's disease in so quiescent a form as to have given rise to no prominent symptoms during life. Moreover, as I have myself explained on many occasions, the pulmonary affection caused by mechanical irritants is apt to develop slow tubercular disease in persons of strumous constitution.\* Be this as it may, after eliminating all those symptoms which can be referred to the vertebral and pulmonary complications, there still remain, in an unusually complete degree of development, almost all those especially characteristic of Addison's disease of the suprarenal capsules; and, before proceeding further, it will perhaps be well that I should sum up these under the two heads of Constitutional Symptoms and External Signs; as I have observed them, more or less perfectly developed, in all the genuine cases of the disease which I have had the opportunity of watching.

**I. Constitutional Symptoms.** These are gradually progressive asthenia, often originating without any apparent cause, and seldom dating from any definite period; great languor and indisposition for exertion, with, in advanced cases, breathlessness and palpitation, frequent sighing or yawning, and generally faintness on making any muscular effort, sometimes even on being raised up in bed. There is almost invariably great weakness of the heart's action and remarkable feebleness of pulse; loss of appetite; irritability of stomach with nausea; and towards the end always occasional, often persistent, vomiting. The mind is generally clear to the last; but so great is the prostration in the latest stage of the disease, that the patient often lies in a drowsy, apparently semicomatose state; from which, however, he can be roused by questions, and to these he generally gives pertinent, though slow and reluctant answers. The above I should class as the characteristic symptoms of the disease; but there are, in many cases, pains in the loins, hypochondria or epigastrium, more rarely vertigo and dimness of sight, and occasionally, near death, a tendency to delirium. Death takes place from asthenia, and sometimes rather suddenly. It is a remarkable fact that, notwithstanding the great debility which is the earliest and most constant symptom of the disease, there is, as a rule, in uncomplicated cases, comparatively little or no emaciation. The skin also is soft and cool; the tongue usually clean and moist until the last days of life; the bowels seldom disordered, though sometimes confined; and the urine generally normal. I should not omit to state that the constitutional symptoms which I have described are sometimes masked, or have at least been overlooked, in cases in which Addison's disease existed contemporaneously with some other serious wasting disease, such as phthisis or lumbar abscess; but even in such cases the languor and

prostration have for the most part been out of all proportion to the severity of the more obvious complaint.

**II. External Signs.** The external signs of Addison's disease are found in the peculiar features of the discoloration of the skin, which when present in a fully developed form is, I need scarcely say, the most striking symptom of the disease; and has indeed, in most cases, been the main ground on which it has hitherto been diagnosed. This discoloration of skin is generally of a dusky or yellowish-brown, but sometimes rather of an olive or greenish-brown hue, and gives to the persons in whom it is well marked the appearance of belonging to one of the darker races of mankind. The shade is not uniform on all parts of the skin; being generally deeper on the face, neck, and hands, and in the axillæ and groins, than over the general surface of the body. The penis and scrotum and the nipples and areolæ are usually the darkest parts, and their discoloration may be regarded as among the diagnostic external signs of Addison's disease, although it is true that they have sometimes been absent in otherwise well marked cases. If the patient have been blistered, or have sustained any other superficial abrasion of the skin, the injured surfaces are always darker than the surrounding parts; but the cicatrices of deeper injuries usually remain pale, or, at most, are bordered by a dark ring. Very often also, small, well-defined specks or patches, resembling black freckles, are found upon the face, neck, arms, or trunk; but, so far as I have observed, they appear only on the already discoloured parts. Although the discoloration is generally most marked on certain parts of the body, and may even exist on some parts whilst the skin is in other places of normal hue, there is rarely or never, excepting when the boundary coincides with that of some former injury, any definite line of demarcation between the discoloured and normal portions of the skin, but the former fade insensibly into the latter. In strongly marked cases, the characteristic discoloration is also frequently found upon the lips in the form of an irregular stain running lengthwise, and upon the buccal mucous membrane and sometimes also upon the gums and tongue, in the form of patches or mottled stains; but the discoloration on the tongue, in the only cases I have seen, has assumed a somewhat purplish instead of the usual brownish hue. These discoloured patches inside the mouth may perhaps, when present, be considered as the most decisive of the external diagnostic signs of Addison's disease; they afford a further analogy between the discoloration which takes place in Addison's disease and the natural colouring of the darker races, several individuals of these races who have come under my observation having presented similar dark stains on these parts. It is, on the other hand, important to remark that the conjunctivæ always retain their normal hue, and in the more deeply discoloured cases their pearly whiteness presents a striking contrast to the dusky hue of the face.

\* This lecture was delivered on the 14th of March, and the patient here referred to died on the 28th. In order to complete the case, I may mention that the suprarenal capsules were found in the state anticipated, the disease being evidently farthest advanced in the left capsule. On the left side of the spine, the intervertebral substance had been torn, apparently by violence, from the upper surface of the first lumbar vertebra for about two-thirds of its depth, and in front of the spine, extending from the seventh dorsal to the third lumbar vertebra, was an abscess, containing about two ounces of thick curdy pus. The bodies of the vertebra involved were denuded and rough. Both lungs were extensively adherent to the walls of the thorax, and the apices presented small masses of obsolete cretaceous tubercle, surrounded by consolidated pulmonary tissue.

**MORBID APPETITE.** Dr. Pilcher, in the *Lancet*, relates a case of a lunatic lady who was in the habit of eating nails, stones, and crockery. They were retained in the intestines for ten weeks, and subsequently passed *per anum* without having caused much mischief.



# Illustrations

OF

## HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

### LIVERPOOL NORTHERN HOSPITAL.

#### CASES OF COMPOUND FRACTURE OF THE SKULL.

By H. LOWNDES, Esq., Surgeon to the Hospital.

**CASE I.** *Compound Fracture of the Skull; Severe Lesions.* John Rourke, aged 25, was admitted on September 9th, 1863, at 10 A.M., with a compound fracture in the right temporal region, caused by his falling into a ship's hold. I saw him at 11.30 A.M. The wound was about two inches in length, and the fracture seemed very extensive, but not depressed. He had had bleeding from the nose; at the time of his admission he was excited and delirious, but has now sunk into a state of coma, from which, however, he could be roused; handling the fracture brought on excitement again. Pulse 60. 8 P.M. He had just started up in bed, and talked incoherently of going home, otherwise he had lain in a heavy state. Pulse 70, rather hard.

Sept. 10th, 1 P.M. He had taken a little tea, and had been up to micturate, but in general lay and slept heavily. Touching the fractured bone made him roar, and strike about in great excitement. Pulse 70; head hot, and face rather flushed. I ordered the head to be shaved, and ice to be applied in a bladder.

Sept. 11th. He had not passed urine since the previous day. He lay sleeping, and had taken no food; an attempt to give him some made him very violent. If the wound was touched he howled out. The skin of the forehead was rather red and swollen; the wound was dry and angry; there was great ecchymosis of the eyelids. From his great irritability I could not help suspecting depression; and, in order to make a more thorough examination, gave him a little chloroform. I found a simple fissure of the bone extending both downwards and upwards beyond the wound; neither edge was at all depressed, but the great mobility of the parts satisfied me that the fracture extended deeply towards the base; and I determined not to interfere with it. A poultice was applied to the wound, and a turpentine enema given; and the urine drawn off regularly.

Sept. 12th. He was lying with his eyes open, and answered when spoken to. The injection operated well, and he had taken some beef-tea and milk, and had passed urine himself. He rambled a good deal. I ordered him to have a drachm of tincture of sesquichloride of iron every four hours.

Sept. 13th. He was much worse, quite insensible; had taken no food during the day; pulse 120; intense heat of skin; great palpitation in the epigastric region. I ordered a turpentine enema. He died about 5 P.M.

*Autopsy*, on Sept. 15th, at 1 P.M. While the scalp was being a reflected, a quantity of sanious fluid poured from the nostrils. The skull was found to be very extensively fractured. The fissure that was seen in the wound was an offshoot from a long crack, extending upwards towards the vertex, and in a downward direction dividing into three main splits, two of which entered the right orbit, and passed down to the body of the ethmoid bone, while the other passed into the squamous portion of the

temporal. One fissure crossed over into the roof of the left orbit. The portion of bone most extensively injured was just above the right supraorbital ridge, and fully two inches from the external wound; at this point a fragment of bone was found driven into the brain, and here brain matter was found under the scalp; one large triangular piece of bone lay quite detached, but not depressed; and the roof of the right orbit was fractured in several directions, and one portion of it quite isolated. There was some blood effused, both under the scalp, and under the dura mater. There was some lymph effused on the surface of the brain at the point to which I have referred, and also between the two anterior lobes. The whole of the right anterior lobe was in a pulpy state, its upper part quite disorganised. The rest of the brain seemed healthy.

**CASE II.** *Compound Fracture of Skull, with Depression; Removal of Depressed Bone.* Robert Williams, aged 29, was admitted on December 3rd, 1863, at noon. He had fallen from a high stage leading to a ship's deck on to the wharf. I saw him at 1 P.M., and found that there was a large semilunar flap of scalp; under this the pericranium was exposed for some space, and at one point there was a fracture, with evident depression. The depressed portion was nearly of the size of a shilling; and nearly the whole thickness of the skull could be felt in a portion of the cavity into which the bone had sunk. The wound had bled a good deal; the pulse was low, but the patient was quite sensible. I passed the point of a strong cutting forceps under the raised edge, and removed a piece large enough to allow the elevator to be introduced. The depressed portion was then removed. The inner table was extensively splintered, and a rather long sharp piece that lay loose near the margin of the hole was removed. The dura mater was found to be uninjured. The flap of scalp was laid down again, and the wound dressed with dry lint and a bandage. There was still much collapse, and I ordered six ounces of brandy.

Dec. 4th. He was going on quite well.

Dec. 5th. There were no bad symptoms. The wound was dressed with wet lint; its edges were in apposition, and it looked extremely well. The patient was ordered to have beef-tea and milk; no stimulants. The bowels being costive, six grains of calomel, with twelve of rhubarb, were ordered to be taken immediately.

Dec. 6th. There was high fever; the face was flushed; pulse 120; the skin hot; great thirst. The patient was ordered to have fifteen minims of tartar emetic wine three times a day.

Dec. 7th. He had been delirious in the night, but was now collapsed; surface cold, pulse not to be felt; his mind was confused, but he knew me, and spoke rationally. He died that evening.

On Dec. 9th, I examined the fracture. The wounded scalp was in part adherent to the parts beneath. The exposed portion of dura mater was covered with a layer of fibrinous lymph, and there was adhesion of the dura mater around the opening in the skull. The dura mater was now laid open with a crucial incision, and found not adherent to the parts beneath; the portion of brain exposed looked healthy and firm, very slightly, if at all, injected, and quite free from any deposit of lymph on its surface. On Dec. 10th, I had the calvaria removed. The veins of the dura mater were gorged with blood. The petrous portion of the right temporal bone presented an ecchymosed appearance, but I could detect no fracture at this point. The portion of the brain corresponding with the external wound, could not be distinguished by its appearance from any other part of the surface, and there was no



projecting or very sharp point of bone at the edge of the opening. The surface of the brain was rather injected, particularly about the base and the cerebellum, and here there was some softening. The general surface of the brain was firm; the ventricles did not contain more fluid than usual, but there was a good deal of fluid in the subarachnoid space. The sinuses were all gorged with blood.

I find in my notes, taken at the time, "I am inclined to think a small bleeding or leeching would have done good in this case, also ice to the scalp."

I need not say that the result in this case was very disappointing to me. The dura mater had not been injured, the whole of the depressed bone had been removed, and for some time the case had gone on well. The morbid appearances at the *post mortem* examination were but slight, and had reference to the base of the brain, where there was no very distinct mark of injury.

**CASE III. Compound Fracture of Skull; Hemiplegia; Removal of Depressed Bone.** Michael Noon, aged 32, labourer, was admitted on the morning of Sept. 26th, 1864. A brick had fallen on his head, from some height. There was a wound just to the right of the vertex, and a portion of bone, about the size of a shilling, was completely driven in. He was sensible, but had partial paralysis of the left side. I saw him at 5.30 p.m. There had been no change; he was rational, and could talk, and was free from pain, with the exception of some soreness about the neck and throat, pulse 70. There was partial paralysis, as before; he could lift the left hand slightly, and had complete use of the right hand; the left leg was slightly affected. At one point of the depression a portion of brain-matter could be seen protruding through a fissure, and pulsating. By cutting through an overlapping portion of bone with bone forceps, I was able to introduce the elevator under the depressed portion, but only succeeded in removing the outer table, which seemed to have become almost detached from the inner. The inner table was fractured to a greater extent than the outer, so that there was now this depressed inner table to remove, and I had some difficulty in introducing first a director, and then an elevator, underneath it, and so raising it, and removing it with dressing forceps. There was a good deal of venous bleeding. The wound was loosely brought together, and dressed with a pad of lint, saturated in blood. Low diet was ordered. After the operation, the patient could move the left hand more, but still feebly. He dozed off to sleep in a few minutes.

Sept. 27th, 1 p.m. He had been easy, and had passed a good night. Pulse 84; there was still much loss of power in the left hand and arm; sensation was not affected.

Sept. 28th. He could now move the left leg very freely.

Sept. 30th. The wound was looking well; a poultice was applied; the right side of the head was rather swollen; pulse 72; the bowels had not been moved; and he was ordered to have a castor oil enema immediately.

Oct. 1st. He was better, and free from pain; the bowels were open; pulse 60.

Oct. 6th. He had much pain in the left arm, there was no more power in the limb; the wound was looking well.

Oct. 7th. The pain in the arm was more severe.

Oct. 8th. He had pain in the head; the bowels were confined; pulse 56; he was ordered to have an ounce and a half of compound senna mixture immediately.

Oct. 9th. The pain in the head was gone; pulse 52.

Oct. 10th. He was ordered to have four ounces of port wine, and a chop.

Oct. 12th. He was doing well; pulse 64; tongue clean; the aperient draught was repeated.

Oct. 13th. The bowels had not been moved; and he was ordered eight grains of compound colocynth pill immediately.

Oct. 18th. He had more power in the arm, and could open the hand.

Oct. 25th. He had much more power, and sat up in bed; a shell of bone was bare, and becoming loose. This was afterwards removed. The bowels still remained torpid for some time, but he completely regained the use of his arm, and was discharged cured on December 2nd, 1864, and has remained well ever since. He has just married, and is about to set out for Queensland.

**CASE IV. Compound Fracture of Skull; Extensive Extravasation of Blood.** John McGuffie, aged 33, labourer, was admitted on October 6th, 1865, at 8 a.m. Whilst at his work, a large hammer, weighing ten pounds, fell from a height, and struck him on the right side of the head. There was a large scalp wound a little in front of the right parietal eminence, and an extensive fracture could be felt, and a sharp edge of bone apparently raised a little above the level of the rest of the bone. He was sensible; and beyond restlessness, and some collapse, there was no marked symptom. I saw him soon after admission, and saw no reason to interfere, but gave directions to be sent for at once if serious symptoms set in. About 4 p.m. the right pupil became dilated, insensibility gradually came on, the pulse fell to 50, and at 5.30 there was total insensibility, and dilatation of both pupils. At 6 p.m. I saw the patient; symptoms as above, breathing slow and stertorous. As I was pretty sure that extravasation of blood had taken place, I was preparing to trephine at the seat of fracture, when I found that the raised portion of bone was completely broken through in two parts, and could readily be removed; it included the whole thickness of the skull, which was remarkably thin. The removal of this piece of bone exposed a large firm clot, at least an inch thick, pressing upon the dura mater. With the bone-forceps I enlarged the opening sufficiently to allow me to introduce a finger, and with that and a scoop I removed a large quantity of clotted blood. The dura mater seemed healthy, but was much depressed, and did not then recover itself. The pulsation of the brain was distinct. I could pass my finger down into the temporal region without feeling the limits of the clot. Some little arterial hæmorrhage took place from the interior of the skull, and the head was raised, and ice applied. He became more sensible after the operation. A little milk was ordered, and an enema with brandy given.

Oct. 7th, 1 p.m. He had vomited a good deal during the night. There was no bleeding from the wound; pulse about 90. He was more sensible, and answered when spoken to. He had passed urine. A colocynth enema was ordered to be given immediately.

Oct. 8th. He was quite insensible; the bowels had not acted; pulse 140, full; skin intensely hot, and also moist; he passed urine, and took a little brandy now and then.

Oct. 9th. Pulse 140; there was heat of skin; the lungs were loaded. He gradually sank, and died about 3 p.m.

*Post mortem Examination*, Oct. 11th. On removing the skull-cap, the fracture was found to extend from a little in front of the right parietal eminence, downwards through the squamous portion of the temporal bone, then inwards along the upper surface of the



petrous portion nearly to the sella turcica, and downwards again, quite into the foramen magnum. Two pieces of the squamous portion of the temporal bone were lying loose. Far below the original wound on the head, a very large clot was found, lying between the dura mater and brain. The brain generally was free from inflammatory appearances.

CASE V. *Compound Fracture of the Skull; Slight Depression; Removal of Portion of Bone.* William Cogan, aged 28, labourer, was admitted on the morning of November 15th, 1865. He had been on a lighter passing up pig iron into a ship, when a large broken portion of a pig fell on his head, fractured the skull on the left side near the occiput, and drove part of a pocket handkerchief into the fracture. One edge of the fracture was depressed to about the half the thickness the bone. The external wound was very small. He was not unconscious, and there was no irregularity of the pupils. There was slight bleeding from the nose. At 1 p.m. I enlarged the wound, and with the curved bone forceps removed a portion of bone about the size of a shilling, and elevated the remainder of the depressed part. There was copious venous hæmorrhage from the diploe; the dura mater was found to be quite uninjured. Low diet was ordered.

Nov. 16th. He was rather feverish; had not much pain.

Nov. 17th. Pulse 84; no pain in head. He was ordered to have an aperient draught, and to take beef-tea and milk.

Nov. 18th. His head had been painful during the night; bowels not moved. Ten grains of compound colocynth pill were now given, and followed on the morning of the nineteenth by a castor oil injection, without effect. A minim of croton oil and five grains more of the pill, were ordered, and acted freely.

Nov. 20th. Pulse 72; appetite good; the wound was looking healthy.

Nov. 25th. He was allowed to have a chop.

Nov. 28th. He was doing well; and was ordered to have half a pint of porter.

Dec. 8th. He was made an out-patient. The wound was nearly healed; and in every other respect he was perfectly well.

CASE VI. *Compound Fracture of the Skull; Depression.* Peter Marsh, aged 21, was admitted early on the morning of December 27th, 1865, with a compound fracture of the skull. There was an extensive scalp-wound on the right forehead, one portion of scalp being missing; and the bone was exposed for a considerable space, and dry. The fracture seemed of great extent, and was, at one point, considerably depressed. He had been found at daybreak lying on the platform at Preston Road Station, and it was not known how the injuries were received. When I saw him at 10 a.m., he was insensible, pulse very low, pupils dilated, the right one more than the left. I removed with a lever a large portion of bone, fully two square inches in size. The dura mater seemed bruised and roughened. Wet lint was applied, and brandy and beef-juice were ordered. At 1.30 p.m., I found him restless; he could not be made to take anything; pulse 48.

Dec. 28th. Pulse 56, intermittent every third or fourth beat. He took very little nourishment.

Dec. 29th. He was rather better; pulse 72. He had been quite maniacal the previous evening, and had passed a restless night. The pupils were now alike, and acted imperfectly. He was ordered to have half a grain of muriate of morphia immediately, and to omit the brandy. 9 p.m. Pulse 100; he had slept a little, but was still restless.

Dec. 30th, noon. Pulse 124; pupils natural. He had slept since midnight; his bowels had not been moved. A colocynth enema was ordered. 9 p.m.

Pulse 140, weaker; he was not sensible; the bowels had not been moved. I ordered an enema with an ounce each of castor oil and oil of turpentine, also a little brandy, but he could hardly take any.

Dec. 31st, noon. He had vomited this morning: pulse 124, sometimes intermittent. He had recognised his parents for the first time. He was now in a quiet sleep; his bowels had not yet been moved. The injection was repeated, and his head was shaved. The exposed dura mater was sloughing. The whole right temporal fossa seemed filled with fluid, and the skin at the back of the ear was red and tense. 9 p.m. Pulse 112, weak. He was much more sensible; his bowels had been moved sparingly. He had slept a good deal; he felt hungry. The enema was ordered to be repeated.

Jan. 1st, 1866. He was quite sensible, and talked rationally. As the swelling under the temporal fascia was very painful, an incision was made behind the right ear, and a large quantity of semifluid blood evacuated.

Jan. 2nd. Pulse 84. The enema was repeated.

Jan. 4th. Pulse 68. He had been rather wilder in the night; there was some pain in the head. He was ordered to have five grains of calomel with ten of jalap immediately.

Jan. 5th. The bowels were open; head free from pain.

Jan. 6th. Pulse 68. The tongue was quite clean.

Jan. 9th. He had a good night, and felt quite well; pulse 72. He was ordered to have roast slice for dinner, and a pint of milk.

Jan. 10th. He felt very well and wished to sit up. Extensive suppuration took place in the temporal fossa, and, as it did not find free vent by the opening already made, this was enlarged. Slight hæmorrhage took place from the incision, on Jan. 16th, and again on the 23rd to a more serious extent. I had to enlarge the opening again freely, and secured what seemed to be the bleeding points. On examining the bone that was now freely exposed, behind and above the ear, we found an extensive fracture, evidently continuous with that on the forehead, and there was slight depression. A tablespoonful of wine was given every two hours.

From this time he steadily improved, the original wound was closing, and looked healthy. On Feb. 2nd, 1866, he was discharged at his own request, and went home to his friends in the country.

I learnt that some further hæmorrhage took place, and that a very large shell of bone in the temporal region afterwards exfoliated, and had to be removed by a still further dilatation of the incision behind the ear.\* He gradually gained strength, and has called at the hospital recently, quite well.

In this case the fracture was very extensive, extending, in an arched direction, from the forehead to behind the ear, and the dura mater was injured. The collapse and insensibility lasted a very long time, and were followed by dangerous reaction. The patient was a young man, brought up in a healthy country district, and of abstemious habits, and to these circumstances his recovery may be, in great part, attributed.

CASE VII. *Compound Fracture of Skull; Removal of Bone Four Days after Admission.* William Hawthorne, aged 30, was admitted on April 11th, 1866, at 8 p.m., suffering from a compound fracture of the skull. On the right side, near the occiput, there was

\* Dr. Marsh of this town, who saw the patient at his own home after he had left the hospital, has kindly shewn me the piece of bone that was removed. It consists of a portion of the edge of the squamous part of the temporal bone, and also of a very large piece, nearly three inches long, of the parietal bone—not a mere shell, but the whole thickness of the bone.



a large scalp-wound, but not much bone exposed; and no very distinct depression was ascertained on his admission. He was partially unconscious. There was a good deal of hæmorrhage. He had fallen into the hold of a ship. He was ordered tea night and morning, and beef-tea. The next morning the catheter had to be passed, but was not required afterwards. He became quite sensible, took his food well, and seemed very well, until April 15th, when, after taking tea, he was seized with convulsions. At 8 p.m. I saw him; he had just had two epileptiform attacks, and could now hardly speak. The right pupil was greatly dilated, and acted very slightly, the left was nearly normal. Pulse 60, weak, and rather irregular. As the fracture extended beyond reach, I enlarged the wound forwards, on the right side, along the course of the fracture, for above two inches, and then found a considerable depression at one part. Here I was able, without much difficulty, to get the strong curved bone pliers under the raised edge, and remove a portion of it, and then with the lever to break out a portion of the depressed bone, and to elevate the remainder. The aperture disclosed a considerable coagulum lying upon the dura mater; it was of firm consistence, and dark colour, and had apparently been formed for some days. It adhered very firmly to the dura mater. I removed as much of this clot as I readily could. The dura mater seemed uninjured, but a good deal depressed, and did not then recover itself. There was a good deal of bleeding from the divided bone, which I was able to control by little compresses of lint pressed firmly against the edges for some time. After the removal of the clot, the right pupil became more active, but was still a good deal dilated.

April 16th. Pulse 72; tongue clean. He was quite sensible, had had a very uneasy night, and had a good deal of pain in the head. His urine had to be drawn off. The right pupil was rather dilated, but acted pretty freely.

April 17th. He had had a good night. Pulse 80; tongue clean. He had still some pain in the head, and some dilatation of the right pupil. He took his food pretty well, and could pass urine. His bowels were moved yesterday. The wound looked healthy; a poultice, not to be applied hot, was ordered.

April 18th. Pulse 72, not quite regular; tongue dry in the centre. He complained still of pain in the head. The wound looked healthy, and was suppurating freely. The pupil was almost natural. He had had a good night, and his bowels had been moved this morning. His face looked flushed.

April 19th. Tongue moist; pulse 92. He had slept well; had great pain in the head. I ordered him a pint of milk daily.

April 20th. He was going on well.

April 21st. Pulse 92; tongue clean; wound healthy. He had slept well; the pain in the head was less. The right pupil was still rather dilated. His appetite was quite keen; he was ordered chop and rice pudding.

April 22nd. Pulse 64, weak, intermittent; tongue clean. He has slept well. He was ordered to have four ounces of wine.

April 23rd. Pulse 88, regular; tongue clean; head easier. The wound looked healthy, and the dura mater was seen pulsating, covered with granulations.

April 25th. He was going on well, and had no pain. The right pupil was still slightly dilated.

May 15. He was still remaining in the hospital, but was quite well. The wound was healed as nearly as possible, and hardly any difference between the pupils could be discerned.

July 2nd. I am still keeping him in the hospital, though he remains perfectly well.

In this case it is remarkable that, though no prominent symptoms appeared before the fifth day, the clot had evidently been formed about the time of the accident, and that there were no inflammatory appearances to account for the access of convulsions. As the attack came on just after tea, we may suppose that there was some vascular excitement which the slightly compressed brain could not bear, as we see patients who have suffered depressed fractures of the cranium subject to epileptiform seizures on any excess.

A most important question in relation to injuries to the head is this: if we have a compound fracture of the skull, with evident depression of greater or less extent, but no symptoms of compression, ought we at once to trephine, or in other modes elevate the depressed bone, or ought we to wait for symptoms? As far as my experience goes, founded on several cases in addition to those I have now recorded, I am inclined to think that wherever the depression is at all marked we ought to interfere, and certainly wherever we have reason to suspect, from the nature of the blow, that the inner plate is extensively fractured. I remember having in one week at the hospital two patients admitted; they both had compound fractures affecting the same part of the skull; there was, in both cases, a moderate amount of depression, and there were no symptoms of compression in either case. They were both left to nature; one recovered; the other, an older man, was seized about the eighth day with inflammatory symptoms of a low type, and soon sank.

I cannot think there is any serious danger, either in trephining, or, when practicable, in removing portions of bone with the cutting forceps and elevator. When we have done that, we are no longer in the dark; there will be no irritating bone left to be perhaps for ever a torment, and no clot to hereafter undergo suppuration; at any rate, a vent will be left. It is a very rare thing for trephining to succeed when it is not undertaken until inflammatory symptoms come on.

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THREE CHILDREN AT A BIRTH. The wife of Wm. Stone, of Dan-y-quarry, near Pembrey, had three children born to her on the 16th instant—two boys and a girl. (*Cambria Daily Leader*.)

LEAD-POISONING FROM LEAD GROUND UP WITH FLOUR. During two months, the *New York Tribune* says, people residing in Walkill Valley were attacked by symptoms of lead-poisoning, and in some cases whole families were stricken, and death was caused. The most prominent symptoms were constipation, severe pain in the abdomen, nausea, and vomiting, colic, difficulty in voiding urine, and in many instances the evacuations being mingled with blood; pain and heat in the region of the kidneys, cramps, and partial paralysis of the upper extremities, and an anxious, gloomy expression of countenance. After considerable research, it was found that the lead was conveyed into the stomachs of the sufferers by bread and meal, and, as a greater part of those staples were manufactured at a mill at Phillipsburg, an investigation was made there. It was found that the holes in some of the mill-stones, instead of being filled up with cement, were filled with common lead. The attrition detached particles of lead from the stone and mingled them almost imperceptibly with the flour. The lead when subjected to the baking process, was transformed into carbonate. Dr. Dorrance and Mr. King, on analysing the flour, found lead in it. No less than two hundred and thirteen cases were treated by physicians in the neighbourhood.



# Original Communications.

## NOTES AND OBSERVATIONS ON DISEASES OF THE HEART AND LUNGS.

By T. SHAPTEE, M.D., F.R.C.P., Senior Physician to  
the Devon and Exeter Hospital, etc.

[Continued from p. 488 of vol. i. for 1866.]

It is now proposed to see how far that law of hydraulics which, while enunciating that the momentum of a liquid is as great as that of a solid, further states that anything which receives the momentum will receive as severe a blow as if from a solid, is applicable to the normal valvular sounds emitted by the heart, and is borne out by the rhythmical phenomena observed during the heart's action. In considering the effect of these phenomena, we soon find that the estimation of other conditions and elements is necessary, viz.: the capacity for resonance of the various tissues which are directly influenced by this momentum, and how far the parts immediately surrounding them are media favourable for the conduction of sound. Nevertheless, they neither add to, nor detract from, the above law.

To proceed. Immediately succeeding the second sound, there is the "pause", occupying two-fifths of the period in which the cycle of the heart's action is performed. The "pause" is characterised, with the exception of the presystolic sound, which is probably due to the eddying of the blood as it passes through the auriculo-ventricular openings, by no ostensibly external active phenomena. It is the period in which the ventricles, by the agency of their elasticity, are gradually expanding, and therefore drawing or sucking in the blood from the right auricle and vena cava, or from the left auricle and pulmonary veins, as the case may be. This is done, looking to the supply afforded by the auricles, so gradually, that the auricles are scarcely collapsed thereby, the blood apparently flowing into these latter almost, if not quite, as quickly as it is thus drawn from them. In all this there arises no obstruction to the flow of blood, nor any indication of the formation of eddies, save, as above stated, such as may be indicated by the presystolic sound; the blood passes easily and inaudibly from the auricles into the ventricles.

This period of the "pause" is then succeeded by the first sound. This takes place at the precise moment in which the ventricles start into contraction, and when the mitral and tricuspid valves are thrown back and closed by the blood thus forcibly impinging against them, and when, as a necessary consequence, these valves recoil on the onward current of blood proceeding through the auricles. One of the functions of the auricle, and perhaps the chief, is now exemplified; for, so sudden and so violent is this closure of the valve, that the obstructed current immediately distends the auricle, and, were it not for its elasticity on the one hand, rupture might ensue, and for those fleshy columns, the *musculi pectinati*, on the other, a constantly recurring over-distension.

The following observations made by Dr. Carpenter (*Principles of Physiology*, p. 557) are so confirmatory of the above, that I venture here to quote them, especially as the facts mentioned therein were recorded entirely independently of the views now sought to be deduced from them. He is referring to the case of a child which came under the notice of Cruveilhier,

and where, from the accidental exposure of the heart, ample opportunity was afforded for carefully observing the phenomena, and that by a practised and most competent observer. "The diastole of the heart has the rapidity and energy of an active movement: triumphing over pressure exercised upon the organ, so that the hand closed upon it is opened with violence. This is an observation of great importance; but of the cause to which this active dilatation is due, no definite account can be given. But the dilatation of the auricles appears to be much greater than can be accounted for by any *vis a tergo* (which, as will hereafter appear, is extremely small in the venous system) or by the elasticity of its substance, for it was observed in this case to be so great that the right auricle seemed ready to burst, so great was its distension, and so thin were its walls. Moreover, the large veins near the heart contract simultaneously with the auricular systole, and not with its diastole, so they can have no influence in causing its dilatation."

The first sound, then, is synchronous with this distension of the auricle, and with the simultaneous closure of the auriculo-ventricular valves, and occupies, equally with the preceding "pause" two-fifths of the time consumed in the cycle of the heart's action. Assuming it to be due to the forcible closure of these valves against the stream of blood flowing from the auricle into the ventricle, this dull and prolonged sound may be accounted for partly by the energy of the valvular contraction, and partly by the comparatively large column of blood thus acted on; but chiefly by this column itself impinging on a large amount of soft membranous material, the sound being thus distributed and rendered less sharp, as it also probably is by the expanding of the auricle itself, by which the momentum of the fluid is modified.

It is probable that all these causes, more or less, combine to make that difference in the duration and quality of the first sound, from that which is observable in the second sound, by which it is immediately succeeded.

This second sound, which is comparatively loud and sharp in tone, occupies a duration of time amounting to only one half of that proper to the first sound, and takes place at that moment of time in which the ventricles, after having by their rapid and forcible contraction closed the auriculo-ventricular valves, and after having impelled the blood contained within them into the arteries, resume their quality of elasticity, and then again commence their suction-power. They now offer the condition of being able to redraw back to themselves the blood they have just discharged; but no sooner is such a backward stream commenced, than the semilunar valves are forced thereby into action, and here there occurs, as was the case on the closure of the auriculo-ventricular valves, a sudden obstruction to a moving current of fluid. But this obstruction, though prompt and energetic in its action, and effected through the medium of membranes easily acted on by the opposing current, and being from their structure better conductors of sound, has not to contend with so large an amount of fluid as is the case with the auriculo-ventricular valves, when their respective contractions take place, nor does the fleshy and contracted and consequently empty ventricle offer so fit a medium for the distribution of sound, as is the thin and distended auricle. Hence this second sound is short, sharp, and loud, while the first is dull and prolonged.

The cause of these two sounds is, primarily, the interrupted momentum of the moving fluid; their quality and duration being due to the density



of the medium of the obstruction that receives the blow of this interrupted momentum, together with that of the parts surrounding, they being the means whereby the sound is conducted and rendered appreciable.

Such, then, is the explanation now offered of the normal rhythmical sounds of the heart; but experience shows that these may be variously interfered with, and to the pathologist there then arises an anxious field of inquiry. It now becomes necessary to ascertain whence proceeds this interference, and to what morbid changes or disordered actions it may be due.

Of the disturbance in rhythm only, nothing need here be said, as it will be the subject of reference presently; but we will pass on to a brief consideration of the special physical causes of the substitution, by murmur, of the normal sounds.

In pursuing this inquiry, it will be found that the hydraulic law of the production of sound by the eddying of currents still satisfactorily explains the phenomena of these murmurs, and that a due appreciation of the bearing of this law will assist greatly towards forming just and satisfactory conclusions in the instances presented to us. In the course of discussing some of these, to be subsequently more particularly referred to, this will be rendered more obvious. For the present it will, by way of illustration, be only necessary to summarise some of the more salient positions induced by disordered action.

If the mitral or the tricuspid valves, though efficient as regards their valvular office, present any obstruction to the flow of blood, there will arise a murmur, and this will precede and perhaps entirely take the place of the first sound. In the former of these two instances, the murmur is concluded by it. More often, however, the murmur entirely masks the normal sound; but in both the murmur is induced by some valvular obstruction or want of proportion between the current of blood and the aperture through which it passes, so that a sonorous eddy is thereby caused. But if there be imperfection in these valves, whereby, on contraction of the ventricles, a regurgitation of blood takes place into the auricles (and it is well to bear in mind that this is not an unfrequent condition of these valves, both in disordered states of the heart, as well as in its diseased states), the first sound is never heard, but only a murmur, and that a protracted one, and sometimes even so protracted as to greatly interfere with the audibility of the second sound, or at any rate with its easy and correct appreciation.

The explanation of the above is, that the imperfection in the valves, as regards their closing function, does not efficiently offer an obstruction to the momentum of the flowing current, and hence there is wanting the normal first sound, whilst the murmur, in place thereof, may probably be due to a sonorous eddy in the blood as it enters the ventricle, but certainly to the eddy induced by the regurgitation into the auricle through the limited aperture in the unclosed valve, during the contraction of the ventricle. When the murmur is so protracted as to interfere with the second sound, there is generally abnormal patency, permitting a sonorous regurgitant eddy, and this may succeed and be continuous with a sonorous eddy caused by obstruction to the stream of blood when flowing into the ventricle. The sounds induced by these two eddies are so continuous as to be undistinguishable by the ear, as having two separate and independent sources for their production.

Under these circumstances, the above phenomena will certainly occur, unless it be in those rarer cases where, with a dilated and enfeebled ventricle, the valves are so patent as to offer little or no obstruc-

tion to the regurgitant blood; then perchance no proper murmur may occur, but only a continuous and tumultuous sound. The explanation of this is to be found partly in the very undue patency of the valves, and partly in the enfeebled and disordered condition of the ventricle, inducing a deficient momentum in the current of the blood itself.

If there be an obstructing imperfection in either of the semilunar valves, uncomplicated with other morbid complication, there will be a murmur, most probably so distinct and pronounced as somewhat to interfere with the audibility of the first sound—this is, as it were, absorbed and overpowered by it. The second sound immediately succeeds this murmur. Both the murmur and the second sound are heard most distinctly at the base of the heart, over the region of the aortic valves, and in the course of the aorta. This series of phenomena is explained by the sonorous eddying of the blood produced by the imperfection of the valve being synchronous at its commencement with the first sound. For the most part, obstruction is the cause of the murmurs in the semilunar valves. More rarely they are produced by imperfections permitting regurgitation; and then, when regurgitation with an attendant murmur does exist, it is almost always preceded by murmurs as the evidence of obstruction.

It is necessary to observe great caution in concluding the presence of a regurgitant murmur in the semilunar valves. It is probable that it is less common than is generally assumed to be the case; and, most certainly, a murmur often appealed to as evidence of an imperfection in these valves permitting regurgitation, has been eventually shown not to be due to this cause; but, possibly, to only very slight obstructive causes to the systolic flow, or, may be, to some dilatations in the aorta, or even in the pulmonary artery. In investigating and diagnosing the source of these murmurs, it must not be lost sight of that, as they are due not exclusively to regurgitation, but to perturbations in the flow of the blood, they may equally be produced by aneurisms in these arteries, and where there is no regurgitation, as by that amount of imperfection in the valves which permits it.

To what indications are we, then, to appeal for a correct diagnosis as to the precise seat and origin of a murmur thus situated, so as to decide whether it be, firstly, caused by imperfection in the semilunar valves, or, secondly, whether it be regurgitant or otherwise? Certainly, not to the quality of the sound itself; but, amongst other circumstances, to its position as regards time and place; and the due estimation of this is, more frequently than otherwise, most difficult; for, if these valves present so imperfect a condition as to permit regurgitant murmurs, they likewise are deficient in that perfect condition of structure necessary to offer a complete and successful opposition, or contraction, to the momentum of the obstructed stream of blood.

On looking exclusively to these valves, we might perhaps say that, where a murmur is synchronous with the heart's systole, it is due to obstruction, and to obstruction only; but that, where it is synchronous with the diastole, then it is due to regurgitation. In this latter case it should be somewhat prolonged, as continuing during the more lengthened period of the diastole—it being then, and then only, when regurgitation should ensue; and, inasmuch as the diastole is more gradual than the systole, and the arteries, whether aortic or pulmonary, are not favourable vessels for supplying, in a retrograde mode, blood to the ventricles, the regurgitant sounds would be comparatively feeble, and for the most part continuous with



the systolic murmur, or so in succession to it as to present what may be termed a double murmur. Regurgitant murmurs in the semilunar valves are, however, comparatively but of rare occurrence.

The two normal sounds of the heart, as has been shewn, are due to the closure of the valves against the current of the blood. The murmurs, on the other hand, are, as regards the valves, heard under disordered conditions of these valves, so that their normal relations to the flow of the blood become disturbed; and hence they may arise whenever there is a current of blood relatively too large for the aperture guarded by these valves, and thus presenting a condition of obstruction to its free flow. Any circumstances, therefore, occurring to these valves whereby the fluid passing through them finds a narrowed passage will produce a murmur, and consequently it is immaterial, as a source of sound, whether the blood flows normally onwards or abnormally backwards—the physical condition as regards production of sound is the same.

It may be, in the present day, no very difficult task to set forth what may be the sounds heard as proper to each lesion of the heart; nevertheless, practically, a differential diagnosis is frequently fraught with great difficulty, inasmuch as the sounds and murmurs are often continuous, or one sound may mask or entirely supersede another. Then, again, there is the contiguity of the similar parts of the two hearts, and the synchronism in their actions and their sounds, to be estimated and carefully and duly separated.

The due appreciation of these confusing indications requires much practical skill, and a large necessity for taking into consideration many attendant circumstances. Some few of these constantly recurring difficulties in diagnosis will now be referred to.

[To be continued.]

## CHLOROFORM IN DYING.

By JOSEPH BULLAR, M.D., Physician the Royal South Hants Infirmary.

So many cases where most attention is expected, are those where disease can only be palliated, that palliation becomes a very important part of our duties. Few of this large class are more distressing, than when extreme restlessness and sleeplessness accompany the exhaustion of the last days or weeks of the life of the very aged, especially when (as is often the case) the mental consciousness is still active, and the failure of power in the vital organs is actually felt, with none of that physical courage to bear the suffering, which the same patients had when younger and stronger. That true health, or at least that tenacity of life on which its long duration depended, keeps them alive and suffering, and conscious of this suffering, for a length of time tedious to themselves and often most wearisome to those who watch over them, and who look (so often in vain) to medical aid for an alleviation which would relieve themselves as well as the patient.

Small opiates, which at an earlier stage may have been useful, at this later one often aggravate the distress instead of soothing it; and it is in this condition that the cautious inhalation of chloroform is a great boon.

A lady, aged 82, had been for some years confined to her bed and sofa, and, without any appreciable bodily disease, was now gradually sinking. For some years she had suffered mentally from depression taking a religious form as to her soul's safety, and so persistently, that it seemed like a delusion from

the powers of the brain becoming enfeebled. But she had a good appetite; could employ herself much with finger-work; and, though confined to her room and much in bed, had a very fair amount of bodily health. Some months before her death, the delusions were attended with more excitement and irritability; she slept less, and often not at all; and her appetite gradually declined. Small doses of liquor opii sedativus (from five to ten drops) at night soothed her at first; but, as her strength diminished, the same doses excited her brain, and she lay in a very distressing state of restlessness and prostration, exacting constant attention from those watching her. She lost her appetite and power for solid food, and could only take small quantities of beef-tea and weak brandy and water. In this painful condition, about five weeks before her death, I recommended the inhalation of twenty drops of chloroform at a time at bedtime, on a handkerchief; having first given it to her myself, to see whether it soothed and was agreeable to her, or otherwise; and it was found that this prevented the exciting affects of the liquor opii sedativus until its narcotism exhibited itself, and by both together she had quieter nights. But, after a few days, the opiate was discontinued, as it excited, and chloroform alone used, with so pleasant a result to the patient herself, that she frequently, by a sign, indicated her wish to inhale it, and was partially for a month and wholly for five days before death kept almost constantly under its moderate influence. The effect was to quiet the delusions, to make her mind peaceful and happy, and also to raise the pulse and respiration. Her daughter observed this, and I found it to be the case. When she was so weak that the pulse could only be felt with difficulty, a short inhalation of chloroform rendered it distinctly perceptible, and the respiration became slower and more natural.

At my request, one of this patient's daughters stated in writing their observations on chloroform in their mother's case, as the inhalation was carried out by these ladies and a middle-aged sensible attendant.

"A pleasing feature in her case," writes the daughter, "was, that chloroform never made her really insensible; it only lulled her pain, gently calmed her spirits, and frequently, but not always, sent her to sleep for a few minutes, when she would awake quite herself, with a perfectly natural look and manner, and perhaps ask how long she had been asleep; and this after so many months of fearful excitement. We felt nervously anxious at first of giving her too much, and we never omitted to watch the pulse. One morning, after breakfast—a time when she was generally low—I had given her the usual dose of brandy and water, when she said, 'I do not like the brandy as I did; give me some of the nice stuff to smell' (meaning chloroform). I did so with some anxiety, as she was so low, when, to my great relief, the pulse gradually rose. I continued giving small doses at short intervals, when it very soon regained its usual strength. After this, we constantly noticed the same thing; and we no longer hesitated to give her as much as she craved, especially as the breathing powers were much relieved and became more free, and the countenance took a peaceful and happy expression, such as we had rarely seen in her of late years. To our minds, this craving was an instinct of nature. She had for a long time been asking for something to smell, and nothing we could get for her seemed what she wanted; but, when she had once felt the effects of the chloroform, she never asked for anything else, but for that constantly.

"My mother used just under a quart. The greater part was given during the last week or ten days of



her life; but, the night before she died, she inhaled nearly half a pint. Still she was conscious till within six or eight hours of her death; at that time, we believe she became quite insensible."

Statements of this sort by intelligent friends, who watch effects and describe them without any bias, are especially valuable.

This statement is satisfactory as to chloroform-soothing the mind; for, under its mild influence, the patient was more like herself in the most tranquil periods of her life, and altogether different from that excited and restless or depressed condition which, as her bodily powers failed, added so much to her sufferings. It is also valuable in showing that, in certain weak states of body, chloroform strengthens the pulse and respiration—a fact often observed by those who watch the pulses of patients undergoing operations under chloroform. If the dying state be reckoned by the respiration becoming quicker and the pulse failing, this patient took five days in dying; and, as the chloroform so obviously increased the strength of the pulse and breathing, it rather prolonged than shortened life. Indeed, it seemed to act like the tonic stimulus of food or wine in a stronger bodily condition, and at a time when neither of these could be taken.

This was one of the few cases in which (no *post mortem* examination having been made) the only return of the cause of death I could make was the decay of old age. The lungs, heart, digestive organs, and kidneys, were without disease; and the delusions were attended with no paralysis or loss of cerebral or nerve power.

In the next case, although the patient was 75 years of age, and had been breaking for two years, he did not die of old age, but was greatly worn down by pain. He was well known in this county as a sportsman. He had hunted, shot, and fished from his youth, and still shot all the season; indeed, his last illness was brought on by exposure to cold in shooting, beginning by severe catarrh, and followed by violent pain of the left side of his face and scalp and ear. The pain resisted quinine and other neuralgic remedies, and its obstinacy was eventually explained. He had been deaf for some time; but increased deafness of the ear, with tenderness and some fulness over the mastoid process of the left temporal bone, indicated disease of the petrous portion. He was a man who had been able to bear pain unflinchingly. He was organised for a sportsman—tall, lean, muscular, no fat, large-chested, and bony. In hunting, he had at various times broken or dislocated several of his long bones; and his brother told me he had seen seven men with pulleys trying to reduce his dislocated shoulder, whilst he uttered no complaint; and the surgeons said (in that heroic age of remedies) they could not make him faint. But this pain was so excruciating that it wore him down. It was always there, but at times in acute paroxysms. He had chronic cough and expectoration from bronchitis, and latterly passed much pus from the bladder, giving suspicion of pyæmia, with complete loss of appetite and failing strength. He could never in his whole life take opium, as it excited him; and when he had it now, it produced no relief, but distressing sensations and sickness. In this condition, and about three weeks before his death, when all hopes of his recovery had passed, I recommended him to inhale chloroform. It relieved the pain, and gave him bodily comfort. The effect, he said, was like champagne, when he could drink a bottle of it. As he became weaker, he increased the quantity of it, and kept himself much under its influence. In the last five days, sixty-three ounces of chloroform were used. He was a strong-willed

man, who would do as he liked; and, having once felt the agreeable relief which chloroform gave him, he compelled his niece (who watched him) and his servant to wet his handkerchief with it as often as he called for it. It rendered his last days bearable, and indeed comfortable, instead of a period of excruciating pain. There was no *post mortem* opportunity of seeing the disease which produced this great suffering; but, as the mastoid process was tender on pressure and swollen, and the skin somewhat red, with complete deafness, it was evidently from diseased bone. It recalled a case I saw in February 1863, of a man who seemed literally to die of pain referred to the sacrum and coccyx, which came on after exposure to wet three months before admission into the South Hants Infirmary; and by no remedies could the pain be removed. Subcutaneous injections of morphine, chloroform, veratrine, aconitine; externally, blisters, with morphia, hot hip-baths, were thoroughly tried; externally and internally, opium, chlorodyne, cannabis indica, quinine, iodide of potash, and guaiacum. Short relief was given by relays of four leeches, but this only for a short time; and the poor fellow was actually worn down, and died from this pain. My friend, Professor Aitken of Netley, kindly examined minutely a portion of the sacrum and coccyx I sent him, and the cause was discovered to be vascular tumours in the bony structure. He thus described them. "In both pieces of bone, after the flesh had been removed, vascular tumours are seen. One of them is nodulated, and of the circumference of a shilling; the other less. They are imbedded in the spongy bone, and one at least presses upon the nerves as they make their exit through the sacral foramina. I am of opinion that more of these little tumours have existed in the substance of the sacral bones; perhaps also in the spongy parts of the vertebrae. They seem to me to be of a varicose nature, and connected with the venous system, rather than the arterial."

This case, as in the former, came on after exposure to cold. He had lived very freely, occasionally drinking very hard; and, though only sixty-two, was a worn-out man. He had Bright's kidneys.

It did not occur to me to make him inhale chloroform, as I should do now; for it was one of the most distressing diseases I ever watched, as nothing alleviated his constant pain; and (as the cause showed) nothing but such an anæsthetic as inhaled chloroform would have destroyed pain from tumours pressing on sensitive nerves amongst bone.\*

The only other case in which I have given chloroform to the dying was that of a lady, many years ago, who was subject to very painful attacks of gall-stones. Chloroform inhaled was the only relief. After several gall-stones had passed, at varying intervals of weeks and months, one attack came in which the pain never ceased, and she died after many days, deeply jaundiced. Her son, who was studying medicine, administered the chloroform. "It had the effect," he writes, "of very quickly lulling the pain; and, the moment she was out of pain, I desisted. At such a moment, she was sometimes conscious of my presence, sometimes not. The amount of chloroform used altogether was very large indeed." I found, *post mortem*, a gall-stone of the size of a small marble, impacted in the common duct, two inches from the duodenum. The liver was very large and light yellow; and there was an ovarian tumour, with hair and bones in it, the pressure of which on the crural nerves during life had caused much suffering. She had been an invalid for a long time. In this case, also, when the patient had felt the relief from chloro-

\* Unless Dr. Richardson's ether spray would do it now.



form, she would have it given to her. I have seen one patient die from a gall-stone rupturing the duct; and the agony is such, that any amount of chloroform which gave ease would be justifiable; so would it be in cases of rupture of the stomach and intestines. But, in these cases, it must be given as long as life exists; and, when once its relief is experienced, we may be sure the patient will insist on its continuance to the fatal end.

I look back many years with regret to a night during the whole of which a lady of the most sensitive nervous organisation died in inconceivable suffering. Dr. Baillie said to her in her girlhood, "You will have a great deal to suffer in your life, my dear, but don't talk about it;" and his prescience was too true. For many years before her death, she constantly suffered abdominal pain, restlessness, and general distress; and latterly the cause of this was explained by the discovery of an abdominal tumour. This suddenly burst internally; and, after twenty-four hours of what was literally horrible torment, she died. Having watched the case for years, I knew she must die; but, from the weakness of her heart, I feared chloroform might extinguish life at once. With my present experience in chloroform, I should have given it freely, with the belief that the chances would be in favour of its rather prolonging life, which was shortened by the pain; and opium gave no relief.

The rule, in advising chloroform in these cases, is to judge by its immediate effects. In these instances, it was so agreeable, without any after discomfort, that, when once given, the patients insisted on its continuance; and this is our guide.

The inhalation had better first be tried by the medical attendant himself; twenty minims being dropped on a handkerchief, and held before the mouth and nose at such a distance as to admit air, but not far off; and the patient directed to breathe naturally. If it irritate or nauseate, or be in any way repugnant, these are probably unfit cases. If it soothe, and the patient ask for it again, it may be very safely entrusted to a careful nurse or female member of the family, giving clear directions that at first no more than twenty minims should be poured on a handkerchief at a time, and held at a certain distance; and that the breathing and pulse should be watched. A second supply should not be used, if the first has produced its soothing effect.

There is one question which must not be avoided, and that is the ethical one.

It is reported that Queen Maria Theresa said, in dying, "Give me no opiates; I would meet my God awake." And we meet with similar instances, where the patient sometimes, and more often his friends, think it is wrong, in a religious point of view, to give narcotics in dying. But it is not recommended for these "great hearts" to use chloroform, but for the weak ones, who suffer so terribly from the mental and bodily exhaustion of dying. The best answer to those who doubt its propriety on religious grounds, is in these letters from the relatives of two of these patients. One writes:

"For my mother, chloroform seemed to clear her intellect, and enabled her to speak with thankfulness and hope regarding her eternal interests, as she had not done for so long; and I cannot but think that more precise knowledge of its effects in individual cases would dissipate those anxious thoughts of friends on this, as on other points, to the benefit of all concerned."

The next letter is from the lady who watched the patient, to her father.

"I am quite aware of your dislike to anything like a sedative being used when a human being is

passing from time to eternity. The free use of chloroform in my uncle's case was unavoidable. After once inhaling it, he would have it. But, had it been denied him in his last hours, the agony which he was suffering was so excruciating that consciousness as to everything but that, was gone. Chloroform stupifies for the time; but, when its effects are past, the faculties are alive again, and the person able to attend to other things. Were I in attendance upon a dying person, I should prefer his having temporary relief from pain; as, if he had not, he would not, humanly speaking, be more able to attend to the things which concern his soul's salvation, than if he had not obtained relief from chloroform; or I would rather say, not so capable."

These letters are satisfactory answers to those who, in ease themselves, theoretically object to soothing others in the saddest form of distress; for they show that chloroform thus administered, by relieving restlessness or pain, renders the patient, in intervals of ease, more capable of normal thought and feeling.

## Transactions of Branches.

### LANCASHIRE AND CHESHIRE BRANCH.

#### PRESIDENT'S ADDRESS.

By A. T. H. WATERS, M.D., Liverpool.

[Delivered at Liverpool, June 13th, 1866.]

GENTLEMEN,—My first duty, on taking this chair, is to thank you for electing me to an office which I deem it both a privilege and an honour to fill; and my second duty is to offer you a few remarks incidental to my position and to the occasion which has called us together.

I would first of all express the strong opinion I entertain of the value of these annual gatherings, not simply as means of friendly intercourse, or for the interchange of views on matters of professional interest, but inasmuch as they tend to keep alive in us a spirit of honourable ambition and rivalry, the basis of all progress, whether in science or in art.

I doubt not there are some amongst us who, at one or other of our anniversary meetings, have first felt spring up within them the desire of honourable distinction; who, seeing the way in which honour has been dealt to others, have experienced a craving for a like reward; and who, from such period, can trace the development of a germ, which, as it has grown and strengthened, has been to them the harbinger of professional advancement and success; and if in only a few instances such a result should have been achieved, if the influence of our Association should only occasionally have led to extraordinary exertion, it would well deserve the support of our profession; but it has had an effect of a far wider range in a different direction. It has, I venture to say, been the means of bringing into closer alliance larger numbers of our body; it has exerted itself, in some instances successfully, to remove the grievances and improve the status of our profession; and it may, I think, by its precepts no less than by the example of its members, have tended to promote the observance of a higher professional morality.

My own connexion with the Association has been one of much pleasure and satisfaction; and I cannot do other than urge all who have not joined our ranks, and especially the younger members of the profession, to enrol themselves with those who constitute, in almost every district, an important section of our



body, and to reap from membership the same enjoyments and advantages which it has afforded me.

There are many subjects, gentlemen, to which I might on this occasion direct your attention. The time, however, which the president may claim is so short, that to deal fairly with any single topic becomes impossible, whilst to skim lightly over many topics is often neither interesting nor profitable. I shall venture, whilst apologising for the imperfection of the manner in which I shall deal with it, to touch upon a subject, on which we all, no doubt, often reflect, which comes before us in our daily life, and, in one of its aspects, is frequently thrust upon us with no friendly hand.

It is a remark which we by no means infrequently hear, that medicine makes no advance; that, amidst the remarkable progress which has characterised the present age in respect of many sciences, the science of medicine remains almost, if not quite, stationary; that, whilst nature has been interrogated successfully by the professors of other sciences, the professors of medicine have failed to win from her the triumphs, and achieve the successes, which diligent research and properly conducted inquiries ought to have yielded. It is true that assertions of this kind are not made by those who know most of what medicine has done. They are, nevertheless, frequently found in literature which circulates widely amongst the most highly educated of our population, and should not therefore, I think, be lightly passed over. And, although we may feel ourselves individually untouched by the shafts which are thus aimed at the science we practise, we should ever be jealous of its honour, and desirous to vindicate its position.

Before, however, I pass to consider some of those circumstances which, in my opinion, show the steady, if not the rapid, advance of medicine, both as a science and as an art, I would refer briefly to that which, I believe, constitutes the great peculiarity of medicine, which renders it so different from all other sciences and arts, and makes it the most difficult of them all.

In comparing the science of medicine with other sciences, the peculiar difficulties of medicine have been too little regarded. We would by no means underestimate the difficulties of the chemist or of the astronomer, and we willingly admit that the precision which characterises the labours of the former, and the exactitude with which the predictions of the latter are fulfilled, demonstrate the high degree of perfection to which their respective sciences have been brought. But the subjects to which medicine relates immeasurably transcend those of the physical philosopher. The investigation of the phenomena of life is surrounded by difficulties with which the physicist never meets. The physician and the physical philosopher can, up to a certain point, travel the same road, and derive from their investigations the same definite conclusions; but when a point is reached which would give to the chemist or the astronomer a final result, then the physician is only approaching his greatest difficulty. The unchangeable nature of inorganic matter gives rise to one unvarying result wherever inorganic matter is acted upon by the same cause. But organic matter is ever varying, ever unstable; and in that highly complex body which is the object of the physician's operations, there are so many circumstances beyond the mere physical, so many varieties of individual constitution, so many peculiarities, so many influences of a mental, of a moral, nature, that it becomes a problem of a far different character to that which the chemist or the astronomer has to decide, when the physician is called upon to consider the effects which the same cause will produce on different

individuals, or on the same individual at different periods. Were the science of life as perfect as that of chemistry, were we even thoroughly acquainted with the laws which regulate diseased action, there would still remain great difficulties in reference to the use of remedial measures in the treatment of disease. We should still have to study the peculiarities of each individual, and carefully select the remedies appropriate to his case. The practice of medicine would indeed be easy, were it simply a question of administering a particular remedy for the cure of a particular disease. But this is not the practice of medicine. It consists not, and I venture to say never will consist, in the application of specifics. But it consists in the use of remedial measures, in the selection of which we are guided, not simply by the disease itself—*i. e.*, whether it is a pneumonia, a pericarditis, or any other affection—but also, and especially, by the pathological conditions which have either given rise to the disease or have been produced by it. And herein lies the great difficulty of therapeutics; but herein also lies its point of greatest interest. It is this which gives its great peculiarity to medicine—the ever varying condition of those who are the objects of the physician's operations, the manifold phases which the same disease may present in different individuals, and lastly, but by no means least, the different effects which the same remedy may produce in different persons; and, in judging of the progress of our science, these are circumstances that should ever be taken into consideration; but they are circumstances which can only be appreciated by those who are engaged in the difficult work of practical medicine. The experience of a single individual extends over but a short period indeed in the history of a science. What, in this respect, are ten, twenty, thirty, forty, nay fifty years? But, if we look back for the period of fifty years, and compare the practice—as detailed in the writings we possess—which then prevailed with that of the present day, I venture to say that there is no one who will deny that, in many respects, undoubted improvement has taken place. On so important a subject as this, I would speak with feelings of diffidence; but if I may venture on an opinion with reference to the characteristics of modern medicine, I think I may say that we have learned to pay more regard to the constitutional condition of our patients, and to address our remedies with greater precision to these states, than was the case even twenty or thirty years ago. And I think perhaps I shall not be wrong in claiming as a result of this practice a diminution in the mortality of some diseases, and a shortening of the period of convalescence from them. If this be true—and, if time permitted, I think I could bring forward statistics which would go far to prove it—it forms no unimportant success of the medicine of the present day. The fact—if it be a fact—would tend to show that, as the science of medicine has been cultivated, as our means of diagnosis and our knowledge of diseased action have increased, so has the practical art of therapeutics advanced. Although the question, whether we can treat disease better than our predecessors, is the great point in reference to the advance of medicine, and the point on which our criticisms dwell, we must ever bear in mind that medicine must be considered as a whole; that every step in physiology, in pathology, or in diagnosis, is a real advance in medicine; and when we show that, by using the various means with which the labours of the last fifty years have furnished us, we can ascertain, at an earlier period of their development than could our forefathers, the existence of certain organic diseases, we have pointed out a palpable improvement in our art.



But it may perhaps be thought that I am speaking in too general terms, and that, to disprove the assertion to which I have alluded, it is necessary to show some specific advance in medicine. It is impossible, in such an address as this, to go into matters of detail; but, setting aside some of what may be termed the great successes of medicine, I would rather dwell on topics of a less striking nature, and the more so, that we have been not infrequently accused of parading our great successes, and under them of sheltering our innumerable failures. I think we have abundant evidence of the advance of medicine, in the improved treatment which characterises the present day, of many of the diseases of the organs lodged in the three great cavities of the body—the head, the chest, and the abdomen.

It is certainly an advance that has taken place of late years that we are able to separate the various forms of so-called apoplexy, to refer them to their proper pathological conditions, and to have shown that they are not necessarily dependent on effused blood. It is no unimportant step that has been made, the recognition of the fact that blood-poisoning, the result of some distant disease, may produce all the symptoms of profound apoplexy. The investigation that has been made into the condition of the cerebral vessels, has taught us that one of the great predisposing causes of apoplectic seizures is a diseased condition of the capillaries of the brain—a condition similar to that which in the arteries gives rise to aneurism, and closely allied to, if not identical with, fatty degeneration of the muscular fibres of the heart. I think it capable of proof that a practice has resulted, from the recognition of these views, in reference to various affections of the brain, which has been the means of prolonging and of saving life. And in the treatment of the various forms of delirium, have we not learned a valuable lesson? It is not long since delirium was supposed to indicate a certain condition of the brain which required the most powerful so-called antiphlogistic remedies. We now know that, in a large majority of cases in which we meet with this symptom, it depends upon no organic disease of the brain whatever; that it is merely a perverted function of the organ; and requires a treatment far different from that which was formerly adopted. It is true that we are still in much doubt with reference to many disorders of the nervous system; that their pathology is very obscure, and our treatment of them very empirical; nor is this to be wondered at, considering the great difficulties with which the investigation not only of the diseases, but also of the structure and function of the nervous system, is involved.

It is perhaps, however, with reference to the diseases of the chest, that the most palpable advances have been made in modern medicine. Auscultation, percussion, an improved anatomy and physiology of the thoracic organs, have imparted a precision to our knowledge of their diseases which was altogether unknown fifty years ago.

I need not particularise individual diseases; but it may, perhaps, be fairly said that, even within the last twenty years, a better acquaintance with the nature of the inflammatory process—resulting in part, no doubt, from empirical inquiry, and in part from the advance of physiology and pathology—has led to a treatment of various inflammatory conditions of the chest, which has diminished their mortality, as well as shortened their duration; whilst, with reference to many chronic affections, an equally if not still more marked improvement has resulted. Witness the improvement that has taken place in the treatment of consumption, and in some of the chronic diseases of the heart.

Nor is there wanting evidence of the most positive kind that the labours of the physician, in reference to the diseases of the organs of the abdomen, have been attended with the most satisfactory results. Chemistry and the microscope have been of great value to practical medicine, in the diagnosis and treatment of stomach, renal, and hepatic diseases. How often does it happen that the nature of a case is at once cleared up by simply boiling a small quantity of one of the fluids of the body? And can anything be more characteristic of scientific exactitude than the successful exhibition of a remedy, which we have been led to prescribe from the recognition, by means of the microscope, of a certain deposit in one of the excretions? These are points with which we are all familiar. They may, perhaps, be thought so simple as scarcely to deserve a reference in addressing a professional audience. They form, however, some of the successes of medicine.

I hope it may not be thought that I would wish to claim for Medicine a higher degree of merit than she is fairly entitled to. I would speak with diffidence of her successes, and acknowledge her many shortcomings and failures. We confess our ignorance of the essential seat of numerous affections. We admit our inability to treat successfully some of those epidemics which occasionally visit our land. We acknowledge that we have discovered no antidote for the poison of many specific diseases endemic amongst us. But has modern medicine done nothing in reference to maladies of this kind? Have we not learned much of the laws which regulate their transmission, of the causes of their spread, and of the means by which they may be prevented? It is true that, with regard to the question of prevention, we often see that the teachings of science are unheeded by those who are responsible for the preservation of the public health and of public interests; and it but too often happens that the dictum of the pseudoman-of-science, or the nostrum of the quack, prevails over the matured conviction of him whose life has been devoted to the study of the subject on which he ventures to express an opinion; and thus we see that in a great national calamity, in the presence of a virulent epizootic, the crudest and most childish notions are allowed to influence actions, in reference to the prevention and treatment of a disease on which science has pronounced a definite opinion, founded on the result, not of hasty generalisation, but of long experience. And thus it comes to pass, that the public are made to believe that the cattle-plague is bred by the filth of a London cowhouse, and that a large percentage of cures will follow the exhibition of homœopathic globules. But science always justifies her teachings; and at length we see brought into operation a system to check the further extension of the disease, which, if adopted six months earlier, might have saved the country incalculable wealth. The lesson is one of great value; but it is a lesson that has often been taught, and often disregarded.

It is disheartening to the true disciple of medicine to see, on the one hand, the neglect of her teachings, and, on the other, the exaltation of some false system of therapeutics; but, were it not that the public interests and human life are often endangered, medicine might be content to wait for the irresistible force of circumstances to make good her assertions.

The mistakes which the practitioners of medicine make, and the differences of opinion which they express, are matters of proverbial remark, on which the public seem sometimes to dwell with a peculiar satisfaction. It would be indeed a marvellous thing, if we never made mistakes, and if we always agreed; but yet I venture to think that these mistakes and differences of opinion are quite exceptional; and cer-



tain it is that we often see an agreement, both as to the nature and treatment of disease, which shows that our means of diagnosis have reached a high degree of development, and that our therapeutics are not altogether unstable. But let me ask, are we, who practise the most difficult of all sciences, the only men who commit errors, or who disagree? Does the mechanic never fail in his calculations? To make an inert body, of a given weight, pass over a given space, along a given incline, under conditions which are accurately known, is surely a problem which admits of easy solution; but yet we have seen that the effort to launch one of our great vessels of war has of late signally failed at the first attempt. Has the astronomer settled the rapidity with which light travels? Has he told us the exact number of millions of miles that our planet is distant from the sun?

Do we never see differences of opinion between the learned judges of the land? Nay, do we not frequently see the most opposite opinions expressed from the same bench, on matters which, to the uninitiated, seem the easiest possible to solve? And is it not true that it sometimes becomes a question of the number of votes, whether a man or a woman is legally married or not?

We do not make these remarks with any view of disparaging the professors of the law, the astronomer, or the mechanic; but we make them to shew that, in reference to diversity of opinion or errors of judgment, the professors of medicine do not stand alone.

But, gentlemen, I feel that I have already exceeded the ordinary limits of a president's address. I cannot, however, pass over one subject in connexion with the successes of medicine. It is only within the last few months that the production of local anaesthesia by ether-spray has been brought under the notice of the profession; and, should the process be found to possess only a portion of the value that has been attributed to it, it would be a great boon to humanity. This subject belongs more particularly to the department of surgery; but, in referring to it, and in claiming the introduction of anaesthetics in general as amongst the successes of medicine, I am reminded of the interest which the public have in the progress of our art—a point which is, I think, rather apt to be lost sight of in considering the relations of the profession to the public, and of the public to the profession. Interested as every man is in the advance of medicine, the public have a far wider stake in it than the members of the profession themselves. Although we believe that the progress of science does not depend on the protection or the patronage of the State, yet it cannot, I think, be doubted that it is alike the interest and the policy both of governments and of people to encourage the labours of those who are devoting themselves to an all-absorbing pursuit, and to stimulate by the prospect of honourable distinction, if not of great reward, the ambition of the students who are daily passing from our medical schools. Had this been done in one great department of our profession, had the authorities of this country dealt fairly with the medical officers of our public services, we should not now witness the difficulty which is experienced in finding efficient surgeons willing to devote their lives to the service of the Crown. That which has happened with reference to Her Majesty's service may also happen to our profession at large; and, should the rewards of Medicine compare unfavourably with those of other honourable occupations, her ranks may be but imperfectly recruited by those who would best discharge her functions. Probably Medicine, although she is a jealous mistress, exacting from her

suitors an almost undeviating allegiance, will, by her own powers of attraction, by the interesting and absorbing character of her pursuits, never fail to enlist amongst her followers some of the brightest intellects of every age; yet it cannot be doubted that, in making choice of a calling, men are influenced much by the honours, the emoluments, and the distinctions, which it may possibly afford.

In the ordinary course of events, we cannot expect that science, and especially our science, will move with rapid steps; but, in the results of the labours of the past few years, we have every encouragement to look forward with hope to the constantly increasing certainties of practical medicine; and, although there is much in our profession that is unsatisfactory and difficult, let us never forget that it brings us to the study of subjects which are amongst the most elevating and interesting which the human mind can contemplate, and that our daily work is a work of beneficence; and, animated with a love of our calling, let us endeavour with earnestness and zeal to maintain its honour and contribute to its success.

### BATH AND BRISTOL BRANCH.

#### CASE OF POISONING BY OPIUM: RECOVERY.

By E. LUDLOW, M.B.Lond., F.R.C.S., Assistant House-Surgeon to the Bristol Royal Infirmary.

[Read May 17th. 1866.]

Of all the cases of poisoning by opium which come under our notice, by far the larger number require but a slight amount of treatment; and those cases are comparatively few which, on account of their severity, require the prolonged and careful application of remedies. Of this latter kind was the case of which I will now relate the details.

William Cole, aged 33, was brought by some policemen to the Bristol Royal Infirmary a little before 12 p.m. on August 2nd, 1865. He had been found lying insensible in a street. Nothing further was then known about him. An empty one-ounce phial had been found upon him, and this had obviously contained laudanum. On admission, the man was quite insensible. His pupils were very much contracted. His breath smelt strongly of opium. His respirations were not quite seven per minute; and the pulse was almost imperceptible in the radial artery. A considerable quantity of mustard and water was immediately pumped into the stomach. But, as no act of vomiting was induced, the stomach was emptied by means of the stomach-pump. The liquid which was thus evacuated was dark brown in colour, and smelt strongly of opium. After this, quantities of warm water were pumped into the stomach, and out of it again, until the water returned quite uncoloured. However, in spite of these measures, the man's somnolence continued to be profound; whilst at the same time his respiration became more shallow, and his pulse did not improve. The intense contraction of the pupils also continued. It was plain that a very large proportion of the laudanum which he had imbibed had entered his circulation, and that it was thus producing its poisonous effects. The chief of these were the sopor and the diminishing power of the muscular system; and, in consequence of this diminishing muscular power, respiration was continually becoming more imperfect; and this was the most pressing danger. Therefore, in order to induce more perfect respiration, various methods were adopted. He was pricked and pinched, and absolutely no effect at all was produced. He was subjected to a strong galvanic current, and with no better success than attended the pricking and



pinching. Of course, whilst in this condition, he could not be walked about. He was slowly, but surely, getting worse. I determined to try the effect of a towel wetted with cold water. Therefore, having procured a wetted towel, I brought it down upon his face as forcibly and sharply as I could. The effect of this measure was exceedingly satisfactory; the man took a very satisfactory inspiration. I therefore had the man's shoulders uncovered; and to this part I applied the wetted towel fully twenty times in rapid succession, and as forcibly and sharply as I could. By this means the man was considerably roused, so that, with assistance, he was got upon his legs; and, when this was accomplished, he was led rapidly backwards and forwards. Nevertheless, he soon again showed a tendency to somnolence; and, after perhaps every six steps, he allowed his legs to trail behind him. Therefore, as he passed, or, I should rather say, was dragged, to and fro, assistants stationed at intervals struck him on the back sharply and quickly with the wetted towel. This process continued for several hours; and it was very hard work, and thoroughly tired several policemen whose services had been procured. Occasionally, the man drank some strong coffee. It was found necessary also to refresh the policemen with a more intoxicating liquid. The blows with wetted towels were productive of very considerable lividness of the skin of the man's back. Some idea may be formed of the severity of the punishment which was inflicted on the man's back, when I inform you that four new reel-towels were entirely destroyed by the process. In fact, had it not been for the obvious improvement in the man's condition which attended this method of treatment, I should soon have stopped it; for I was afraid that perhaps portions of the skin of the back might slough on account of the severe bruising. The walking about and the thrashing with wetted towels were continued until about five o'clock in the morning; and the good effect of these measures was very apparent, for the man was fully awake, and the tendency to go to sleep again was very much decreased. But I suppose that at length the continual walking about had exhausted the man; for, about five o'clock in the morning, he became suddenly very faint, and was apparently about to die of syncope. He was brought round from this condition by means of brandy and water. He was then placed in bed, where he immediately went to sleep; but he had now a tolerable pulse at the wrist; and his respiration, although still somewhat slow, was of a good character.

I saw the man again at 10 A.M. on August 3rd. He then gave me the following account of himself. He was a painter by trade, and at present living in Bath. He had been for eleven years in the Royal Marines. He had had dysentery in 1860, in the West Indies. He was invalided March 15th, 1865, on account of phthisis. For some time past he had been in the habit of drinking occasionally half an ounce of laudanum, on account of restlessness at night. On this occasion, he imbibed about one ounce of laudanum; and he thought that the laudanum which he took on this occasion was of better quality than that which he usually drank.

Dr. Garrod has recommended that powdered animal charcoal should be given in cases of poisoning by opium; and he says that by this means opium may be rendered inert. Of course, in order that the charcoal may be useful, the opium must be in the stomach. If opium have entered the circulation, obviously powdered animal charcoal will be useless.

It has been recommended also by some one, that belladonna should be administered in opium-poisoning. It is argued that, because belladonna dilates

the pupil and opium contracts it, the one will neutralise the other; and, in fact, that the one is a perfect antidote for the other. If this point could be established, it would be of immense value. At present, the fact of the very poisonous nature of both of these drugs would produce some hesitation about giving one in order to protect a person from the evil consequences of the other.

In the case which I have just now related, whipping with wet towels proved to be a most satisfactory and efficacious remedy, although other powerful applications failed. This resulted, as it seemed to me, from the fact that, whereas a pinch, a prick, or a galvanic current, rather sluggishly stimulates a few sentient nervous extremities, on the other hand, a sharp stroke from a wet towel applies a quick shock to a large number of sentient nerves, and thus forms a most powerful stimulus to reflex movement. I have mentioned that I was afraid lest these wet towels might have done so much injury to the skin of the man's back, that a certain amount of sloughing might be produced. The result proved that my fears were unfounded. The next day, there was certainly a considerable amount of bruising on the man's back. The man himself said that his back felt a little sore; but within four days both the feeling of soreness and the appearance of bruising had disappeared. I may also mention that, in answer to a question of mine, the man said that he had no recollection whatever of being pinched, or pricked, or thrashed with a wet towel.

## EAST YORK AND NORTH LINCOLN BRANCH.

### CASE OF PYÆMIA.

By the late ROBERT HARDEY, Esq., Hull.

[Read May 23rd, 1866.]

On February 3rd, 1866, I was called to visit Mr. H. He gave the following history of himself. His usual health was good; but about ten days previously he began to have an enlarged gland in the left axilla, which went on increasing in size. He shewed it daily to a chemist. On Wednesday, February 1st, it had become as large as a pullet's egg, and very painful, the pain extending down the left arm to the hand. On that night the pain suddenly ceased, and he told his wife that the swelling had burst; but of this there was no external evidence. By breakfast-time next day, the pain had left the arm and gone down the left side and into his leg, and caused acute pain in the heel. During this day the left foot and ankle became considerably swollen and painful, and the right foot slightly so.

When I saw him on the afternoon of the 3rd, I found him quite crippled in his feet, which were both swollen, especially the left, which was also painful, but not discoloured. He looked flushed; his pulse was about 90, and feeble; tongue furred, but moist. He complained of great weariness; had no appetite, but considerable thirst.

On examining the axilla, I found beneath the skin a large hardened axillary gland, nearly of the size of a pullet's egg, in the centre of which was a cavity, into which my finger entered freely, and which would have contained within it a good sized boy's marble or a nutmeg. The gland itself was not painful; but the pain and stiffness were still in the loins and side. I ordered him strong beef-tea and wine, and prescribed the tincture of sesquichloride of iron with spirit of nitrous ether every three hours.

Feb. 4th. The symptoms were much as on the previous day, but somewhat aggravated. The patient



was much more helpless; pulse 95, small and feeble. The pain was more in his loins; he had also some cough, which gave him great pain in the hypogastrium. His urine was scanty, high coloured, and evidently contained blood; there were flakes of coagula floating in it. His urine pained him while passing it. He felt very weak, and had great difficulty in getting from the bed to the sofa. He said he had scarcely any sleep the last night, and was very thirsty. I ordered him to add a third of a glass of old port to his drinks; and I also added a drachm of the tincture of sesquichloride of iron to his mixture, and gave him an anodyne draught at bed-time, and a senna draught for the next morning.

Feb. 5th. I found him rather better on the whole; countenance bright; pulse at 84. The swelling in the axilla was nearly gone. The urine was much improved, much clearer, but still scanty. Both feet were highly œdematous. I ordered him to repeat the mixture, and also to take a teaspoonful of the following between the doses:

R. Liqueur. taraxaci concentr. 3vj; potassæ nitrat. ʒij; aquæ ad ʒijj.

He was also directed to take a dose of castor-oil immediately; and to apply turpentine stupes over the kidneys.

Feb. 6th. The patient was something better than yesterday; but the swelling of the feet was not reduced, and he now had pains in the right shoulder and elbow. The urine was clearer and paler. He was ordered to take another dose of castor-oil, and go on with the tincture of iron.

Feb. 7th. He was still better in every respect. The urine was more natural, and passed off more easily. The feet were still much swollen. He looked much better; the appetite was now good; the swelling in axilla was nearly gone.

Feb. 8th. The legs and feet were quite relieved, and the swelling was gone; but both hands were greatly swollen and painful, with red patches on the backs of them. The pain in them had prevented him from sleeping. Both feet were still relieved of swelling and pain. His urine looked natural, and was more plentiful. He perspired profusely when in bed. I ordered him to have an anodyne at bedtime, and to repeat the castor-oil and tincture of iron.

Feb. 9th. The swelling and pain of the right hand were nearly gone, but had returned to the foot of the same side. The left foot was still free from pain; the left hand was swollen and painful. I ordered him an opening pill; and an ounce of the following mixture every four hours:

R. Potassæ bicarb. ʒiss; vini colchici ʒj; spirit. æther. nitr. ʒij; aquæ ad ʒvj.

Feb. 10th. The patient was much as on the previous day. The limbs were also as before.

Feb. 11th. His general health was improved. He had had a good night, and had been well purged. The left hand had lost its pain and swelling, and the foot of the same side had again received the affection.

Feb. 14th. He was improving in every respect; but the pain and swelling (in a minor degree) were still flitting from hand to foot, and foot to hand.

Feb. 19th. He was nearly well. He had fully recovered his looks, and could walk about the room. His appetite was excellent. The bowels were occasionally opened by castor-oil. One foot and the opposite hand were still slightly swollen, but were not painful.

Feb. 26th. I saw Mr. H. He was still feeble, but in all other respects quite recovered from his serious attack. I ordered him change of air; and his recovery was soon complete.

## SOUTH-EASTERN BRANCH: EAST SURREY DISTRICT MEETING.

### CASE OF RUPTURE OF THE CORNEA: TRAUMATIC CATARACT, ETC.

By J. WALTERS, M.B., Reigate.

[Read May 11th, 1866.]

—, a pale, delicate looking boy, 10 years old, came under the observation of my partner, Dr. Holman, and of myself, on December 8th, 1865. Four weeks previously a squib had burst in front of the right eye. The accident was not immediately followed by pain or hæmorrhage. Water-dressing was applied; and subsequently a belladonna lotion used externally. Calomel was given, but not pushed to salivation. He had suffered latterly a great deal from supraorbital pain; his appetite had fallen off; and he had become extremely weak.

On examining the eye, the globe was found to be intensely hard; the ciliary region was much injected; the cornea was very prominent; and down its centre was a vertical scar extending two-thirds of the way across, but not involving the ciliary region. At its lower part was a button of prolapsed iris. The iris itself was bulged forwards, so as to leave very little anterior chamber. The pupil was moderately dilated, and occupied with opaque lens matter. No foreign body could be seen. There was good perception of light with the eye.

We considered that the eye was in imminent danger; and that, unless the swollen and opaque lens were speedily removed, and the tension thereby relieved, it must inevitably be lost. It was decided to ask Mr. Bowman's opinion on the case. He entirely concurred in the opinion we had expressed; and proposed to combine iridectomy with removal of the lens, so as to relieve the glaucomatous condition of the eye. In the meantime, until the operation could be performed, the symptoms were greatly relieved, and the pain lessened, by soothing treatment and free dilatation of the pupil with atropine.

The operation was unavoidably postponed till December 11th, when it was performed by Mr. Bowman. The iridectomy was made downwards and outwards, so as to give the greatest scope for vision; and the capsule having been freely torn through, the softened lens was readily removed by the suction-curette. No foreign body could be detected. A compress was kept over the eye for some hours after the operation; when it was removed, and cold water dressing applied; a solution of atropine (half a grain to the ounce) being dropped into the eye twice a day. Subsequently, the patient suffered very little pain. The eye soon regained its natural tension, and the cornea sank back to its proper curvature, but long remained weak and irritable.

He can now (Feb. 14th, 1866) bear to have the eye thoroughly examined, and is able to count fingers and read large letters with it. The pupil is occupied with a layer of opaque capsule, which adheres to the iris at the circumference. There is no doubt that he will have good vision with the eye when this is removed.

This case exhibits a remarkable recovery from a complicated injury to the eye. It would seem that the cornea and the capsule of the lens were both ruptured by the force of the explosion, and that the injury was limited to the front textures of the eye; otherwise he would not have so much vision with it. The opaque capsule prevents an examination of the deeper parts. The operation of iridectomy was indicated, not only to relieve the intense hardness of the globe, but also to draw the pupil away from the scar in the cornea. It may perhaps remain a ques-



tion as to how far it contributed to reduce the tension in this particular case, as it was combined with removal of the swollen lens; but there can be no doubt of the necessity, in cases of traumatic cataract, of removing the swollen lens at an early period, if it is causing pain or setting up inflammation in the eye. The relief which followed the instillation of atropine before the operation was performed, shows the value of a proper use of that drug in such cases. By thoroughly dilating the pupil, the iris is kept away from being pressed upon by the swollen lens-substance. Belladonna applied externally, is of little use in dilating the pupil. A solution of atropine must be dropped into the eye itself. This case shows also the inutility of mercury in reducing a glaucomatous condition of the eye.

**SEQUEL.** Chloroform having been given (March 17th), Mr. Bowman removed the opaque capsule in the following manner.

A fine needle was first used to separate the slight adhesions of the capsule to the iris. It was then readily removed by cannula-forceps through a small opening in the cornea.

April 30th. All irritation in the eye has for some time entirely subsided, and very little deformity is visible. He is able to read No. 4 Jäger's types with a two and a half inch focus lens, and is to return to school in a few days.

**A VICAR'S PERFECT CURE.** The Rev. E. Bligh writes: "The Birling recipe for hydrophobia is in much demand, as prepared at Birling by the proprietors, who for many years have enjoyed the reputation of possessing exclusively the cure for that terrible disease. I am informed by the proprietors that Mr. Field's recipe is his own in every sense, and not that of the family at Birling. The Birling medicine has often proved to be, without doubt, a perfect cure."

**MYSTERIOUS POISONING.** An inquiry made by the coroner for South Northumberland at Ponteland, which has extended over two months, into the circumstances of the deaths of three brothers named Bushby, was resumed on Thursday. In the early part of the year the deceased, strong, powerful Northumberland farmers, with the whole of their household, were prostrate with illness, and it was doubtful whether it was occasioned by the unsanitary condition of the surroundings of the farmhouse or by slow poisoning. They had the best medical advice, but the three brothers succumbed to the attack and died. A good deal of discussion took place as to the mysterious circumstances of these men's deaths, and the very serious results which had followed the illness of the other persons who had been ill—for the survivors are all more or less likely to be invalids for life—and the inquiry having been put into the hands of the county constabulary, the body of John Bushby was disinterred, and the viscera were analysed, the result of which left no doubt that he had died from the effects of arsenic. Notwithstanding, however, the long and patient inquiries which have been made by the coroner and jury, no clue has been found as to how the poison had got into the persons of the deceased men, whether it had been administered wilfully or had got into their food by accident. Mrs. Bushby, of Allendale—who went to the farm while the men were ill and dying, and who appears to have been poisoned also, for she is quite paralysed and has been confined to her bed sixteen weeks—being unable to attend, and the coroner and jury feeling disinclined to close the inquiry without having first penetrated the mystery of the violent death of the three brothers, they have adjourned the inquest until the 30th of August.

*We are requested to remind members of the Association that the Annual Subscriptions became due on the 1st of January. They can be paid either to the Secretaries of the Branches; or to the General Secretary, T. Watkin Williams, Esq., 13, Newhall Street, Birmingham.*

## British Medical Journal.

SATURDAY, JULY 7TH, 1866.

### CHOLERA AND ITS HOME.

DR. MACPHERSON, in his work, *Cholera and its Home*, thus sums up his views as to the localisation of cholera.

"The whole question why cholera attacks a fleet, or a town, or a barrack, or a jail, or the banks of a river, for a time, and then dies out—how one part of a station suffers, while another escapes—how cholera may be epidemic in a district, yet not in jail . . . is still wrapped in mystery."

Dr. Macpherson has "no facts to bring forward regarding the incubation of the disease. It may be presumed that it is usually exceedingly short." Nor does he think that we have any data from which we can draw any exclusive theory as to its mode of diffusion, whether it is by contagion or malaria. He gives a good illustration of the more deadly character of the disease at the beginning than at the end of an outbreak. At Kurrachee, of the first 100 cases admitted, 79 died; of the second, 66 died; of the third, 50; and of the fourth, 40. This difference in the effect of the disease doubtless accounts for the "remarkable comparative effects" often ascribed to drugs at different periods of the cholera-epidemics. He admits that the cholera-poison is eliminated through the intestines; and truly adds, that there is nothing analogous in cholera to the eruptive fevers. The only point in which we suppose any analogy has ever been suggested is that of "elimination". We may here observe, that Dr. Macpherson evidently does not hold the same idea of the term evacuation which others do against whom he argues. He says: "In the case of a mineral . . . poison, after it has been absorbed, it is useless to attempt to eliminate it by emetics and a purgative." But he forgets that there is no analogy between this case and the case of cholera. In cholera, there is undoubtedly, and, as he admits, a distinct "elimination", through the gastric and intestinal mucous membrane; but there may be no such effort in the case of mineral poison. To give purgatives, therefore, or emetics, to assist an "eliminative effort" which does not exist, would plainly be an act of absurdity. But surely, in the case of mineral poisoning, there are eliminative efforts; and certainly the very last thing which we



should do would be to obstruct them. Who, for example, in a case of arsenical poisoning, would attempt to prevent the escape of the arsenic with the urine? Should we not rather attempt to aid its escape?

Dr. Macpherson admits, as we understand him, that there is a poison in cholera, and an eliminative effort. The question, therefore, to be answered, is this: Ought we to restrain, to increase, or let alone, the eliminative effort? The prime and main question being, *Ought we to restrain it?* There is, we apprehend, a considerable difference between giving purgatives to, letting alone, and astringing, cholera patients. This is too much forgotten. Men seem to argue as if they thought that those who object to astringents must necessarily approve of purgatives.

"An excessive eruption in small-pox," argues Dr. Macpherson, "is often fatal: why, then, should we endeavour to increase the evacuations in a disease supposed to be kindred?" But here he manifestly begs the question—assumes as true the very point disputed; viz., that the evacuation of cholera in the one case, and the excessive eruption in the other, destroy life. It may, indeed, *per contra*, be very properly argued, that the excessive eruption is only a measure of the intensity of the small-pox; and we venture to add that, however excessive the eruption, no medical man would think of attempting to "drive it inwards". The argument from analogy, therefore, if it be worth anything in this case, clearly goes rather to corroborate the *non-restraining* than the restraining treatment of cholera. Analogy would say, if it be wrong to restrain the eruption of small-pox, equally is it wrong to restrain the evacuation of diarrhoea.

Dr. Macpherson is not satisfied with any theory of the phenomena of cholera yet propounded. He says, "till one is found, it may be suggested that the cholera-poison . . . may either, as it usually does, attack the pulmonic circulation more slowly through the capillaries of the alimentary canal and the general periphery, or, as it does more rarely, directly by causing obstruction of the pulmonic artery."

As to treatment, Dr. Macpherson considers that "undue importance has been attached to the operation of medicines in the stage of collapse." He states, also, that the average treatment of the disease in India is now much the same as it was in 1817. This, he says, original Indian reports confirm; but hereon we must decidedly differ from him. Purgatives and bloodletting were assuredly once much more largely used in India than they are at the present time. He says himself elsewhere, that "bleeding was for a long time enthusiastically practised in India;" and also admits that "India, following in the wake of Europe in the treatment of disease in general, has . . . adopted a less lowering method of treatment." Moreover, it is certain that in former days, when bleeding

and calomel were *the* remedies for cholera, stimulants were either not given at all, or assuredly were not given as they are now. Historical documents seem to us to completely contradict the idea of the treatment of cholera being now much the same as it formerly was.

Dr. Macpherson thinks that drugs of all kinds are of little or no avail during the collapse stage; but he is strongly in favour of arresting the premonitory diarrhoea with opium, and of giving stimuli in moderation. Of the difficulty of arriving at any just conclusions as to the value of drugs in cholera, he makes remarks well worthy the consideration of any one who has a pet cure for the disease.

THE annual meeting of Fellows of the Royal College of Surgeons for the election of members of Council took place on Thursday last. A large number of provincial Fellows were present; among whom were Messrs. Lund, Turner, Mellor, and Southam, of Manchester; Paget of Leicester; Wiblin of Southampton; Fox of Broughton; Green of Bristol; Cantrell of Wirksworth; Isbell of Plymouth; Jones of Brackley; Lingen of Hereford; Norman of Southsea; etc. The balloting commenced at a quarter past 4 and closed at 5 P.M., when the following was found to be the result.

Hilton (John) . . .	162,	including	17	plumpers.
Hawkins (Charles) . .	113	"	30	"
Luke (James) . . .	86	"	6	"
Wilson (Erasmus) . .	35	"	8	"

Mr. Hilton was therefore re-elected; and Mr. Charles Hawkins was chosen in the room of Mr. Luke. The last named gentleman is therefore in the same condition as Mr. Caesar Hawkins—that of being an Examiner without having a seat in the Council.

A MEETING of Poor-law medical officers and other members of the medical profession was held on Thursday last at the Freemasons' Tavern, for the purpose of presenting to Mr. Richard Griffin a testimonial in recognition of his long-continued and unwearied efforts in the cause of Poor-law Medical Reform. Mr. Lord of Hampstead was called to the chair; and, after a few appropriate remarks had been made by him, Dr. Fowler gave a summary of the proceedings connected with the testimonial; the first idea of which, he said, arose from a letter published two years ago by Mr. Prowse of Amersham. Dr. Fowler proposed, and Dr. Nicholas seconded, a vote of thanks to the subscribers to the testimonial who were not Poor-law medical officers. Dr. Joseph Rogers then proposed, and Dr. Duffield seconded, a vote of thanks to the medical and general press. In doing so, Dr. Rogers made special reference to the praiseworthy part taken by Mr. Ernest Hart, of



whose labours the Chairman also spoke in terms of high and well merited approbation. Mr. Hart acknowledged the vote. The Chairman, in an appropriate address, presented to Mr. Griffin the testimonial; which consisted of a handsome silver epergne, having as its design the "Good Samaritan", and bearing an inscription to the effect that it was presented to Mr. Griffin in recognition of his labours, continued during more than ten years, in the cause of Poor-law Medical Reform; and an album containing the photographic portraits of many of the subscribers to the fund. Mr. Griffin, in his reply, recapitulated the leading events in connexion with his labours, and proposed the adoption of a memorial to the Poor-law Board; which memorial, having been adopted, was signed by the Chairman on behalf of the meeting.

The change of Ministry cannot fail to promote the interests of our army and navy medical brethren. General Peel and Sir John Pakington have always had good will towards the medical services, and, if they obtain power, will, we may be sure, not fail to use it. Moreover, as we hear, Sir Alexander Milne (who was Chairman of the Admiralty Committee) has been made First Naval Lord of the Admiralty. This fact will assist in furthering the carrying out of the Reports of that Committee. One obstacle to progress in this matter has been, as we understand, the protest made by Dr. Gibson to that part of the Report which gives greater pay to the naval than the army medical officer. This protest has been seized upon by the Treasury as a cause for reducing the proposed scale of pay to the navy. No reasonable being could have expected that it would have had any other effect. It was plainly absurd to suppose it could have operated to *raise* the proposed scale of the army up to that of the naval medical officer; for it was beyond all reason to believe that the Treasury would give the army medical officers a greater increase of pay than that proposed by the Committee. This protest has, therefore, produced its natural result. It has encouraged the Admiralty to take away from the naval medical service the extra pay proposed. The protest is, in fact, an illustration of what in the fable is represented by the dog in the manger. However, we may now fairly hope, for the reasons above given, that the recommendations of the Committee will no longer be allowed to sink into forgetfulness, under the ill-will of the Horse Guards, the apathy of the War Office, and the childish niggardness of the Treasury.

DR. WILKS, *apropos* of a case of cholera (*Lancet*), says he entirely disagrees with those who say that mischief is done by astringents; and that he equally disagrees with those who think any good is done by them. Astringents certainly do not astringe; they

exert no influence, either good or bad. We know of no drug that is capable of checking the course of cholera; and the sooner we publicly admit the fact the better. It is to be wished that Dr. Wilks had been more explicit. It may be true that astringents do not act as such in cholera, and that drugs do not influence the course of the disease; but when Dr. Wilks says that they exert no "influence, good or bad, upon the disease", does he mean also to say, that large doses of calomel, of opium, and of strychnia, etc., given in cholera, may not exert some very serious influence, good or bad, upon the body? If those doses do no good *quoad* the disease, may they not, in so far as they are absorbed, produce very serious mischief?

The *Wiener Medizinische Wochenschrift* says that in one of the suburbs of Vienna there lately appeared a strange epidemic—the main symptom being swollen, sore, and painful faces—attacking only the male sex. The disease was traced by the medical men to the use of a shaving-paste, which had been highly recommended as a "clean shave" by Barber Johann Gautier. His paste rendered unnecessary the use of the razor. The privileged paste was found to consist mainly of arsenic. Of course, it was confiscated, and the aspiring barber subjected to legal penalties.

Countess Wenkheim has contributed a thousand bottles of splendid Tokay for the benefit of wounded Austrians. The Empress-Mother has given 10,000 yards of flannel for bandages. The bandagist, Vogl, has presented splints, etc., of the value of 1100 florins.

The Minister of Public Works, with the Sanitary Inspector-General, have visited Amiens. The deaths there from cholera were very numerous on June 30th, and on the 1st inst. The epidemic is concentrated in the centre of the Old Town, where the population is densest. The higher parts and the suburbs are free from it. Seven Parisian *internes* assist the medical body there. Two medical men, Drs. Leger and Thullier, have fallen victims to the cholera; so also have five Sisters of Charity and the venerable curate of one of the parishes. Numerous cases, it is observed, have occurred without any of the usual prodromata. On the 4th instant, the Empress visited the cholera-patients at Amiens. The Emperor was prevented from accompanying Her Majesty by affairs of state.

A medical club, *prononcez clubs*, has just been founded in London, says *L'Union Médicale*, under the name of Sydenham. The same journal also tells us that a similar honour (of *baronnet*) to that conferred on Dr. Watson has been given by the Bey of Tunis to Dr. Lombroso, a celebrated Italian physician, in the service of the Bey.

Dr. Moleschott has been elected a citizen of Italy.



### THE LATE HENRY JACKSON, ESQ., OF SHEFFIELD.

MR. HENRY JACKSON, an esteemed practitioner in Sheffield, and an old member of the British Medical Association, died on Sunday week, the 24th June. Mr. Jackson had been suffering for some time from aneurism in the right parietal region. Till within a very short time, he had not confessed it even to his medical friends, though he suffered intense pain. He persisted in attending to his duties; and on the 22nd June, he was in his place at the Infirmary to receive applications and admit patients. He returned home much exhausted. Mr. Jackson had so much confidence in the local members of the profession, that he refused to consult any of the great surgeons of the metropolis; and all he could be induced to do was to receive a visit from his old friend Mr. Hey of Leeds, who entirely concurred in the opinion which had been formed, that amputation was indispensable as the last, though by no means hopeful, chance of prolonging an invaluable life. The operation was performed on June 22nd, by Mr. W. Favell, in the presence of Dr. Bartolomé, Mr. Jonathan Barber, and Mr. Brown, house-surgeon of the Infirmary. On Saturday the report was, that the sufferer was as well as could be expected; but a very bad night succeeded, and in the course of yesterday it was obvious that Mr. Jackson was sinking fast, and at a late hour on the 24th June he expired. Throughout these painful scenes, he received from his attached medical brethren unremitting attention; Dr. Branson, Mr. Barber, Mr. W. F. Favell, and others, being constantly with him.

Mr. Henry Jackson was the only son of an eminent surgeon of the same name, who lived in the same house where the lamented subject of our notice has lived and died. He was most carefully educated for his profession; and, though his retiring disposition has withheld him from notoriety, professional or otherwise, he has had a deservedly high reputation. To his medical brethren, the death of Mr. Jackson is a most severe loss. He was acknowledged to be at the head of his profession in Sheffield. In reading and in experience, he was preeminent. He kept himself well up in the progress of science generally, but especially in his own department; and, having been one of the surgeons of the Infirmary for nearly thirty-four years, his practice was most varied and extensive. To every one who ever had occasion to see Mr. Jackson, the benevolence of his disposition was known. He was most sympathetic and kind to his patients; and the stores of his learning and his skill were most readily and constantly at the disposal of the profession, and especially of its younger members. Mr. Jackson was a great collector of rare and curious books, and possessed a knowledge of antiquities, especially local, such as scarcely any one equalled. He married Miss Swettenham, sister of Mrs. Overend, by whom he has four sons. Henry, the eldest, is a Fellow of Trinity College, Cambridge.

Arthur, the second son, has passed his examinations to enter upon his father's profession, and was about to join him. The third son, Percy, is a student at Cambridge; and the fourth, Bernard, is at school at Cheltenham. Mr. Jackson was about sixty years of age.

The foregoing account is abridged from the *Sheffield Intelligencer*. Another local paper (the *Sheffield Daily Telegraph*) thus writes of him.

"In personal appearance, a fine sense of professional honour, and perfect courtesy of manner, Mr. Jackson appeared to represent what may be termed the transition stage between the elder and present brotherhood of our regular surgeons. Affinities of professional taste brought him into intimate relation with the Overends, father and son; and he took an active interest in the Medical School established under their auspices in Sheffield, participating, as he did, in the zoological enthusiasm of the former, and emulating the successful practice of the latter of these gentlemen. But, besides this, he was the neighbour, the friend, and fellow-practitioner in his own line, of the late Dr. Younge, for whose character, manners, and ability he had a traditional as well as an experimental respect. Cast as his lot was in an age of advance in his own profession, as well as in every other department of human knowledge, he kept pace not only with the purely perceptive and the directly practical discoveries of the times in the healing art, but with its literature, as well technical as general. Few men, indeed, were better acquainted with the lives of the famous physicians and surgeons—ancient or modern—whose engraved portraits adorned his rooms, than he whose pride was to rank worthily with them.

"Amidst the most sedulous attention to the duties of his arduous profession, Mr. Jackson made time for a large amount of miscellaneous reading, and not seldom was he seen with a book in his hand during his constant movements in a carriage. Besides keeping up with the current literature of the day, he had a special taste for bibliography, biography, topography, and general archaeology; his library being probably richer in works of these classes than any other in the town. He took a particular interest in the names and writings of authors connected in any way with his native town or its vicinity, and of these he had a curious collection. Often, indeed, did the Philosophical Society win from him a promise to read before them a paper on this subject; but the plea for postponement was always based on the yet imperfect state of his materials.

"Mr. Jackson was well known and highly respected by the late Joseph Hunter, the author of the *History of Hallamshire* and other interesting works; and when, several years ago, Mr. Holland initiated that movement which resulted in placing a fine portrait of that learned topographer in the Cutlers' Hall, his most efficient coadjutor was Mr. Henry Jackson.

"He was an early, active, and highly esteemed member of the Literary and Philosophical Society, to the presidency of which he was elected in 1858, from whose chair he was rarely absent on the occasion of the monthly meetings; and of the council he was always a member. It may be that in this connexion his views were remarkably liberal; the engagement of first-rate lecturers, on high terms, having often taken place by his advice—always with his approval. Among these may be mentioned the celebrated Professor Owen, who was Mr. Jackson's guest during his visit to Sheffield; and the pleasurable remembrance of those who listened to the lectures of the most dis-



tinguished living naturalist of the age is only surpassed by the recollection of those who had the gratification of meeting him under the roof and in the company of his intelligent and genial host."

## Association Intelligence.

### BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

THE Thirty-fourth Annual Meeting of the British Medical Association will be held at Chester, on Tuesday, Wednesday, Thursday, and Friday, the 7th, 8th, 9th, and 10th days of August next.

*President*—S. J. JEAFFERSON, M.D. Cantab.

*President-elect*—EDWARD WATERS, M.D. Edin.

The Address in Medicine will be delivered by J. HUGHES BENNETT, M.D., F.R.S. Edin., Professor of the Institutes of Medicine and Clinical Medicine in the University of Edinburgh.

The Address in Surgery will be delivered by WILLIAM BOWMAN, Esq., F.R.S., etc.

The following special subjects will be introduced for discussion:—

Dr. SIBSON, F.R.S., and Mr. HOLMES: What is the influence of Hospitals on Health and Mortality,

Dr. STEWART: Is the Expectant Method to be relied upon in the Treatment of any form of Acute Disease?

Mr. ALFRED BAKER (Birmingham): Are there any trustworthy facts as to the Origin of Pyæmia?

PROFESSOR CHRISTISON, F.R.S. (Edinburgh): Observations on the Register of Deaths in Scotland.

Gentlemen intending to read papers, cases, or any other communications, are requested to give notice of the same to the General Secretary at their earliest convenience.

T. WATKIN WILLIAMS, *General Secretary*.

13, Newhall Street, Birmingham, June 5th, 1866.

### BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
WEST SOMERSET. [Annual.]	George Hotel, Ilminster.	Wed., July 11, 2.30 P.M.
METROPOL. COUNTIES. [Annual.]	Crystal Palace, Sydenham.	Wednesday, July 18, 3.15 P.M.
BATH AND BRISTOL. [Annual.]	Mineral Water Hos- pital, Bath.	Thurs., July 19th, 4.30 P.M.
READING. [Annual.]	Council Chamber, Reading.	Wednesday, July 26th, 4 P.M.

### WEST SOMERSET BRANCH.

THE annual meeting of the West Somerset Branch will be held at the George Hotel, Ilminster, on Wednesday, July 11th, at 2.30 P.M.; G. R. BUETT, Esq., will take the chair. Dinner at 5 P.M.

Gentlemen intending to read papers or cases are requested to forward the titles of the same to the Honorary Secretary, without delay.

W. M. KELLY, M.D., *Hon. Sec.*

Taunton, June 11th, 1866.

### METROPOLITAN COUNTIES BRANCH.

THE fourteenth annual meeting of the Metropolitan Counties Branch will be held at the Crystal Palace, Sydenham, on Wednesday, July 18th, at 3.15 P.M. *President* for 1865-66, EDWARD H. SIEVEKING, M.D.; *President-elect* for 1866-67, HENRY LEE, Esq., F.R.C.S. At 5.30 P.M., the members will dine together; HENRY LEE, Esq., in the chair.

A. P. STEWART, M.D. } *Hon. Secs.*  
ALEXANDER HENRY, M.D. }

London, June 4th, 1866.

### BATH AND BRISTOL BRANCH.

THE annual meeting of the Bath and Bristol Branch will be held at the Mineral Water Hospital, Bath, on Thursday, July 19th, at 4.30 P.M. Dinner at the York House, at 6.30 P.M.

R. S. FOWLER, *Hon. Secretary*.

### READING BRANCH.

THE annual meeting of the Reading Branch will be held at the Council Chamber, Reading, on Wednesday, July 25th, at 4 P.M.

GEORGE MAY, JUN., *Hon. Secretary*.

Reading, July 2nd, 1866.

### SOUTH-EASTERN BRANCH: ANNUAL MEETING.

THE annual meeting of this Branch was held at Tunbridge Wells, in the Assembly Rooms of the Royal Sussex Hotel, on Thursday, the 14th instant. The chair was first taken by EDWARD WESTALL, M.D., *President*; and afterwards by CHARLES TRUSTRAM, Esq., *President-elect* for the ensuing year. There were present at the meeting: J. Armstrong, M.D. (Gravesend); J. M. Barry, M.D. (Tunbridge Wells); J. M. Burton, Esq. (Lee); J. Blaxland, Esq. (Tunbridge Wells); A. Carpenter, M.D. (Croydon); E. Clapton, M.D. (Southwark); H. J. Collet, M.D. (Worthing); H. Colebrook, M.D. (Southborough); R. Gravely, Esq. (Newick); C. Holman, M.D. (Reigate); G. Holman, Esq. (Uckfield); G. F. Hodgson, Esq. (Brighton); A. Hall, M.D. (Brighton); H. Lewis, M.D. (Folkestone); T. H. Lowry, M.D. (Town Malling); B. Marsack, Esq. (Tunbridge Wells); A. Napper, Esq. (Cranley); R. J. Starling, Esq. (Tunbridge Wells); G. Stilwell, Esq. (Epsom); F. H. Sankey, Esq. (Wingham); T. H. Smith, Esq. (St. Mary Cray); C. Trustram, Esq. (Tunbridge Wells); C. R. Thompson, Esq. (Westerham); J. S. Warter, M.D. (London); J. E. Wardell, M.D. (Tunbridge Wells); W. Wallis, Esq. (Hartfield).

Dr. WESTALL, on taking the chair, said he had but little to remark upon in connection with the Society's history during the past year. It had been a period in which no great event had occurred affecting any of them personally, or the Branch generally, save that the Society had suffered in the loss of some of its best and most distinguished members. To the memory of these, their departed friends and associates, he had no doubt the speakers who followed him would do every justice. His duty was now simply to introduce to them the *President* of the year, Charles Trustram, Esq., a gentleman well known in the place and neighbourhood, as well as to the members of the



Society, and in whose hands he could leave the proceedings of that day with the assurance that they would be ably and efficiently conducted. [*Applause.*]

Dr. Westall then vacated the chair; and Mr. TRUSTAM took his place amid renewed applause.

*President's Address.* The PRESIDENT then delivered an address.

Mr. J. BURTON moved—

"That the best thanks of this meeting be given to the President for his address, and that he be requested to allow it to be published in the JOURNAL."

The resolution was seconded by Mr. W. WALLIS, and carried unanimously.

The PRESIDENT had hardly presumed to think his production would have been worth a place in the JOURNAL; but, if the contrary opinion was entertained by the meeting, he should be most happy to accede to the request. Perhaps, as tending to show that there were certain departments of the profession requiring to be worked up to a higher point, it might not be without advantage.

*Report of the Council.* Dr. HOLMAN (Honorary Secretary) then read the following Report of Council.

"The Council of the South Eastern Branch have much pleasure in offering to their brother associates a cordial welcome to Tunbridge Wells. At the meeting held here in 1848, the report of the Council touched upon the then vexed question of medical reform, and poor-law medical relief, and warmly vindicated the professional conduct of one of its members, whose character had been unjustly assailed. The question of Medical Reform since then has been met by the passing of the Medical Act, and the appointment of the Medical Council. The Act has been almost wholly inoperative from numerous total omissions and various defective clauses, whilst the power of the Council has been proportionately curtailed. An amended Act has now been prepared, by which it is hoped that the Council will be empowered to compel complete registration, to protect those registered, to prosecute irregular practitioners, and to compel the licensing bodies to adopt some sort of uniformity in the standard of the preliminary examinations, as well as for the subsequent test of those seeking a diploma to become authorised medical practitioners.

"Reform in the public medical services had been left untouched until after the meeting at the Crystal Palace last year, when a commission was appointed to inquire into the alleged grievances of the Army and Navy Medical Officers. The College of Physicians nominated Dr. Markham, Editor of the JOURNAL, to serve on the commission, who was thus enabled to represent the College and the members of the British Medical Association. The Council have great satisfaction in stating that the commissioners advised that the main grievances complained of should be redressed, and, although their report does not perhaps give all that the officers in the two services might desire, still their recommendations will go far to ameliorate the position of those officers, and remove the distrust of the junior members of the profession to enter the army or navy, and, it is hoped, may induce a better class to apply for employment in the public services. The Council are convinced that the earnest and uncompromising advocacy of their associate, Dr. Frederick Brown, of Rochester, has conducted in no small degree to bring about this satisfactory result.

"With regard to Poor-law Medical Reform, no adjustment has yet been arrived at, but the agitation with respect to workhouse infirmaries, and the evidence adduced at the various inquests, has shown so plainly the overwhelming amount of work thrown

on poor-law medical officers, and the inadequate stipends awarded them, as to thoroughly arouse the attention of the public, and, it is hoped, will in due time bring about a recognition of the just claim of the poor-law medical officer.

"The reports on Workhouse Hospitals brought out in the *Lancet*, (in part the labour of one of the most intelligent members of the South Eastern Branch,) have also done good service; and the Council learn with pleasure the admission of the medical element at the poor-law board, by the appointment of Dr. Edward Smith as medical inspector.

"The Council have to record their hearty sympathy with Dr. Armstrong, of Gravesend, and his son, with regard to the malicious action of Rudman v. Armstrong; and, while expressing their regret at the annoyance and expense they have been subjected to in defending themselves, they desire to congratulate them on having earned and received the approving testimony of so many men eminent in the profession, as well as the warm and cordial regard of their professional neighbours, as evinced by the resolution passed at the West Kent District Meeting, at Dartford.

"Slowly, but surely, the labours of Sanitary Reformers are making way with the public. Time has been necessary to develop the great truths they enunciated, and by the hard logic of facts has the present position of sanitary science been gained. It has been difficult to persuade either government or the public of the absolute necessity of obeying certain simple, natural laws; by slow degrees government became convinced that it was requisite to pass laws to compel people to be clean and live; by still slower degrees have the public submitted to be taught to live. Step by step has the knowledge that obedience to sanitary regulations is an integral part of social and political economy been gained, and the time has now come, when, in the opinion of many thinking men, the sanitary arrangements of all places should be put under the more direct supervision and control of the government.

"The JOURNAL has continued steadily to improve, but the same want is yet too frequent, viz., the absence of clinical reports of cases from the provincial hospitals. The medical staff of many of these institutions are too much occupied to prepare them, but if the house-surgeons could receive some small pecuniary inducement to send up reports, revised by the physician or surgeon, a very valuable mass of information might be brought forward, most useful to the busy general practitioner. While making this suggestion, the Council fully recognise the services of Dr. Markham, the editor, who has, in the matter of the JOURNAL, and also of the army and navy medical reform, earned the best thanks of the Society.

"The numbers of the Association have been considerably augmented in the past two years, and its value is daily becoming more generally recognised. The questions referred to in this report have been often before the members, and received their constant attention. The results thus far attained, are in great measure due to their efforts, individually and collectively.

"That such results can be gained, should be an inducement to professional men to join the Society, even if from no higher or better motive. The influence of Dr. Brown and Dr. Markham has been greatly increased by the knowledge that they expressed not only their own views, or the views of the classes they represented, but that they were supported by the warm sympathy of an Association numbering some two thousand four hundred medical men. It is highly desirable that many more of the practitioners of the United Kingdom should be brought within its ranks.



Combined action can do much. The Association is no union of half-educated men of narrow views, thinking of little else but selfish ends, but rather the union of highly educated intelligent minds, capable of correctly estimating the rights of the public as well as their own presumed wrongs, both willing and able calmly to discuss all the bearings of each question, and to come to sound conclusions.

"Again, when oppressed and harassed by the anxiety of unfounded legal prosecutions, the respectable practitioner can appeal to the highest tribunal, the opinion of his compeers in the profession, and in their verdict can place every confidence, and can claim from them such support as was shown to our esteemed friend, Dr. Armstrong, first in the court of justice, and next at a meeting of those who best knew him, the medical practitioners in his own immediate neighbourhood.

"The social good resulting from mutual association has been so often dilated upon, that it is needless again to pursue the subject; suffice it to say, that the warmest approval is expressed by those gentlemen who have been longest in the Association, whether they speak of it professionally or socially.

"The District Meetings in Kent have been most successful during the past year, and the thanks of the Branch are due to Dr. Brown and Mr. Bowles, for the admirable way in which the business has been carried on. The Council have sanctioned with great pleasure the formation of similar meetings in East Surrey, and they trust that the efforts of Dr. Lanchester, who has been elected Secretary, may meet with similar success. The balance in the hands of the Treasurer amount to £26:17:6.

"Before concluding this report, the Council would record their sincere sorrow at the unusual mortality among the members of the Branch, during the past twelve months. It would be but too painful to recapitulate all the names of those who have been snatched away, all men of mark in their respective localities:—King, of Brighton, Giraud, of Faversham, Gould, of Wateringbury, members of the Branch since 1850; Sisson, of Reigate, a Vice-President at the time of his death; whilst all who have attended the annual meetings will miss the white hairs and genial greeting of that fine specimen of a true gentleman, Sankey, of Dover."

Mr. A. NAPPER was sure that the various subjects alluded to in the report read must be very interesting to every gentleman present. He was also certain that they would agree with him when he said, that annual meetings at which such reports were presented not only gave character to the Association, but conferred great benefit upon the profession at large. The report before them had been so ably drawn up as to reflect the highest credit upon those under whose direction it was produced. He moved—

"That the report now read be received and adopted."

Dr. COLLET briefly seconded the resolution, which was carried unanimously.

*Improvement of Sanitary Laws.* Dr. CARPENTER moved—

"That a petition be sent to the lords of Her Majesty's Privy Council, in favour of improvement in the sanitary laws of this kingdom; and that it be signed, on behalf of the members of the South-Eastern Branch, by the President."

The duty of the medical practitioner might be divided into two branches—first, the cure of disease; and second, its prevention. To his own mind, although the cure of disease was a pursuit of high honour, that of prevention was one of much higher honour. It must be far more important to the world at large that medical men should prevent disease

from arising, than that they should cure it when it had arisen; because in the first instance they prevented loss of life in large masses, while in the second they only could do so in individuals. The means of preventing disease he need not dilate upon; but if he read the petition it would show the various means which it was proposed to use. [The petition embodied the recommendations agreed on by the Metropolitan Counties Branch (JOURNAL, April 14, p. 397); and also those added at the recent meeting of the Bath and Bristol Branch (JOURNAL, June 2, p. 585).] It had become imperative that bodies like this Branch should urge upon the authorities the propriety of appointing the officers therein alluded to. The difficulties to be contended with in dealing with individuals in this matter of prevention—in persuading householders to put their premises in order and remove causes of disease—were well known. It was thought that there was some object in view when the effort was made, and people could hardly think it possible for a medical man to be so philanthropic as to desire to diminish his own business. But it was forgotten that there was one strong influence at work with him; viz., self-preservation. People forgot the number of medical men who fell victims to the diseases with which it was the business of their lives to contend. He (Dr. Carpenter) was connected with a parish where perhaps as much had been done for the public health as in any parish throughout the kingdom. Enormous sums had been spent there in removing the causes of disease; and still they failed in one thing—there was no medical officer of health, and the authorities could not be persuaded that such officer was necessary. They had, therefore, no means of bringing home to the inhabitants the necessity for obeying the laws of Nature. The inhabitants trusted to the authorities for doing everything, but would not of themselves help one bit. And then, if disease of fatal consequence did arise, these people blamed the authorities, but never thought for a moment that the fault was their own. But if the occupiers of houses would not assist the authorities, the whole system became valueless. If there were a medical officer of health in Croydon, the origin and proximate causes of epidemics which now and then would arise in some localities might be effectually banished. His own conviction was, that a medical officer of health was required in every district, for the purpose of compelling certain arrangements to be carried out; and that such officer should not be responsible for his acts to the local authorities. It was easy to see the necessity of this independence of local authority in such matters. The clauses of the petition had been fully discussed in the JOURNAL; and every one interested knew, through that medium, how much could be said in their favour. He concluded by moving the adoption of the petition.

Dr. COLLET seconded the resolution. He could endorse every word uttered by the last speaker. He was quite convinced of the necessity of the petition, and especially of that clause which proposed the appointment of a medical officer of health. [*Hear, hear.*] In many places where the Health of Towns Act had been adopted, the authorities sought to screen themselves behind the argument that they had a medical man on the Board. That was all very well, so far as it went; for a medical man was doubtless of great assistance to any board of health; but he was never a responsible person in their sense of the word, and the duties attaching to the position would never be properly discharged except by a responsible medical officer. During the last year or two, at Worthing, they had been without a medical man on the Board, and without a medical officer; the consequence was that, although large sums of money had been ex-



pendent upon a complete system of drainage, from want of supervision and foresight, the town had been brought to imminent ruin—a result which never would have followed had they possessed a proper medical officer of health. Every one of the provisions contemplated were of the greatest possible importance, and he seconded the adoption of the petition most cordially.

Dr. ARMSTRONG supported the resolution by an instance within his own observation. At Gravesend there was a board of health, of which the presiding genius was an inspector of police. Some little time ago there was a bad cesspool to be emptied, which had been neglected for a long time. One man went down, was overpowered by the noxious gases, and died; a second went to his assistance, and perished in the same manner; and in this way three men successively lost their lives. Now, the inspector had had entrusted to his keeping a fire-annihilator; and the idea strongest with him seemed to be that, if this machine would extinguish a fire, it must be also efficacious in expelling poisonous gases. So he injected a quantity of its contents into this cesspool. But he (Dr. Armstrong) was glad to say that no other person ventured to go down, even after that, and so they had no means of testing the qualities of the annihilator. He mentioned this as an instance showing strongly the necessity for a medical officer in every large town to see that life was not sacrificed, and that things were properly done.

The PRESIDENT, referring to Dr. Carpenter's observation, said there was no doubt the world was rather surprised to see the medical practitioner apparently "cutting off his own nose" in his efforts to promote health. But the medical profession had shown a growing disposition to remove that which filled its purse; in which movement he did not think self-preservation had taken so prominent a part as Dr. Carpenter had assigned to it. Medical men did their work upon higher principles; they saw women left widows and children fatherless; and those higher feelings of philanthropy which every true-hearted man possessed prompted them to exertions for saving life. He knew that the medical profession must suffer from disease; but he still felt they were entitled to credit for a higher motive than their own preservation. They deserved the thanks of the world, of society, and of the country; for they were always stepping forward to prevent disease where that could be done, and they should not hesitate to claim their proper distinction.

The petition was then unanimously adopted.

*Financial Statement.* Dr. HOLMAN laid before the meeting the financial statement for the past year; which showed a balance in hand of £26:17:6.

*The Medical Benevolent Fund and the late Mr. Newnham.* Dr. BARRY, upon the reading of the above statement, moved—

"That the Treasurer's report be received; and that a donation of ten guineas be sent to the Medical Benevolent Fund."

To this he desired to add, by way of rider—

"The members of the South-Eastern Branch desire to record their sincere regret at the death of Mr. Newnham, for many years a member of the Branch, and one of the earliest promoters of the Medical Benevolent Fund. He practised with great repute at Farnham, where he commanded the warm respect of all. The establishment of the Medical Benevolent Fund, and the good it is yearly enabled to do, is the best and most lasting remembrance of an earnest, untiring philanthropist."

As the subject might be new to some present, he would point out a few of the salient features in the history of this fund. It was established upwards of

thirty years ago by the British Medical Association. For the first few years it was not in a very prosperous condition; but then Mr. Newnham of Farnham was appointed treasurer, and threw into it all his energy and business ability. The result was that, while in 1847 the annual income was only £200, in the following year it was £600, and in 1851 it had reached £1100. The object of the fund was to relieve impoverished medical men, their widows and children. It was supported by subscriptions, principally from the medical profession; there being but few lay subscribers. From time to time most munificent legacies had been left to it by members of the profession. The money so left was funded; and, from the interest arising, a certain number of persons every year received small annuities. There were about thirty such annuitants at present, each in receipt of from £10 to £30 a-year. But the liberality of the profession had not stopped there; six houses had been built and vested in the Society, who elected their occupants, and they were all now inhabited by persons receiving annuities. He believed that Mr. Newnham, who worked at the fund with so much energy, injured his own health by those exertions, as he used to sit up till three or four o'clock in the morning, after a hard day's practice, writing letters of appeal. Since then the fund had gone on very fairly, though it could not be said to have overtaken the many deplorable cases of distress brought before the committee every month. Last year £1323 was expended in grants and annuities to persons belonging to the Association. With these observations he begged to move his resolution; and it seemed only proper, as Mr. Newnham was so closely associated with the prosperity of the fund, that, as a sort of rider, the second resolution should go with it. He was a distinguished member of this Branch. He had passed away since the last meeting; but his name must not be passed over without some reverence being paid to it.

Mr. HECKSTALL SMITH said that, as he had for many years followed Mr. Newnham in this work, he knew from personal observation that every word Dr. Barry had said was true, and he had great pleasure in seconding the motion.

The resolution was put from the chair, and carried unanimously.

*Place of Next Meeting: Election of President and Vice-Presidents.* Dr. HALL proposed—

"That Guildford be the place of meeting in 1867; and that A. Napper, Esq., of Cranley, be President-elect, and Dr. Stedman (Guildford) and C. Chaldecott, Esq. (Dorking), be Vice-Presidents."

Dr. ARMSTRONG seconded the resolution, and it was carried unanimously.

Mr. NAPPER thanked his fellow members for the honour done him, and promised them a right hearty welcome upon their visit to Guildford.

*New Members.* The following gentlemen were declared duly elected members of the Branch. G. A. Angier, M.D. (Tunbridge); F. Page Atkinson, M.B. (Rochester); H. Bishop, Esq. (Tunbridge); J. Meaburn Bright, M.D. (Forest Hill); C. Buchan, M.D. (Pembury); J. T. Dickson, Esq. (City of London Lunatic Asylum); F. Fagge, Esq. (Hythe); John Franks, Esq. (Sevenoaks); J. H. Graham, M.D. (Lamberhurst); H. Harland, M.D. (Mayfield); C. Hayman, M.D. (Eastbourne); R. S. Henning, Esq. (Tunbridge Wells); Dr. Braxton Hicks, F.R.S. (London); E. M. C. Hooker, Esq. (Hadlow); H. T. Lanchester, M.D. (Croydon); J. R. Leake, Esq. (Upper Norwood); Henry Lewis, M.D. (Folkestone); B. Marsack, Esq. (Tunbridge Wells); E. Marshall, Esq. (Mitcham); W. Mercer, Esq. (Wadhurst); J. W. J. Oswald, Esq. (Ramsgate); John Payne, Esq. (Hurst-



field); J. M. Philbrick, Esq. (Brighton); W. R. E. Smart, M.D. (Royal Greenwich Hospital); J. Taylor, Esq. (Ticehurst); H. Thompson, Esq. (Sevenoaks); H. Townsend Whitting, Esq. (Croydon).

The PRESIDENT said that no less than twenty-eight members had been added during the past year—a larger number than in any previous year.

*Council of the Branch.* The following were declared elected as the Council:—W. Addison, M.D. (Brighton); F. J. Brown, M.D. (Rochester); J. M. Burton, Esq. (Blackheath); C. Chaldecott, Esq. (Dorking); W. Hoar, Esq. (Maidstone); G. Lowdell, Esq. (Brighton); A. Napper, Esq. (Cranley); E. Ray, M.D. (Dulwich); F. H. Sankey, Esq. (Wingham); C. Trustram, Esq. (Tunbridge Wells).

*Representatives in the General Council.* The following gentlemen were chosen to represent the Branch in the General Council of the Association:—J. Armstrong, M.D.; G. Bottomley, Esq. (Croydon); J. C. Burrows, Esq. (Brighton); A. Carpenter, M.D. (Croydon); W. Carr, M.D. (Blackheath); H. Collet, M.D. (Worthing); F. Fry, Esq. (Maidstone); T. H. Smith, Esq. (St. Mary's Cray); C. M. Thompson, Esq. (Westerham); E. Westall, M.D. (Croydon).

*Votes of Thanks.* Mr. HODGSON moved—

“That the best thanks of the members be given to Dr. Westall, the President of the Branch during the past year, and to Mr. Napper, the Vice-President.”

He paid a high compliment to Dr. Westall for his ability in the position of President, and alluded with much gratification to the meeting at the Crystal Palace last year.

The resolution having been put and carried unanimously, Dr. WESTALL and Mr. NAPPER acknowledged the vote.

*Vote of Condolence, etc.* Mr. HECKSTALL SMITH moved—

“That the members of the South-Eastern Branch desire to record their great sorrow at the death of Mr. Sisson of Reigate, one of the Vice-Presidents. He had always taken a great interest in the welfare of the Association; and had won the regard and esteem of all who knew him, by his sterling honesty, his liberality of idea, and his genial, warm-hearted disposition.

“That a copy of this resolution be sent to his mother.”

He paid a high tribute of respect to the memory of the deceased gentleman, and moved the resolution with every confidence that it would be unanimously adopted.

Dr. WESTALL seconded the vote; which was carried *nem. con.*

*The Peter Martin Memorial.* A report having been sent up from the Martin Memorial Committee,

Dr. ARMSTRONG said that it did not often follow that they were able to mark their sense of the great value of the able and distinguished men who were from time to time removed by death from amongst them, in such a manner as they would wish. But they had determined to do something of that kind in evidence of their appreciation of the worth and labours of one of their public servants; he alluded to Mr. Peter Martin, their late secretary. All who had known him concurred in the general feeling that he was a man specially capable as their secretary, and that he had done a great deal of good work for them without compensation of any kind. In the attempt to preserve his memory, and to transmit their sense of his value to those who succeed them, they wished in some way to associate his name with the benefits his labours had helped to secure to the profession. A variety of plans were submitted; and it was ultimately resolved that a fund should be

raised, and placed at the disposal of the Medical Benevolent College, to found a scholarship to be competed for by the members of that College from year to year. Now the amount of that fund had reached about £170, and the Committee had thought it desirable to make that sum available for some good purpose. He, therefore, proposed—

“That Dr. Ormerod, the treasurer of the Peter Martin Memorial Fund, be requested to pay the amount, whatever it may be, to the trustees of the Royal Medical Benevolent College, to be applied in perpetuity to establish one or more prizes, to be given annually in such manner as the Martin Memorial Committee or the trustees of the College may decide.”

He entirely concurred in this disposition of the fund, because it would identify the name of Peter Martin with the largest and most benevolent movement with which they were connected; and it ought to prove an inducement to young men—the sons of medical men in particular—to strive for a position in their glorious profession.

The PRESIDENT, in a conversation which followed, suggested that some branch of study should be pointed out, for proficiency in which the prizes should be awarded—natural philosophy, for instance—as the basis of medical studies. Otherwise, the prizes would be entirely in the hands of the Council of the College, and might be entirely diverted from the objects which medical men had most at heart. All the students at the College were not the sons of medical men.

Mr. HECKSTALL SMITH, in seconding the resolution, said he should object to any restriction being placed upon the competitors for these prizes. Others than sons of medical men had been deliberately admitted to the advantages of their College—a step which he held to be a good one—and in the interests of the College, as well as in view of the catholic spirit of their late secretary, he would say, let these prizes be perfectly open.

Mr. J. M. BURTON believed that to confine competition for these prizes to one class of pupils would be doing a very bad thing for the boys admitted. It would take away much of the earnest spirit of emulation by giving them the idea of exclusive privileges.

Dr. COLLET said his opinion was in accordance with that of the President. He thought the collateral branches of professional study—botany, chemistry, natural philosophy, and so on—formed a part of education which had been much neglected, and it struck him that if these prizes could be presented for one of these studies, it would be a fine opportunity for directing attention to them. He did not agree with the idea of restricting the class of competitors; but he did think that the prizes should be awarded so as to promote the study of the natural sciences.

The SECRETARY referred to the terms of the resolution, which said the prizes should be awarded “in such manner as the Committee might decide.” Now it so happened that every gentleman who had spoken on this subject was a member of that Committee, who had only to meet, talk it over among themselves, and arrange the matter as it most commended itself to their judgment.

The resolution was then put from the chair, and carried.

*Election of Secretary.* The PRESIDENT said the next subject of consideration was an all-important one. The success of their Society was in large measure dependent upon the gentleman occupying the post of Secretary; and he thought all would agree with him in saying that they had always been ex-



trremely fortunate in that matter, and also that they had now a most able, energetic, and laborious secretary. Those who had never occupied the position knew but little of the labour it involved, and unless a man's heart and soul were in the work the institution must suffer. That their Society did not suffer that meeting and its complete arrangements testified. He proposed the re-election of Dr. Holman.

Dr. WESTALL seconded the resolution. He could endorse every word the President had uttered. No one could know the labour their Secretary had to get through but those who had served in a like capacity; and they ought to express their thanks in the strongest possible terms, and desire that Dr. Holman would continue to hold the office.

The PRESIDENT put the resolution; which was carried by acclamation.

Dr. HOLMAN thanked the meeting very warmly for the kind manner in which the observations of the President had been received. The remarks of Dr. Armstrong were perfectly true, in reference to the increased importance of the Society. The work of the Branch was a very different thing now from what it used to be. There were a great number of questions constantly coming up, with which the Secretary was bound to keep himself *au courant*—questions which related to the profession, and which it was his duty to bring constantly before them. It was in that room, eighteen years ago, that he began to work for this Society; he had gone on with that work, and now felt the greatest possible pride in doing all he could to advance the interests of the South-Eastern Branch. Their numbers had recently so grown that they now stood only second in England—they numbered no fewer than 235 members, and were taking up the cream of the practitioners in the provinces. So long as the Branch was pleased to accept his services, he should be happy to render them.

Dr. Armstrong and Mr. Bonney. Mr. HECKSTALL SMITH asked permission to make a few observations upon a subject which did not then come specially before the meeting, but which, he thought, called for some notice. The case of Dr. Armstrong and his son had been remarked upon in the report. The deep sympathy felt for them had been practically evinced by the payment, in an incredibly short space of time, of the expenses incurred in their defence; and he hoped there would be a full gathering in Gravesend on Tuesday. His object in rising was to state the step which he was advised to take with reference to a gentleman, a member of the Association, who gave evidence on the trial against Dr. Armstrong and his son. No one could possibly object to the fact of one medical man giving evidence against another; it was in the nature of things that such occasions should arise. All were liable to err, and most were somewhat frail; but we might err so grossly or be so greatly frail, that it might become absolutely necessary, painful as it might be, for one medical man to go into the witness-box and give evidence against another. He (Mr. Heckstall Smith) had occasion, some time ago, to call the attention of the profession to the number of these trials—the multiplication of charges against medical men—which could not take place unless some medical brother were found to second the set made against them. A member of the British Medical Association, of the name of Bonney, gave evidence against Dr. Armstrong and his son under these circumstances. He mentioned the subject distinctly, and stated the case particularly, that the reporter might take it down, and that Mr. Bonney might read what was said, have notice of what he (Mr. Smith) was about to do, and so have an opportunity of coming before the Committee of Council prepared to give his own

version of the story. During the time that Dr. Armstrong was in professional attendance upon Emma Rudman, Mr. Bonney, knowing that Dr. Armstrong was so attending her, saw the patient three times and gave an opinion upon the case in the absence of Dr. Armstrong. Now he might stop here, and, as a public matter affecting this Association—putting Dr. Armstrong entirely out of the question—he might say it was so grossly unprofessional to offer such an opinion at all, that he deserved to be severely censured for it. But he went a step further, and offered an adverse opinion: he stated that the patient was suffering from pyralism, when it was proved that she could not have suffered from anything of the kind. But, again, he was found backing up the family of this girl in bringing the vindictive action against Dr. Armstrong, by going into court, and there giving his evidence in such a way that it was patent to those in the court, and called forth a rebuke from the Judge. If he deemed himself right in doing as he had done, and backed that up by going to a court of justice and there laid himself open to observation by the one-sided way in which he gave his evidence, he showed a sort of partizanship, which was just what he ought not to have done. Mr. Smith said that he should bring this case before the Committee of Council, and if they sanctioned the proceeding, he should bring it before the meeting at Chester, and move that he (Mr. Bonney) be dealt with according to the laws of the Association.

The PRESIDENT said that there could be no possible objection to Mr. Smith's mentioning at the meeting his intention to take such steps respecting Mr. Bonney's conduct; but nothing can be done there because he was not a member of the Branch. It certainly was, or should be, the desire of all to see that the course of conduct pursued by every member of the Association is what it ought to be. If Mr. Bonney could explain his conduct, the Society would doubtless be satisfied; if not, it would be for them to say if it was excusable, or whether they thought it necessary to decide that he could no longer be a member of a body which upholds the character of our profession. He would have a fair opportunity of preparing such explanation of his conduct as might, he (the President) hoped and trusted, extricate him from his present position.

Communications. The following communications were read.

1. On Cardiac Murmurs. By J. S. Warter, M.D., London.

Mr. HODGSON, after a brief conversation, moved a vote of thanks to Dr. Warter for his valuable paper, coupled with a request that he would allow it to be published in the JOURNAL.

This was seconded by Mr. NAPPER, and carried unanimously; Dr. Warter acceding to the request for publication of the paper.

2. Observations on Cases in Medical Practice. By J. R. Wardell, M.D., Tunbridge Wells.

3. On a Case of Ovariectomy. By Blackall Marsack, Esq., Tunbridge Wells.

Votes of Thanks were accorded to each gentleman for his paper, and both acceded to the request that they be published in the JOURNAL. A similar vote was also given to the President for his conduct of the business.

The Dinner. The business of the meeting being concluded, the members, to the number of forty, dined together at the Sussex Hotel. C. Trustram, Esq., President, was in the chair; and the Rev. Sir Henry Thompson, Bart., Rector of the parish, was also present; also, the Hon. G. Molyneux, chairman of the Local Board, and G. Browne, Esq., one of the magistrates.



## NORTHERN BRANCH: ANNUAL MEETING.

THE second annual meeting of this Branch was held in the Board Room of the County Hospital, city of Durham, on Friday, June 22nd; Sir JOHN FIFE, M.A., F.R.C.S., in the chair. There were also present, W. C. Blackett, Esq. (Durham); Edward Charlton, M.D. (Newcastle); G. E. Cockcroft, Esq. (Hurworth); Thomas Cossar, M.D. (Hurworth); William Curry, Esq. (East Rainton); Charles Gibson, M.D. (Newcastle); H. G. Hardy, Esq. (Byers Green); Edward Heffernan, Esq. (Spennymoor); John Jobson, Esq. (Bishop Auckland); F. D. Jones, M.D. (Washington); Donald Mackintosh, M.D. (Dinsdale Park); J. C. Murray, M.D. (Newcastle); William Murray, M.D. (Newcastle); G. H. Philipson, M.D. (Newcastle); S. E. Piper, Esq. (Darlington); John Russell, Esq. (Newcastle); George Shaw, Esq. (Durham); William Stoker, Esq. (Durham); D. B. White, M.D. (Newcastle); and as visitors, J. B. Bridiek, Esq. (Durham); Matthew Hepple, Esq. (Durham); Edward Pilkington, Esq. (Sunderland); and R. N. Robson, Esq. (Durham).

*The Retiring President* (Dr. WHITE), in opening the proceedings, said that in terminating his year of office, he would not detain the members very long; inasmuch as, when the period of his presidency commenced, he took the opportunity, on account of the Association not then being so generally known in Northumberland and Durham, of making rather a long address. In the second place, he need not detain them long, because he had to succeed him a gentleman who was much more competent to address them than he himself was. He was exceedingly glad to find that his friend, Sir John Fife, was about to assume the office of President, because they all knew, from his determination and energy of spirit, that when he did enter upon any course he pursued it to its conclusion. They all knew well, that one great institution in Newcastle (the College of Medicine) might be said almost to have been established by him, and piloted through a great number of difficulties. His hope was that Sir John would do as much for this Association, and this feeling removed the regret he otherwise would have had in retiring. He thanked them for the honour of being their President during the past year, and complimented Sir John Fife on his accession to the chair.

*President's Address.* Sir JOHN FIFE then delivered an elaborate address. After thanking the members for the great honour they had conferred upon him, he congratulated them upon the prosperity of the Association. Last year their Branch numbered fifty-two, and since then they had received an accession of nineteen new members. In feeling terms, reference was made to the loss sustained by the death of three of their fellow-associates. The objects of the Association and Branch were then explained. The recent memorials to the Royal College of Surgeons, from the provincial fellows, petitioning for the privileges consequent upon a residence in the metropolis, were instanced as an example of what may be accomplished by unity and organisation. After referring to the great strides that had taken place in science, during the last twenty-five years, the President concluded by detailing the advances that had been made in the knowledge of diseases of the kidney and bladder, the operation of lithotomy being specially referred to.

Dr. CHARLTON said he had great pleasure in proposing that the thanks of the meeting be given to Sir John Fife, for his able address. In that address Sir John entered thoroughly into the spirit of the profession, and showed that, although he might be considered the father of the profession in Newcastle, there was still the fire of youth in him, such as he exhibited many years ago; that he had still the same interest in the

advancement of science; that he was still as able to take a part in it as ever, and he (Dr. Charlton) trusted that many, many years would elapse before he ceased to do so.

Mr. JOBSON, in seconding the vote, thought they had been particularly fortunate in having such excellent men for their presidents, past and present.

The PRESIDENT, in acknowledging the compliment, referred to the nature of the Turkish bath as a curative agent.

*Vote of Thanks to the Retiring Officers.* Mr. COCKCROFT moved—

"That the best thanks of the meeting be given to the retiring President, Dr. White, the council of management, and the other officers, for their services, during the past year."

Dr. JONES seconded the motion.

Dr. WHITE returned thanks, assuring them that he took a very deep interest in the Association.

*Officers for 1866-7.* On the motion of Dr. COSSAR, seconded by Dr. William Murray, it was unanimously resolved—

"That the next annual meeting be held in Newcastle; that Dr. Charlton be elected President-elect; Dr. Philipson, Honorary Secretary and Treasurer; Dr. White, Dr. Embleton, S. E. Piper, Esq., and H. G. Hardy, Esq., the Council of Management."

*New Member.* W. S. Broadbent, Esq., South Helton, was unanimously elected a member of the Association and Branch.

*Representatives to the General Council.* On the motion of Mr. CURRY, seconded by Dr. WHITE, the following members were elected to represent the Branch in the General Council of the Association; Sir John Fife, Dr. Charlton, James Mackie, Esq., and Dr. Philipson (*ex officio*).

*Amendment of the Sanitary Laws.* Dr. PHILIPSON submitted the resolution received from the Committee of Council of the Association, relating to the recommendations adopted by the Metropolitan Counties Branch, "as to the necessity of pressing on the legislature, by petition or otherwise, the importance of improvement in the sanitary laws."

After observations by several of the members, it was suggested that the matter be referred to the Council of Management, which was agreed to.

*Papers.* The following papers were then read.

1. On a Peculiar Bend of the Legs in Sitting, as an Indication of Tuberculosis. By D. B. White, M.D.

2. The Self-eliminating Action of Poisons. By Wm. Murray, M.D.

3. Report of a Case of Hydrophobia. By T. Cossar, M.D.

4. Report of a Case of Single Kidney; with Specimen. By J. C. Murray, M.D.

The following papers, from want of time, were deferred.

1. Report of a Case of Aortic and Femoral Aneurism, with Embolism of the Splenic Artery. By G. C. Gilchrist, Esq.

2. Plastic Bronchitis. By G. H. Philipson, M.D.

*Votes of Thanks.* On the motion of the PRESIDENT, a vote of thanks was passed to the Committee of the Durham County Hospital, for their kindness in allowing the use of their Board-room; and to the gentlemen who had favoured the meeting with papers. A similar compliment having been paid to the President and Secretary, the proceedings terminated.

*Dinner.* The members and their friends, to the number of twenty-seven, afterwards dined together at the County Hotel, the President, Sir John Fife, occupying the chair, supported by the Mayor of Durham (Wm. Boyd, Esq.), and Dr. Charlton in the vice-chair. After



the loyal toasts, the President, in eloquent terms, proposed success, prosperity, and long continuance to the British Medical Association, and more particularly to the Northern Branch. Dr. White proposed the health of the President, who, in responding, gave "The Mayor and Corporation of Durham." Other toasts followed, including the University of Durham, the General Council of Medical Education, the President-elect, and the Medical Officers of the Durham County Hospital, coupled with the healths of Mr. Shaw and Mr. Stoker.

#### CAMBRIDGE AND HUNTINGDON BRANCH: ANNUAL MEETING.

THE annual meeting of this Branch was held in the Committee-room of the Corn Exchange, St. Neots, on Tuesday, June 26th; J. J. EVANS, Esq., in the chair. There were also present: D. B. Balding, Esq. (Royston); C. P. Daniell, Esq. (Swavesey); W. Few, Esq. (Ramsey); M. Foster, Esq. (Huntingdon); G. L. Girling, Esq. (St. Ives); J. H. Hemming, Esq. (Kimbolton); J. Jenkins, Esq. (Bassingbourne); T. Lucas, Esq. (Cambridge); P. W. Latham, M.D. (Cambridge); L. Newton, Esq. (Alconbury); B. Pinchard, M.D. (Cottenham); W. G. Porter, Esq. (Peterborough); T. Walker, M.D. (Peterborough); T. J. Walker, M.D. (Peterborough); G. Wallis, Esq. (Cambridge); W. Ward, M.D. (Huntingdon); J. Watson, Esq. (Hemingford Grey); S. Wright, Esq. (St. Neots).

In the absence of Mr. Muriel of Ely, the Retiring President, Mr. PORTER of Peterborough took the chair, and called upon Mr. Evans to preside over the meeting.

*President's Address.* The PRESIDENT then delivered a very interesting and able address; after which Dr. WALKER proposed, and Mr. FOSTER seconded, a vote of thanks for the address, with a request that the President would allow it to appear in the JOURNAL.

*Resolutions.* The following resolutions were carried unanimously.

1. "That this Branch is desirous of a combined meeting with the members of the East Anglian Branch in 1867; and authorise the President and Secretary to make arrangements with the East Anglian Branch for that purpose."

2. "That G. L. Girling, Esq., of St. Ives, be re-elected, and that J. Lucas, Esq., of Cambridge, be elected a Director of the Medical Provident Society."

3. "That M. Foster, Esq., of Huntingdon, and J. J. Evans, Esq., of St. Neots, be elected members of the General Council of the Association."

4. "That P. W. Latham, M.D., of Cambridge, be appointed Honorary Secretary of the Branch."

5. A communication was read from Mr. Fawcett of Cambridge, in which he called the attention of the meeting to the rating of hospitals and other charitable institutions, and suggested that the General Secretary of the Association should cause to be drawn up a form of petition to the Houses of Parliament, praying that charitable institutions should be exempted from rates; and that a copy of this form should be sent to every hospital in the kingdom, with a request that the board of governors would at once ask their Parliamentary representative to present it. By simultaneous action of the different hospitals in this matter, a decided effect would be produced, and probably the rating would be done away with.

After discussion, it was moved by Dr. WALKER of Peterborough, seconded by Dr. LATHAM of Cambridge, and carried unanimously—

"That Dr. Fawcett's proposition be adopted."

*Papers.* The following papers were then read.

1. Notes on the Treatment of Angular Curvature of the Spine. By Thomas James Walker, M.D., Peterborough.

2. Case of Imperforate Anus. By J. B. Balding, Esq., Royston.

3. Case of Spontaneous Cure of Cancer. By J. Hughes Hemming, Esq., Kimbolton.

4. Cases of Paraplegia successfully treated at Addenbrooke's Hospital. By P. W. Latham, M.D., Cambridge.

5. An interesting Case of Ovarian Disease was brought under the notice of the meeting by J. Hughes Hemming, Esq., Kimbolton.

6. A piece of the Pectoralis Minor, containing Trichinae, was exhibited by J. J. Evans, Esq., St. Neots.

*The Sphygmograph*, exhibited by Dr. P. W. Latham, excited great interest, and tracings were taken from several members at the meeting. A large collection of tracings, showing the variations dependent upon aortic and mitral defects, the various stages of fever, etc., was shown, having been kindly lent for the occasion by W. A. Bell, Esq., of Trinity Hall.

*Dinner.* The members of the Branch afterwards dined together at the Cross Keys; the President occupying the chair, and the Secretary the vice-chair. Several speeches were made, the President's health being proposed by Mr. Porter of Peterborough; and, after spending a very pleasant evening, the members left with the feeling that the meeting had been most agreeable and successful.

#### MIDLAND BRANCH: ANNUAL MEETING.

THE fifteenth annual meeting was held in the Guildhall, Lincoln, on Thursday, June 21st, under the presidency of SEPTIMUS LOWE, Esq. The following members were present: M. S. Barton, Esq. (Market Rasen); E. F. Broadbent, Esq. (Lincoln); C. Brook, Esq. (Lincoln); D. J. Garnham, Esq. (Lincoln); C. Harrison, M.D. (Lincoln); O. Johnson, Esq. (Bassingham); M. Leach, Esq. (Lincoln); D. Mackinder, M.D. (Gainsborough); G. Mitchinson, L.K.C.P. (Lincoln); T. Sympton, Esq. (Lincoln); F. D. Walsh, Esq. (Lincoln). Messrs. Mills, Branthwaite, and Quin, were present as visitors. A telegram was received from Dr. Barclay, ex-President, regretting his unavoidable absence.

Mr. Lowe having taken the chair, a vote of thanks to the Retiring President was proposed by Mr. BARTON and seconded by the PRESIDENT.

*New Members.* Messrs. Branthwaite and Mills were elected members of the Association and of the Midland Branch.

*The Representatives in the General Council* were re-elected, and Dr. Mitchinson, the Secretary, added to the number.

*Medical Provident Society.* Dr. Noble and Mr. Paget of Leicester were re-appointed on the Committee of the Medical Provident Society.

*Next Annual Meeting.* It was proposed by the PRESIDENT, seconded by Mr. BROADBENT, and resolved—

"That the next annual meeting be held at Derby, and that the members of the Derby Branch be requested to nominate a President."

*President's Address.* Mr. LOWE gave a most able address; which, on the motion of Mr. SYMPSON, seconded by Dr. MACKINDER, he was requested to publish in the JOURNAL.

*Papers.* The following papers were read.

1. A Case of Ruptured Bladder; with Remarks. By D. Mackinder, M.D.

2. Case of Fibrocellular Tumour of the Right Buttock and Labium. By T. Sympton, Esq.

3. Case of Death, Fourteen Hours after Immersion. By Charles Brook, Esq.

4. Case of Epilepsy successfully treated by Bromide of Potassium. By G. Mitchinson, L.K.C.P.



**Votes of Thanks.** A vote of thanks to the readers of papers was proposed by Mr. BARTON and seconded by Mr. BROADBENT, with a request that the papers be published in the JOURNAL.

A vote of thanks to the President was proposed by Dr. MACKINDER, seconded by Mr. WALSH, and carried unanimously.

**Dinner.** The members and several friends, after the meeting, dined at the Saracen's Head.

## Medical News.

**APOTHECARIES' HALL.** On June 28th, 1866, the following Licentiates were admitted:—

Chatterton, Percy, Edgware Road  
Couch, James, Swansea  
Meinhold, Alfred Courtnay Baillie, Princes Square, Bayswater  
Trimnell, Edward Alfred, Lewisham Road

At the same Court, the following passed the first examination:—

Anderson, Tempest, University College, London  
Gill, Henry Clifford, University College, London  
Powell, William, Charing Cross Hospital

### APPOINTMENTS.

CLEATON, J. D., Esq., late Superintendent of the West Riding Asylum, appointed a Commissioner in Lunacy, in the room of S. Gaskell, Esq., resigned.

\*WALTON, Haynes, Esq., elected Surgeon of St. Mary's Hospital, in the place of the late A. Ure, Esq.

### ARMY.

BOURKE, Assistant-Surgeon J., Royal Artillery, to be Assistant-Surgeon 3rd Foot, vice W. H. Harris.

FITZPATRICK, Assistant-Surgeon J. A., M.D., Supernumerary 1st Dragoon Guards, to be Staff-Assistant-Surgeon, vice E. Brock.

HARRIS, Assistant-Surgeon W. H., 32nd Foot, to be Assistant-Surgeon Royal Artillery, vice J. Bourke.

MANFOLD, Surgeon M. T., 34th Foot, to be Surgeon-Major, having completed twenty years' full-pay service.

ROBERTSON, Assistant-Surgeon A. C., M.D., from half-pay, to be Assistant-Surgeon Royal Artillery.

### ROYAL NAVY.

BIRD, Robert George, Esq., Acting Assistant-Surgeon (additional), to the *Victory*, for Haslar Hospital.

BURKE, John R., M.D., Assistant-Surgeon, to the *Asia*.

DAVIDSON, S., M.D., Assistant-Surgeon, to the *Greyhound*.

DIGAN, Patrick, Esq., Surgeon, to the *Royal George*.

DOMVILLE, W. T., M.D., to be Deputy Inspector-General of Hospitals and Fleets.

HENRY, James, M.D., Surgeon, to the *Hector*.

Lewis, John S., M.D., Acting Assistant-Surgeon, to the *Antelope*.

M'IVER, Donald, M.D., Assistant-Surgeon (additional), to the *Cumberland*.

MACLEOD, W., M.D., Staff-Surgeon, to be Deputy Inspector-General of Hospitals and Fleets.

ROSS, William (b), Esq., Surgeon, to the *Winchester*.

### VOLUNTEERS. (A.V.= Artillery Volunteers; R.V.= Rifle Volunteers):—

CAMERON, A. R., Esq., to be Assistant-Surgeon 2nd Kincardineshire R.V.

HUSSEY, E. L., Esq., to be Surgeon 1st Administrative Battalion Oxfordshire R.V.

### BIRTHS.

DAVIS. On June 27th, at St. George's, near Wellington, Salop, the wife of \*William Davis, Esq., of a daughter.

CANNON. On July 1st, at Kent House, Bow Road, the wife of Henry V. Garman, Esq., Surgeon, of a daughter.

GWYN. On June 29th, at Wem, the wife of \*S. B. Gwyn, Esq., of a son.

MITCHELSON. On June 25th, at Lincoln, the wife of \*George Mitchelson, M.D., of a daughter.

PERRY. On July 1st, at Evesham, the wife of \*Marten Perry, M.D., of a son.

WRENCH. On June 29th, at Baslow, near Chatsworth, the wife of E. M. Wrench, Esq., Surgeon, late 12th Royal Lancers, of a son.

### MARRIAGES.

ELLERY, H. J., M.D., of Wearde House, St. Stephen's-by-Saltash, to Ellen Augusta, eldest daughter of Colonel G. S. Brown, Bombay Army, of Stoke, Devonport, at Stoke Damerel Church, on June 27.

JONES, Edward, B.A., M.D., of Sydenham, to Caroline Jane, widow of William A. Morse, Esq., of Kennington, on June 28.

SWAN, John W., M.D., of Ballyragget, county Kilkenny, to Henrietta Lucy, second daughter of the late Lieut. William H. Goddard, R.N., at Winchester, on June 26.

### DEATHS.

AGNIS, John C., Esq., Assistant-Surgeon Royal Horse Guards, at 25, Harewood Square, aged 36, on June 28.

\*DAVIS, William, Esq., at St. George's, near Wellington, Salop, aged 53, on June 29.

DUKES. On July 2nd, aged 14, Jessie Isabel, fifth daughter of E. Dukes, Esq., Surgeon, of Douglas Road, Canonbury.

\*INGRAM, William, Esq., Surgeon, at Midhurst, Sussex, aged 67, on June 29.

BEQUEST. Mr. St. George Kilbee has left by will £200 to the Glasgow Royal Infirmary.

DEATH OF THE BARONESS DUPUYTREN. The French journals announce the death, at a very advanced age, of the Baroness Dupuytren, widow of the illustrious surgeon.

ROYAL NAVY. The following deaths of medical officers have been reported during the past quarter. Surgeons B. Crabbe, J. M. Brydone, J. Mosgrove, W. M'Dowell, R. Stevenson, J. O. Goodridge, and A. E. Elliott; Assistant-Surgeons A. Murphy, J. Farrelly, F. Egan, M. J. Rahilly, and F. H. Browne. Commissions have been resigned during the same period by Assistant-Surgeons W. P. J. Purcell and T. A. Roe, and Acting Assistant-Surgeon H. Brietzke. There are only three other resignations—those of an acting-lieutenant and of two assistant-paymasters.

SOCIETY OF ARTS. Two of the silver medals of this society have been awarded to Mr. J. C. Morton, for a paper on "London Milk"; and Dr. Thudichum, for a paper on "Diseases of Meat as affecting the Health of the People". The Albert Gold Medal, for merit in promoting arts, manufactures, and commerce, has been awarded to Professor Faraday. A medal for the introduction into commercial use, at a moderate price, of the essential oils of Australia, has been awarded to Mr. J. Bosisto, for the importation of the essential oil of the Eucalyptus. The prize offered by Sir W. Trevelyan for the preservation of meat in a raw state, has not been awarded, although various processes have been submitted.

ADDENBROOKE'S HOSPITAL. At the last Quarterly Court of Addenbrooke's Hospital, Cambridge, Dr. Fawcett called attention to a recent change in the law, by which charitable institutions were to be taxed to the parish rates. The governors of the metropolitan hospitals were petitioning Parliament that their hospitals might be exempted from the rate. He, therefore, proposed that the Weekly Board be empowered to have presented a petition to Parliament, praying that Addenbrooke's Hospital, and all hospitals for the treatment of the sick poor, be exempted from contributing to the poor-rates. Dr. Latham seconded the motion. It was very hard that an institution, struggling for existence, and supported by voluntary subscriptions, should be taxed to the poor-rate. Many of the patients, if there were no hospital to receive them, would have to go to the union, and thus become chargeable to the parish; so that, in fact, the hospital, in addition to ministering to the sick poor, caused a considerable saving to the poor-rates. The motion was carried.—Mr. Lestourgeon said the hospital was in possession of a very fine collection of vesical calculi, which would prove a handsome present to the Human Anatomy Museum of the University. He proposed, after some remarks, that the collection of calculi be presented to the University, with a view to its being placed in the Human Anatomy Collection. The Regius Professor of Physic seconded the motion, which was carried.



A DISPENSARY FOR WOMEN AND CHILDREN has been opened in London under the superintendence of Miss Garrett, L.S.A.

DECLINE OF THE CATTLE-PLAGUE. The cattle-plague continues to decline in a satisfactory manner since the adoption of a policy of isolation and slaughter. The number of cases reported in the week ending June 23rd was 467. The cattle-plague has now entered upon its second year.

VISITATION OF EXAMINATIONS. Dr. Storrar and Dr. Sharpey have been appointed by the English Branch of the Medical Council visitors to the Durham University Examinations. Mr. Rumsey declines to assist further in these visitations. Dr. Alderson was therefore appointed in his stead to visit the examinations of the Society of Apothecaries.

THE QUEEN'S VISIT TO BALMORAL. It does not appear to be generally known, but is, we understand, a fact nevertheless, that the cause of Her Majesty's recent visit to Balmoral was an attack of whooping-cough, caught from the royal children, and which rendered immediate change of air necessary. (*Pall Mall Gazette*.)

COURTESY. M. Husson, Director-General of the Hospitals of Paris, is at present studying the medical institutions of the metropolis. He presented himself on the 3rd instant at the Whitechapel Union (three wards in which establishment were recently described by Mr. Ernest Hart), provided with an official letter of introduction from the Poor-law Board—and was refused admission.

PRESENTATION TO A SURGEON. On Tuesday last, the 3rd instant, at the annual festival of the members of the Loyal Hovingham Lodge of Odd Fellows, M.U., the members presented R. Gillard, Esq. (who has been surgeon to the lodge for seven years), with a handsome silver teapot, bearing the following inscription:—"Presented by the members of the Loyal Hovingham Lodge of Odd Fellows, M.U., to Richard Gillard, Esquire, as a mark of esteem for professional services, July 3rd, 1866."

THE CARLOW LUNATIC ASYLUM. In the House of Commons, on Monday, Mr. Bruen asked whether Dr. White, the Resident Superintendent of the Carlow Lunatic Asylum, had tendered his resignation; when that resignation was received by the Government; and whether a new superintendent had been appointed, and the date of the appointment. Mr. Fortescue replied, that the resident superintendent of the lunatic asylum referred to by the honourable gentleman did not resign, but died about a week ago. The Government accordingly had to consider the claims of a gentleman who was strongly recommended as his successor; and, if that gentleman's qualifications had proved to be satisfactory, there could be no doubt that the appointment had been already made by the Lord-Lieutenant.

DIAGNOSIS OF TYPHOID FEVER. At a trial last week at Guildhall, concerning a railway injury, the question was raised as to whether the plaintiff's illness had been or not caused by typhoid fever, and not by the railway accident. Dr. Barlow and Dr. Barker, as well as Mr. Cooke and Dr. Elam of Sheffield, agreed that the plaintiff's symptoms were inconsistent with fever, and tended to show that it was the result of the accident. They also stated that the treatment to which they subjected the plaintiff would have been most dangerous, had he been suffering from fever. On behalf of the defendants, Dr. Fletcher, Dr. Edwin Smith, and Dr. Tweedie were called, and also agreed as positively that the symptoms as described pointed clearly to typhoid fever.

FIFTEEN PERSONS POISONED BY DISEASED MEAT. Several persons in the neighbourhood of Newtownards, County Down, lately bought veal from a butcher at Newtownards, and every person who partook of it became ill, having violent retching, coldness in the extremities, purging, and bluish appearance of the skin. In one family, the meat was eaten by six, two of whom have since died, and others are almost beyond recovery. It is supposed that the animal was not killed, but died from distemper; and that the owner gave the flesh a healthy-looking appearance by coating it with some poisonous substance.

NUISANCES IN LIVERPOOL. In the House of Commons, on Thursday week, Mr. Samuelson asked the Vice-President of the Privy Council whether he was aware that, in spite of the outbreak of cholera in Liverpool, the local authorities had permitted a large space of waste ground to be covered with night-soil, the consequence of which was that the neighbourhood was never free from typhus-fever. Mr. H. Bruce had received no official information on the subject. Though the Privy Council had power of instituting inquiries into the outbreak of any disease, they had no power to compel the local authorities to do their duty in taking proper precautionary measures. A bill to give the power was now before the house.

EFFECTS OF LIGHTNING. At an inquest held a few days ago, on a young man, who was killed by lightning. Evidence was given as follows: A flash of lightning struck down the witness (the father of the deceased) and his three sons, and also a retriever dog. He first crawled to his eldest son, and found him quite insensible. He thought he was dying or dead. He then went to his other son, and found him with his hat cut up. He was lying on his face. He turned his head round and saw he was dead. The lightning struck his head, tearing his cap, and went down under his clothes, tearing his left boot. It also killed the dog. It did not burn his clothes, except his neckerchief. Henry Howard said that a terrific crash of thunder came; he saw fire, and then a vapour rose up, preventing him seeing anything for a time; when that cleared off, the last witness, his two sons, and a man named Upton, were lying on the ground. The witness was himself struck by something which he took to be spent shot. One person complained of being touched on the side of the face, indeed several persons felt something strike them. The witness noticed that the dog was kicking its hind legs when the vapour cleared up. The coroner remarked that the vapour was no doubt steam. George Rowe said that the deceased's hair was singed at the right side of the head; blood flowed from the mouth and nose when the head was moved; the face and hands were discoloured. Upton recovered in an hour. All but the deceased completely recovered. The Coroner having briefly remarked upon the case, the jury returned a verdict "That the deceased was killed by lightning." The deceased's felt hat, silk neckerchief, and boots were shown to the jury; the hat appeared to have part of the right side torn away, the neckerchief was singed, and the boots torn.

ALLEGED FRAUDULENT REGISTRATION. At Marlborough Street Police Court, John Potter Sergeant, otherwise Crowther Smith, of Glasgow, described as a surgeon, and John Sutton, commonly called Dr. Sutton, of No. 36, Bloomsbury Street, dentist, were charged—Sergeant with procuring himself to be registered under the Medical Registration Act by false representations; and Sutton with aiding and abetting. Mr. Trimmer, secretary of the Royal College of Surgeons of England, produced the certificate of birth



and the certificates of John Potter Sergeant, to whom a diploma was granted in May 1836. No other diploma had been granted to any one so named. The witness said the College of Surgeons were not the prosecutors in the case. He was aware there was a *mandamus* applied for against the Medical Council on the part of the prisoner Sergeant. The baptismal register of John Potter Sergeant, born in 1812, was put in and proved in the usual way. Mr. Roope, clerk to the Medical Council, said it was his duty to assist at the registration of persons under the Medical Act. The prisoner Sergeant brought him a document on July 6th, 1862. He could not swear that the prisoner filled it up. The prisoner said he had heard his name had been removed from the registry in consequence of his connexion with the "Sutton gang." Mr. John Turner said he served both prisoners with notices to produce the diplomas, and they declined to do so. Mr. Roope, recalled, said when Sergeant handed in the document, he said he was John Potter Sergeant, and he applied for re-registration. The prisoner pointed to the boy, and said, "There are my diplomas." The prisoner tendered the fee of £2. In January 1860, in consequence of a notice, he altered the address from 45, King Street, Long Acre, to No. 8, Store Street. On April 19th, 1861, a letter was sent by direction of Dr. Hawkins to the prisoner Sergeant, to know if John Potter Sergeant still carried on business. There was no answer to that letter. He produced the registry to prove that in 1859 the prisoner Sergeant was registered as living at King Street, Long Acre, and in 1861 at Store Street. Sarah Smith said she knew John Potter Sergeant when in Leicester. He was articled to Messrs. Needham and Paget, surgeons to the Leicester Infirmary. She had seen his diploma from the College of Surgeons. He received the diploma in 1836. She also saw his diploma from the Apothecaries' Hall. She was present at his death. He did not practise; he gave private instruction to medical students. After his death she went back to Leicester, and took the diplomas of the deceased with her. She had the diplomas at Swindon, after she was married. In 1856 she missed the diplomas and a tin case in which they were kept. Neither of the two prisoners is the John Potter Sergeant she had known. Mr. Ouvry, solicitor to the Medical Council, said a person who stated his name was John Potter Sergeant called at his office in November 1865. He believed that person was the prisoner Sergeant. Two applications for a *mandamus* against the Council were made. The prisoner asked why the Council refused to put his name on the register. He told him he believed the Council had reason to think he was connected with the Sutton gang. When the *mandamus* was applied for the Council were not aware of the death of the real John Potter Sergeant. Mr. Radford, reporter, knew Sutton well, and also his handwriting. He believed the signature and the affidavit produced to be in Sutton's handwriting. The letter produced he also believed was in Sutton's handwriting. Samuel Halley, in the service of Messrs. Clarke and Co., clothiers, knew Sergeant. About six years ago, Sergeant went by the name of Crowther Smith, and carried on the business of a clothier in the Hackney Road. Mr. Oppenheim intimated that he would not carry the case further for the present. Mr. Knox said, as far as the case against Sergeant was concerned, it was clearly one for the Central Criminal Court. He should, therefore, remand him without bail. The complicity of Sutton had not been fully proved, and he would remand him on bail with twenty-four's notice. Sutton was admitted to bail on Tuesday last.

## OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.  
 TUESDAY....Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.  
 WEDNESDAY...St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.  
 THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.  
 FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.  
 SATURDAY....St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

## TO CORRESPONDENTS.

\* \* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

ACTIONS FOR MALAPRAXIS.—It is perhaps well we should record the fact, in connection with the Armstrong Fund, that very general approval was felt at the suggestion that such subscriptions should be limited to 5s. We mention this in case the profession may be again called upon to assist any of their brethren thus persecuted. By limiting the subscription to this sum, two great advantages are gained: the opinion of the profession is much more strongly expressed than if only a few men had subscribed the required fund; and, in addition, very many members of the profession who would wish to show their sympathy on such an occasion are not excluded from doing so by the amount of the subscription.

METROPOLITAN WORKHOUSE WORK AND PAY.—SIR: The paper reports say, that a medical man undertakes to do the work of a metropolitan workhouse for £35 a year; that out of this he pays £12 or £15 a year for drugs; and that he visits the workhouse every day, and sometimes two or three times in a day. I ask, what right have we to complain of the public if members of our profession will take in hand such a business as this?

I am, etc., QUERY.

CLITORIDOTOMY.—SIR: Mr. I. B. Brown, speaking of the case of clitoridotomy which was discharged cured from the "Home", but which was found not to be cured at all when she got back to her friends, says: "The case was discharged as 'cured', it is true, but it has never been published as such, nor would it ever have been until a much longer interval had elapsed." Now, I cannot reconcile this statement of Mr. Brown's with the facts which stare me in the face in his famous little book. I see there very many cases which were discharged "cured" a few weeks after their admission into the "Home"; and I find nothing said of their having been seen at any "much longer interval" afterwards, or in fact, having ever been seen at all afterwards. I see, indeed, cases which were operated on, and discharged as cured, only a few months before Mr. Brown published his book. Case 41, for example, was operated on on December 12, 1865, and, after "passing two menstrual epochs", was "discharged perfectly cured". Now, as Mr. Brown's book was published in March 1866, it is difficult to see how this fact can be reconciled with his statement, as above given.

I am, etc., QUERY.

COMMUNICATIONS have been received from:—Dr. E. HEADLAM GREENHOW; Dr. G. H. PHILLIPS; Dr. J. BULLAR; Dr. ROBERT FOWLER; Mr. G. MAY, JUN.; Dr. A. T. H. WATERS; Dr. FADE; Dr. J. WALTERS; Dr. E. LUDLOW; Mr. R. H. M'KEAND; Dr. J. B. PITT; Dr. C. R. DRYSDALE; Mr. R. M. FAWCETT; Mr. J. Z. LAURENCE; Dr. HOLMAN; Mr. SQUIRE; A PHYSICIAN; Mr. HAYNES WALTON; Dr. MITCHINSON; Dr. M. PERRY; Mr. TRISTRAM; Dr. W. G. BARKER; Mr. S. B. GWYNN; Mr. R. GILLARD; Dr. THOMAS SKINNER; Dr. LEAHED; and Mr. STONE.



# Clinical Lecture

ON

## ADDISON'S DISEASE.

BY

EDWARD HEADLAM GREENHOW, M.D.,

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS; CONSULTING  
PHYSICIAN TO THE WESTERN GENERAL DISPENSARY;  
ASSISTANT PHYSICIAN TO THE MIDDLESEX  
HOSPITAL; ETC.

### PART II.

As the case upon which I have dwelt in the former part of this lecture is still under observation, and I can therefore only speak of it as Addison's disease on the assumption (of the truth of which, however, I entertain no doubt) that the diagnosis is correct, I must now, in order to place the subject fully before you, give you the details of Dr. Thompson's fatal case, which he has kindly placed at my disposal, and of which Dr. Cayley has made a thorough *post mortem* examination.

M. D., aged 55, labourer, was admitted into Hertford Ward, under Dr. Thompson's care, on the 6th of last month. He had been strong and hearty until about three months before his admission. His illness began without any definite symptoms beyond gradual loss of strength, to such an extent that he could scarcely stand, and was compelled to give up work, and about Christmas to leave off going out, even for a short walk in front of his house. Besides the great debility, he by this time suffered also from breathlessness on exertion, nausea, frequent vomiting, and pain at the epigastrium.

On admission, his complexion was dark, but less so than that of the patient whose case I have already described. His body generally had only a faint brownish tinge; but the penis and scrotum were of a very dark blackish-brown hue, as were likewise the cicatrices of some burns received in early life upon the left arm and upon the inner aspect of the right elbow. I should mention, however, that the discoloration was limited to the less deeply injured parts, and that, in the midst of the dark patch on the inside of the right elbow, was a small, well defined, glistening, perfectly white cicatrix, about the size of a pea, where the burn had destroyed the deeper layers of the skin. On the back, also, were several cicatrices, some of which were discolored, while the deeper ones remained of normal hue. The cicatrices of buboes in each groin were stained of a deep brown colour. On the upper surface of the tongue, near its edge on both sides, were several brownish-purple stains, with well defined margins, perfectly smooth, and neither elevated above the surrounding parts nor differing from them in hardness. The lips and buccal mucous membrane also presented distinct brown stains.

As regards constitutional symptoms, the pulse was almost steadily 60, very feeble and compressible, and, for the first week, the heart-sounds were free from roughness. The respiration was feeble; and slight rhonchus and sibilus, with a few moist sounds, were heard on both sides of the chest. The percussion-resonance was slightly deficient in the upper part of the chest, particularly below the right clavicle; but

there was nothing to indicate active disease in the lungs.

Whilst in the hospital, the patient suffered much from retching and sickness; and complained of pain in the loins and epigastrium, frequently accompanied by tenderness on pressure over the latter region. He had frequent cramps in the muscles of the abdomen and legs, especially when he retched; and found it easier to lie with the knees drawn up, the cramps becoming worse when his legs were stretched out. A few days after his admission, the matter vomited became of a greenish colour and had a bitter taste. On February 14th, for the first time, a faint systolic murmur was heard at the apex of the heart, and the pulse fell to 52, and became extraordinarily weak; but a day or two afterwards rose again to 60. On the 19th, he was so weak that he fell when he attempted to get out of bed; and on that day the matter vomited consisted of mucus streaked with blood. He now slept badly; and by the 22nd had entirely lost his appetite. The retching continued; and there was a distinct cadaverous odour about his person. On being raised up in bed for examination of the chest, he became very faint and sick. On this day, fine crepitation was found below the left clavicle, and rhonchus and sibilus were heard all over the posterior part of the thorax. There was also marked dulness over the upper part of the chest posteriorly. He had raised a few thick dark green sputa, several of them tinged with blood; and he complained of sharp pain in the region of the diaphragm near the margin of the right ribs when he breathed hard. From this time he gradually sank, and expired on the 2nd instant; death being preceded by great restlessness, retention of urine, wandering of mind, and groaning as if from pain.

At the *post mortem* examination, the lungs were found firmly attached to the ribs by fibrous adhesions. Deposits of yellow cheesy matter were found in the apices of both lungs; and these deposits were surrounded by dark consolidated tissue intersected by fibrous bands. The lungs were everywhere else perfectly crepitant. There was recent pericarditis; and the right cavities of the heart were filled with firm masses of yellow semi-transparent fibrine adherent to the muscoli pectinati and chordæ tendineæ, and passing into the pulmonary artery as far as the second division. A similar but smaller coagulum was found also in the left ventricle, passing for a short distance into the aorta. The great omentum was firmly adherent to the diaphragm and the gall-bladder to the small intestine. The under surface of the diaphragm, the surface of the mesentery, and of the peritoneum in front of the spine, were studded with patches of grey tubercular granules surrounded by deposits of black pigment. Peyer's glands were normal; the kidneys were slightly granular.

Both suprarenal capsules were enlarged and nodulated, the right being much the larger. The fibrous envelopes were much thickened; and that of the right capsule firmly adherent to the diaphragm. On section, no traces of cortex or medulla were discoverable; but the whole of both organs had been converted into material which to the naked eye had precisely the appearance of tubercle.

Under the microscope, a section of one of the discolored patches from the tongue shewed deposits of brown pigment arranged in irregular masses in the papillæ; the superficial layers of epithelium covering them being quite free from discoloration. I may here observe that the deposit of pigment in the skin giving rise to the discoloration of Addison's disease is situated, as a rule, entirely in the rete mucosum, the epidermis and the true skin remaining generally unchanged.



You will have observed that this case presents the same general features as the former one; namely, gradually progressive asthenia and gastric irritability, attended by discoloration of the skin and of the mucous membrane of the mouth. In both cases, also, old tubercular deposits in a quiescent state were found in the lungs. This is quite in accordance with general experience; for tubercle in the lungs or other organs has been found associated with Addison's disease in a majority of all the genuine cases published. To the black discoloration round the patches of tubercle on the peritoneum in the last case, I attach no importance beyond that of their affording proof of the very chronic character of the tubercle in these situations; for the same appearances have often been observed in chronic tubercular affections of the peritoneum, in cases in which the suprarenal capsules have been found quite healthy. Indeed, several foreign writers are of opinion that the discoloration found in Addison's disease is due, not to the peculiar morbid change in the capsules, but to the general tubercular disease which is frequently associated with it. It is quite true that, in very chronic phthisis, there is occasionally a dusky hue of skin; and I have lately pointed out to many of you two such cases under my care; but this discoloration in phthisis is comparatively rare, and, when it does exist, is wanting in all the characteristic features of the discoloration peculiar to Addison's disease. Moreover, it is just those cases of Addison's disease which are complicated with advanced phthisis in which the discoloration of skin is most frequently absent; whereas, if the theory to which I have referred were correct, those are precisely the cases in which we ought to find it the most invariable and most strongly marked. The adhesion of the right capsule to the diaphragm and the thickening of the connective tissue round both capsules in Dr. Thompson's case afford conclusive evidence of there having been inflammation in those parts, although the *post mortem* examination has revealed no obvious cause for it, such as the caries of the spine, which I feel assured will be found in the case of C. S., the patient now in Founder Ward. Doubtless, some of the symptoms presented by Dr. Thompson's patient were due to the other diseases under which he was also labouring; but this in no way invalidates the correctness of the diagnosis as regards Addison's disease, which was made on the day of the patient's admission, and was proved to be correct a month afterwards by *post mortem* examination. A few days before death an unpleasant cadaverous odour was observed about this patient's person. This peculiar symptom has been noticed before in Addison's disease, both by myself and by other observers. In my experience, it is a sign of the approach of death, which has invariably taken place in the course of a few days after its appearance.

The discoloration is quite characteristic in both the cases I have related; though it is most intense in Dr. Stewart's case, which you can still see for yourselves. Sometimes, however, the discoloration of skin is faint, and insufficient to suggest the nature of the disease from which the patient is suffering. It has happened to me on two occasions to be led to diagnose Addison's disease by the constitutional symptoms alone, aided by the circumstance that there was no other discernible disease to account for them; and I have then had to look closely for the

slight discoloration of skin in order to confirm my diagnosis. This occurred, in fact, with regard to the case which I mentioned, at the beginning of this lecture, as having been recently in the hospital under my own care; and, as it seems to show the at least temporary efficacy of treatment in this disease, I shall devote a few minutes to giving you some particulars of it.

J. D., aged 43, park-keeper, became an out-patient under my care on the 17th of last November. He had had ague some years before coming under observation; but had been otherwise healthy until about five months since. He had suffered much during that period from pain in the loins, especially on the right side, and from pain and tightness in the epigastrium, for the relief of which he had applied a small blister to the part three months before his admission. He had also suffered from vertigo, and latterly from nausea, retching, and vomiting.

On admission, he had a languid, exhausted aspect; his pulse was extremely feeble; he was short of breath, and manifestly very ill; but there was no emaciation, nor any obvious evidence of local or constitutional disease. He had a troublesome catarrhal cough, but without any physical signs of pulmonary disease; his tongue was clean; bowels confined; and urine normal.

From the absence of any other cause for his peculiar symptoms, I was at once led to suspect the existence of Addison's disease, and to seek for discoloration of skin in corroboration of my suspicion. I then observed that the face and back of the neck were slightly dusky, as were also the hands and arms as high as the elbows. The part on the epigastrium where the blister had been applied three months before was deeply discolored; and on the left clavicle there was a yellow-brown stain, about an inch in length, evidently corresponding to the cicatrix of some slight wound. These last features of the discoloration decided me in the opinion that the case was one of Addison's disease. With these exceptions, however, the skin was still fair, and free from pigmentary deposits. The buccal mucous membrane presented several brown stains in places which had apparently been irritated by the teeth; but the margins of the lips were unaffected.

J. D. continued an out-patient until December 29th, when he was admitted into Hertford Ward. His cough had abated, and he had lost the sickness for some time; but on the 20th of December he had been attacked with severe pain in the epigastrium, together with loss of appetite, nausea, and breathlessness. These all continued at the time of his admission. His hands were cold; his pulse thready and compressible; respiration hurried; and he had a constant inclination to yawn and stretch. His face, hands, and nipples were manifestly darker; and several dark specks, of the size of freckles, had appeared since he was first examined, but all on the previously discolored parts of the skin. While in the hospital, he had slight cough, raising a thick, dark, scanty mucus. His pulse remained feeble; and he still had pain in the left hypochondrium, but was better in both respects while in the recumbent posture. He left rather suddenly in consequence of the shock occasioned by the deaths of the patients in beds on either side of him on two successive days; but he has continued under treatment up to the present time. He is now decidedly stronger, and has been able to resume his occupation; but he still presents, though in a mitigated degree, the same constitutional symptoms and the discoloration of skin is



becoming gradually more general and its characteristic features more strongly marked.

These circumstances leave no doubt whatever on my mind as to the existence of Addison's disease of the suprarenal capsules; and, although the patient may, with great care and suitable treatment, be propped up for an indefinite time, he must always be considered as in imminent danger of a breaking down under any powerful depressing influence. Even an unusually severe day's work, or a slight attack of diarrhoea, might suffice to upset the balance and lead to a speedily fatal issue of the case. Nevertheless, he has unquestionably benefited much from the means used; for when he came into the hospital he was becoming so rapidly worse, that it seemed probable he would die in a few days; and he not only improved much before he went out, but continued to do so afterwards at home, and has not yet relapsed.

The other case which I mentioned as having been in the hospital under Dr. Thompson's care, and which has remained under my observation ever since, has followed so very similar a course, that I shall read you a brief history of it, before proceeding to point out the mode of management which I have hitherto found most successful in delaying the progress of the malady.

E. B., aged 26, needlewoman, was admitted into Northumberland Ward in March 1865. Dr. Thompson asked me to examine her on the day of admission. Ten years before, she had hurt her hip, and had been cupped; but she had been in generally good health, and had worked hard until November 1864. She then began to fall asleep over her work, to have frequent attacks of vomiting, and to suffer from gastralgia, and from breathlessness and palpitation on exertion. About Christmas, her friends noticed that her complexion was becoming darker. On admission, her pulse was exceedingly small; and she complained much of lassitude and of vertigo when she moved about, or even raised herself suddenly in bed. She had no appetite, but constant thirst and craving for cold water. Her respiration was quick and shallow, with a tendency to yawning. There was slight dulness on percussion immediately below the right clavicle, and considerable tenderness on pressure in the right hypochondrium. Her face was generally dusky, with ill-defined patches of a darker brown on the forehead and cheeks; the conjunctivæ, as usual in this disease, remaining white. The chest was dusky; the nipples and areola intensely brown; and the mammae atrophied—a circumstance I have observed in other females suffering from this disease. The cicatrices of the cupping-marks on the hip, and of a burn on the right elbow, were stained brown; and there was a dark line nearly round the abdomen, corresponding to the line of pressure of a string belonging to her dress. Here you will recognise the same train of symptoms and the same characteristic features of discoloration of skin which I have described in the other cases. This patient improved very much in the hospital, and left it, at the end of some weeks, for the Convalescent Institution at Walton-on-Thames. On her return home, she discontinued the treatment, and resumed her work, but fell off again in a month or two; and, on being sent to in haste, I found her one night lying exhausted, cold, almost pulseless, sighing and yawning, retching at every movement, and complaining of intense pain in the hypochondrium. In fact, she seemed almost dying; and I brought her at once to the hospital, where, however, she again rallied, and was again

discharged at the end of a few weeks, in a greatly improved condition. Soon after leaving the hospital, she married, and continued tolerably well for some months, but is now once more under my care as an out-patient, suffering, though in a less intense degree, from her former symptoms; and the discoloration of her skin has certainly become deeper during the interval. Her hair, originally of a dark brown colour, has also gradually changed to black, and has become very coarse.

It seems to be unquestionable, from the history especially of this last case, that Addison's disease, although incapable of cure, is yet in some degree amenable to treatment in respect of delaying its progress, unless the illness have already arrived at its later stages. Owing, no doubt, greatly to our still imperfect knowledge of the nature and causes of the disease, the means of treatment at our disposal are as yet unfortunately scanty. The remarkable asthenia, however, by which the disease is characterised, the constant tendency of the patients to succumb under any powerful depressing influence, and the strong evidence as to the disease being frequently a result of surrounding irritation, are facts which clearly indicate the necessity for tonic treatment and nutritive diet, the avoidance of all causes of depression, and the great value of rest and of such therapeutic agents as may relieve the vomiting and other exhausting symptoms and tend to invigorate the general health. Prolonged rest in bed, and subsequent avoidance of fatigue, or indeed of much bodily exertion or mental strain of any kind, have formed essential parts of the management in all the cases which have improved for a time under my observation. The use of drastic purgatives should also be scrupulously avoided in these cases. Constipation is more common than otherwise in Addison's disease; but, unless it be very extreme, I think it better to abstain from interference than to risk the dangerous depression which often follows the administration of aperient medicines. Many of you will recollect the case of E. W., a young girl who died under my care in Murray Ward of Addison's disease somewhat more than a year ago, and whose fatal seizure appeared to have been brought on by the effects of a dose of calomel and jalap given her by her mother.

As regards diet, the only plan is to give nourishing food of whatever kind the patient's stomach can best bear, and this will probably vary more or less in every case; substituting milk, eggs, jellies, oysters, and the like, for the stronger diet of meat or soups, when the stomach cannot tolerate these latter.

For the relief of the nausea and vomiting, ice, soda-water and brandy, chloroform or creasote, bismuth and effervescing medicines, with citrate of iron, have each in turn proved useful in my hands; and, again, each at times has failed to effect any good purpose. After the sickness has abated, decided benefit sometimes attends the administration of chalybeates and cod-liver oil or glycerine. In the last two cases I have related to you, cod-liver oil disagreed with the patients; but glycerine, in doses of two drachms, combined with fifteen or twenty minims each of spirit of chloroform and of the tincture of sesquichloride of iron of the *London Pharmacopœia*, has been of great service. I speak positively on this point, because in each case the patients on several occasions have discontinued the medicine as



soon as they felt better for it, have then fallen off, and, on applying to me and resuming its use, have in a week or ten days begun to improve again without any other simultaneous change in their treatment or circumstances.

Little as this is, it is yet all that I can tell you from my own practical experience on the subject of treatment; and I shall now only detain you for one concluding remark. You may be surprised that I have chosen to base my lecture on four cases of Addison's disease, of which only one has passed the crucial test of a *post mortem* examination; but I have done so purposely, because I have little doubt that in one at least of the other three cases we shall soon have the opportunity of verifying the diagnosis and of thereby proving the reality of the relation between the symptoms I have described and Addison's disease of the suprarenal capsules—a relation of which I am myself as firmly convinced as I am of the relation between the physical signs of a cavity in the lungs or of incompetency of the mitral valve and the diseases which they respectively indicate.

## Illustrations

OF

## HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

### KENSINGTON DISPENSARY.

CASE OF ERYTHEMA NODOSUM.

By J. H. BARTLETT, Esq.

THE chief interest in the following case is in the exceptional position in which the eruption made its appearance.

Richard H., aged 13, was admitted as a home-patient at the Kensington Dispensary on June 13th, 1866. He had measles, and scarlet fever with dropsy, when three years old; and had an attack of erythema nodosum in June 1865.

The patient was taken ill on June 9th. He was very feverish; and on the 10th several red blotches were seen on both shins, which became swollen and painful to the touch. This eruption also made its appearance on both thighs, especially about the hips; and over each tuber ischii was a large, red, painful swelling, very hard to the touch.

June 17th. The eruption appeared on the left arm, on the ulnar aspect. One or two blotches appeared on the right elbow, and one on the tip of the left ear.

June 18th. The patient was thin and pale. On the legs, hips, and buttocks, were seen the remains of the eruption, which was now of a greenish yellow colour; they were desquamating in minute scales, and still felt somewhat hard. On the left arm, over the ulna, were seen three or four swellings of a purplish red colour, hard to the touch, and very tender. There was a large swelling on the outer side of the elbow, extending about an inch and a half up the arm. There were three blotches on the right elbow, but not so well marked as on the left. On the tip of the left ear there was a swelling exactly similar to those already described. There was no pain in the joints, nor profuse sweating. The heart-sounds were normal; no friction was heard. The patient took bicarbonate of potash and liquor cinchonæ (Battley's).

June 20th. With the exception of slight remains

of eruption, and feeling weak, the patient was now convalescent. He was ordered to take cod-liver oil.

REMARKS. Dr. Tilbury Fox, in his work on *Diseases of the Skin*, says that the eruption of erythema nodosum is situated on the anterior aspect of the leg, rarely on the arm or above the knee. Mr. Erasmus Wilson mentions the leg and arm only. But in this case it not only appeared on the legs and arms, but also on the buttocks and on the tip of the left ear.

Erythema nodosum has a very close connexion with rheumatism; but there seems to have been but little in this case; for, with the exception of one sister having suffered from rheumatic fever, there was no history of that disease in the patient's family.

## Original Communications.

### ON THE VALUE OF TONICS IN SOME LOCAL LESIONS.

By JAMES R. GREENWAY, L.R.C.P.Ed., Sandy, Bedfordshire.

THE practice of stimulation, so common in the present day in innumerable varieties of disease, has not appeared to me entitled to all the merits which its votaries claim for it, nor, in many cases, to favour so fair a restoration to health as we are entitled to expect from the employment of rational means. I have full faith in the value of stimulants in disease, and have met with very few cases which I believed general depletion could benefit; still I am fully convinced that stimulation may be, and have seen instances in which it has been, as injurious in one way as it is possible for depletion to be in another. There are local lesions which speedily improve upon good diet and a liberal allowance of malt liquors or stronger stimulants; but the many others which require something more in their treatment for it to yield successful results, must prevent every thinking mind from believing or trusting in the virtues of stimulants to the extent which some would desire, in all cases manifesting depressed power.

There is a class of diseases, in which debility with some local lesion is a prominent symptom, which I have frequently found not to improve upon stimulants and liberal diet till tonics were given, and these in a form calculated to improve the blood-condition, and thereby the general nutrition of the body, and the local nutrition of the part affected. In the cases referred to, in addition to depressed power, we have to deal with vitiated plasma in the circulating fluid. This may not be always evident to the surgeon at first; still, I think, if the fact be borne in mind, there are few such cases which can escape due consideration. The history of preexisting debility or disease, past excesses, residence in unfavourable climates, poisoned wounds, the aspect of the patient, etc., will generally indicate blood-tonics to be required, however valuable stimulants in such cases may be.

Quinine is beneficial where nervous prostration exists, and other bitters where the digestive powers are impaired; but in cases in which the digestive functions are fair, and yet the local lesion tardily repaired, or manifesting a sloughing or ulcerative character, the tincture of the sesquichloride of iron would seem to beneficially influence the local disease and general health. If there be nausea, or gastric uneasiness, chloric ether is an useful and agreeable addition. The local application of a lotion contain-



ing nitric acid, in the proportion of two to five minims to the ounce of water, exercises a tonic influence over unhealthy and sloughing sores, which clean and heal kindly under its use. The following cases will afford examples of the effect of the treatment explained.

CASE I. T. G., aged 28, sustained at his work fracture of the lower third of the humerus. He had been under his club-surgeon, who, to all appearance, had treated the case in every way that was proper. The man lived well, and took freely of stimulants. At the end of nine weeks, the bones not having united, he was admitted into a neighbouring infirmary, where he underwent an operation involving sawing off the fractured ends of the bones. Still they did not unite. Phosphate of lime, cod-liver oil, quinine, and a liberal stimulating diet, were taken, but with no good results. The man became dispirited, and returned to his home, loth to sacrifice the limb, as he had been advised. At the end of the seventeenth week from the time of the injury, he consulted me, complaining of great weakness. I ordered the tincture of the sesquichloride of iron and chloric ether, and continuance of his usual diet. The man improved in health; the limb gained flesh; and, at the end of five weeks from commencing the mixture, union of the bones had taken place, and the use of the limb was gradually restored.

CASE II. Mrs. H., aged 31, a very weakly woman, the mother of four children, had suffered for some time with a badly ulcerated leg. For the past few weeks, she had been ordered to take brandy every few hours, and to apply linseed-meal poultices to the sore frequently. On my first visit, the inner and middle third of the left leg presented a deep sloughing ulcer of about four inches diameter. The patient complained of great pain, faintness, and frequent retching and vomiting. She was ordered a mixture containing tincture of opium, chloric ether, and sesquicarbonate of soda; and food containing corn-flour and a little brandy. On the following day, on cessation of the sickness, a pint of porter daily and nourishing food were ordered, and the following mixture prescribed.

R. Tinct. ferri sesquichlor. ʒi; tincturæ opii mxxx; ætheris chlorici ʒi; aquæ ʒvj. M. Fiat mistura, cunus sumat cochlearia magna ij 4tis horis.

Nitric acid lotion was ordered to be constantly applied to the ulcer. The pain gradually diminished; and in a few days the sore improved in appearance, and presented clean and healthy granulations; and the patient's health began to improve. As she was a highly nervous woman, after about ten days' continuance of the above treatment, quinine was added to the mixture; and under this treatment, at the end of six weeks, the sore had healed up kindly, and the patient's health was perfectly restored.

CASE III. Joseph B., aged 43, a gas-fitter, had spent some years in the army, and was of dissipated habits. He said that of late he had been unequal to much exertion, and presented a hand much swollen, and complained of great pain. The pain and swelling had been increasing for two or three weeks. After a few days, I made a free incision at the back of the hand, which afforded an exit to a good deal of pus. The thumb still continued very much swollen and painful; and, on suppuration taking place, I opened it at the apex, and a few days afterwards extracted the terminal phalanx through the opening previously made. The cavity remaining in the thumb was filled with cotton wool steeped in nitric acid lotion, and changed daily; and a mixture containing tincture of sesquichloride of iron and tincture of opium was prescribed. The patient was

ordered two pints of porter daily, with usual food. All other stimulants were forbidden. The man soon improved in health; the swelling of the hand considerably diminished; the thumb granulated and healed kindly; the nail was renewed, and the only relics of the local disease were a scar at the apex, and the thumb a little shortened, but perfectly flexible, and remaining so useful as to enable the man to freely follow his employment as well as formerly.

CASE IV. T. B., æt. 38, a farmer, stated his general health to be good, and that he was a free liver. He had for years suffered from a badly ulcerated leg. Nitric acid lotion was prescribed, but the leg did not much improve till the patient was ordered the tincture of sesquichloride of iron. Soon afterwards, healthy granulations sprung up, and the sore soon healed; the leg became strong, and enabled him to follow his usual vocation with freedom and ease.

CASE V. C. S., a butcher, who said he took a fair allowance of stimulants and lived well, but felt weak, consulted me regarding a chancre of the glans penis. Mild mercurial doses and lotio nigra were prescribed. The sore increased. Five grains of compound soap pill three times a-day in addition, and a liberal diet were then ordered. A week afterwards the sore had much increased, and involved the corona and prepuce. The tincture of sesquichloride of iron combined with tincture of opium was then given, and nitric acid lotion prescribed; under which treatment the sore granulated and healed kindly, and the patient's health materially improved.

CASE VI. N. R., æt. 26, suffering from a large ulcerative sore around a portion of the lower jaw affected with caries, had not been accustomed to live well, but had freely taken cod-liver oil, quinine, iodide of potassium and other remedies previously to soliciting my advice. Under the local application of nitric acid lotion and the internal administration of the tincture of steel, gradual and perfect recovery resulted.

CASE VII. E. G., a young lady, had enjoyed good health till she had spent some time with friends in a damp locality. During this time the general health became impaired, and she complained of great debility and loss of flesh. She had taken quinine and cod-liver oil freely, but did not gain strength; and on her return home, when I saw her, she was suffering much pain from a bad whitlow, and the cornea of the right eye was hazy and ulcerated. Weak nitric acid lotion and the tincture of sesquichloride of iron in ten minim doses were prescribed. Under this treatment the lady's health and sight were perfectly restored.

The above cases illustrate a type of debility not unfrequently met with in which depressed power is not so much evidence of predisposition to disease as a consequent of a dyscrasic blood-condition, probably brought about by defective or perverted assimilation of the ordinary pabulum, or exposure to obnoxious influences. In such cases stimulants may aid, but themselves unaided will generally fail to restore those vital processes necessary to the well-being of the economy. Their use, even in moderate doses, sometimes causes much uneasiness symptomatic of a deranging influence over the nervous system, inducing feelings of weakness rather than of improving strength. In such instances, it is to tonics we can alone appeal with benefit, and those of such a nature as are capable of improving the blood-condition by direct influence over its constitution. Debility, like most diseases, is seen associated with innumerable complications, and like those presents greater difficulties in the practice of medicine than we are disposed to suspect; for we are too apt to be looking for pure types of disease, and to be trusting in spe-



cifics for the same; while a due insight into its complications, and a careful search after the precedents and tendencies thereof, would induce us to adopt rational means rather than be over-confident in any theory.

Debility would appear to me to be far less frequently a primary than a secondary condition. By the term primary debility, I would be understood to infer a condition of simply depressed constitutional power, and by the term secondary debility to represent a state in which debility is the most characteristic symptom, and the one chiefly complained of by the sufferer, yet has been really induced by some perverted condition of the assimilative or nutritive functions, or the poison of some disease. In primary debility we have a condition predisposing to innumerable diseases which may be generally averted, and the constitutional state corrected by stimulants, nutritious food and fresh air. In secondary debility we have invariably more than lost tone to restore; some blood-derangement to attend to, perverted functions to correct and complications to remove. Hence we oftentimes find that stimulants, when trusted to alone, prove irritants, in influencing a quicker circulation of the vital fluid through a system in a hyper-æsthetic condition; while the blood in its depraved condition is incapable of affording a sufficiency of nutritive elements, or of sustaining the vital processes to a healthy standard.

### CASE OF RUPTURE OF THE AORTA WITHIN THE PERICARDIUM; WITH REMARKS.

By ARTHUR BRACEY, Esq., Surgeon to the Birmingham and Midland Eye Hospital.

THE subject of this accident was an unmarried woman, occupying a comfortable position as lady's maid, and 29 years of age.

She went in a cab, on the morning of April 4th, 1866, to see my father, as she was suffering from pain in her chest, and general uneasiness. She did not, however, meet with him, and returned home, where she had not long been, before she fell down in a kind of fit, at the same time giving a piercing shriek. I was then hastily called to her, and found her lying upon a couch, extremely pale, cold, and pulseless, but apparently sensible. After I had remained with her half an hour, she said she wished to go upstairs, and she walked up without much difficulty. She was placed in bed, and became warmer and less pale. In the evening she was more comfortable, but complained very much of pain in her chest, shoulders, and back of her neck; she did not refer any of her sensations to the immediate position of her heart.

At half-past three the following morning, fifteen hours after the first attack, I was again called to see her, and found her dead. I was told she had been, within three minutes of her death, quite calm, and talking rationally to her friends; there had been nothing noticed in her manner to indicate approaching dissolution. She had suddenly given three or four short and painful cries, thrown her arms wildly about, fallen backwards, and expired.

SECTIO CADAVERIS, thirty-six hours after death. On opening the chest, the pericardium was seen to be greatly distended, and, when divided, was found to contain a large quantity of bloody serum, and a firm clot which surrounded and embraced the heart. The amount of the contents was as nearly as possible one pint by measure.

On the external surface of the aorta, posteriorly,

and about half an inch from its commencement, was a small and unevenly margined aperture, rather less than an eighth of an inch in diameter, communicating with the interior of the vessel. The areolar tissue in its neighbourhood was much infiltrated with blood, but there were no signs of any inflammatory products. There was no external wound of the heart. The interior of the aorta presented a remarkable appearance. Just above the semilunar valves was a rent extending through the internal and middle coats, completely following the circumference of the vessel in a spiral manner. The edges of the rent were widely separated, leaving only the external coat to complete the wall of the artery, and in this space was the aperture previously described.

A peculiarity existed in the semilunar valves themselves. One valve appeared complete, but the other two had no perfect division between them, and were thrown into one large fold; a rudimentary loop was present, but the arrangement was practically bivalvular instead of being trivalvular. The aorta was wider at its arch than normal, and its left margin formed a larger curve. My friend Mr. Furneaux Jordan has kindly examined a portion of the artery microscopically, and has found that the inner and middle coats contained a large number of small (young) nucleated cells; there were also elongated cells, with two or three nuclei, many of which were swollen, cloudy, and more or less opaque. The centres of cell-activity seemed very numerous and appeared to separate, or lie between, bands of fibrous and elastic tissue, in which the tissue-elements were only slightly, or not at all, changed. Fat-granules of various sizes were present in every part of the field.

The patient was a most abstemious person; she had spent an easy existence; but her health had never been very good, and, for some months, she had been in a desponding state of mind, so much so, that a fortnight previously to her death she attempted to commit suicide in rather a novel manner. She tied a tape tightly around her neck when she went to bed at night, allowing it to remain until the morning, when it was cut away by her friends. A very considerable effusion of blood under the conjunctivæ of both eyes, resulted from this compression.

The following remarks have suggested themselves to me. There was evidently an interval of time between the rupture of the inner arterial coats and the formation of the aperture in the outer coat. I am inclined to believe that the former took place in the morning at the time of the fainting fit; the accompanying shock to the system then prevented the stream of blood from passing with its usual force, and thus a further lesion was delayed. Fifteen hours after, however, when reaction was established, the areolar coat of the artery, which alone remained, yielded, blood escaped rapidly into the pericardial sac, and, exerting its pressure upon the walls of the heart, arrested its action, and death quickly ensued. It may be suggested that the earliest splitting of the inner coats took place at the time of the strangulation, but then I think there would have been some effusion of reparative material; most probably also a dissecting aneurism would have been formed, and perhaps considerably advanced.

The absence of any sudden mental emotion or violent bodily action makes a difficulty in determining the exact cause of the rupture, yet the microscopical examination has shown that which the unassisted eye could never have demonstrated; viz., that the vessel, though apparently diseased to a limited extent only, was nevertheless much altered in its minute structural arrangement, and liable at any time to such an accident as befel it. The peculiar arrangement of the valves, too, must have thrown



considerable strain on the left side of the vessel, and it was here probably that the rent commenced.

The specimen is preserved in the museum at Sydenham College, Birmingham.

### REMARKS ON SYPHILISATION.

By GEORGE GASKOIN, Esq., Surgeon, Chevalier of the Order of Christ, Portugal; Surgeon to the Artists' Benevolent Fund; formerly House-Surgeon and House-Pupil, St. George's Hospital.

[Continued from p. 518 of vol. i for 1866.]

IN our last we had to consider that argument of Henry Lee, in which he rests his point wholly on the character of induration in the chancre, which is better described by Ricord as characteristic and complementary, not as a feature essential to the course of infection. We are surprised that a man who makes pretensions to philosophy should fix on a single sign or character as bringing about results which occur commonly enough without its presence or precedence; and this is what Mr. Lee does when he makes this induration a "potential" as well as an "essential" sign of syphilitic infection. The temptation which physicians are under to mistake effects for causes, is favoured by our habit of clinical study, which directs itself exclusively to the manifestations of the disease, apart from the consideration of cause; the natural bias of our minds leading us ever to contemplate one or more prominent symptoms as governing the rest; especially when priority in order of sequence gives a plea for power. But what need we seek for more in the present case than the virus, as a complete and sufficient cause for all the phenomena? The thing itself is well enough understood by its effects. We need not be squeamish about naming it, like some pseudo-philosophers who would narrow the field of human thought till a man believed in nothing but the food between his teeth. We say fearlessly, then, that there is no stronger proof of the existence of a thing than the multiplied and long evidence we have of its action or of its being acted on; and in this we believe not to err against the laws of ancient or modern thought; and that is the case in the instance before us; and where the cause is one, its manifestations will vary according to the inconstant conditions of the matter subject to its operation.

As to this contagion of syphilis, we know of it by its persistency and generative power; and we cannot but recognise its modifications no less than its integrity. There is syphilitic matter which is like a searing iron in its action on the tissues; and sometimes we have ulceration and loss of tissue in its mildest forms; not seldom there is an excessive destruction and shedding of cell-formations which escape in the form of pus; and perhaps such cell-death is not, then, the single and exclusive effect of the virus on the economy. At other times, there is matter which enters the human frame with scarce a blot or stain of discoloration on the surface, yet it taints the blood and torments the body for years; and there is also that well recognised form, occurring chiefly in the male sex, which is capped by induration, such as is described by Mr. Lee. All these are primary manifestations; and the same may be said of those which are secondary—that induration, of whatever kind, is not a necessary complication in them.

But, if generally in the course and train of contagion like produces like—just as mumps from malaria produces mumps by contagion, and not an intermittent fever—we are not driven on that account to

accept duality or a plurality of causes. We take into consideration that both the virus and its field of operation vary much; and especially do we hesitate when we see that the very men who dogmatise upon this subject, and offer us the conclusions of their narrow experience in a path confessedly difficult, shun and avoid a wider arena of experiment which is thrown open to them, and would fain bar and lock the doors. When a man has practised syphilisation, he may be allowed to have an opinion of his own on these questions, and may be excused from accepting theories which are no longer reconcileable with his everyday experience. And when Danielsen, the Norwegian professor, says that he has seen thousands of artificial ulcers, and that (with one exception) they were all chancroids, we know that he means no more but that they were all of them non-indurated sores; and, being such, he concludes that they can in no way affect the system, or, at least, ought not to affect it. We understand that very well. "The long established axiom" of M. Clerc, that the chancreoid does not infect, holds him fast; and he has bent his mind to these established axioms. In five lepers on whom he inoculated from the soft chancre, he did not get the result he thought himself entitled to expect, according to his interpretation of unity; viz., secondary syphilis; and because he did not get these particular forms of disturbed function, therefore he falls in, it would seem, with the extreme opinion, that the direct operation of such chancres is exclusively local and limited to the spot on which they grow; if neither one, nor two, nor three, nor thirty-six, nor a hundred and thirty-six, induce secondary syphilis, then he feels justified in asserting that no number will do so. Failing the manifestations of secondary syphilis on the subjects of experiment, he negatives the possibility of all or any other influence upon the frame whatever as impossible, and in this he does not, as it would seem to us, betray the philosopher; but, in preferring the "long established axiom", he brings the professor into view.\*

Much has been said of his sixth case, where, after 287 inoculations on a leper made with the secretion of soft sores, accidental inoculation from an indurated sore produced a hard chancre, after which constitutional syphilis ensued; showing that, at the time this happened, no immunity was acquired. Now, although immunity commonly follows at the end of 350 inoculations or so, yet the range is wide and uncertain; and in this case the patient had not reached that point of immunity, and what followed from inoculation of the hard chancre was a matter of course.

Boeck, on the other hand, syphilised a woman who had obstinate chronic eczema; and, even as late as five years after, on repeated trials, she could not be inoculated from the hard chancre, nor were there any secondaries in her case. Since that time, or thereabouts, Boeck has inoculated only with the secretion of the hard chancre and its product in direct linear series. This is a saying hard to be borne by those who blindly follow the *dictamina* of Messrs. Ricord, Fournier, and Rollet; and then it becomes a question what liberty we are allowed in departing from their ideas in England and in Norway, and what amount of "initiative" is forbidden in Europe by these "French swells", who think all linen dirty that is not washed in French waters.

In producing immunity, it is necessary not to stop

\* We are far from judging that this criticism applies with correctness to the opinions of M. Danielsen; it is only meant for the interpretation or misinterpretation of them given in our manuals. (See Bumstead On Syphilis.)



half way in syphilisation; but to let the patient, so to speak, have the sword up to the hilt. There is a near limit which Nature has with certainty assigned to the inoculation of chancres, and which cannot be overpassed. If immunity have been produced by the soft sore, we look upon it as impossible that a hard chancre and secondaries can be communicated. What is very certain is that, when immunity is produced through the medium of the secretion from the hard sore, the inoculation of that biting pus from the soft sore has, when inoculated, no more effect than a drop of water on the skin. Let the dualists explain this, and they will hereafter find more to explain.

The opinion has been circulated, and industriously maintained, that, when syphilisation was first introduced and Dr. Boeck adopted these ideas, the world was yet in darkness as to the distinction between the two kinds of sores, and as to the subsequent infection of the individual more or less in correspondence to their anatomical character; the egg of this discovery is supposed to have been hatched in the years 1852-54. This is not the case; for practically the thing was well understood, as now, by Ricord and Auzias-Turenne, as men of the time (not to speak of the light afforded by older sources of study), though not pushed to the extreme of dogma, as has occurred since; for those young men, Bassereau and Clerc, whose works are referred to, only worked out with industry ideas which they picked up in the schools of Paris. To show that this was the case, we need only quote the language of the noble Malgaigne, in his fruitless defence of syphilisation, in the debate at the Academy, August 10th, 1852. He says: "All the best discoveries of M. Ricord drove us forward in this direction. First, there is that capital distinction between the simple chancre which does not give the pox and the indurated chancre which gives it with fatality—a fact which seems to constitute this chancre as the real syphilitic sore. Next, have we not received as doctrine, that a bubo secreting specific pus preserves the patient from constitutional syphilis? And thirdly, we have the law that syphilis only attacks the constitution once; out of which observation Ricord drew the inference that a man once refractory to the virus might convey the immunity to his offspring. How was it possible, where Nature has displayed so many paths of escape from a terrible malady, not to hope that art might go hand in hand with her at some not distant time? Thus you see, gentlemen, syphilisation came quite naturally out of this school of ours." And then he mentions that Castelnau and Parent-Duchâtelet had observed immunity against the chancre in certain individuals; and that Ricord had, time without end, not only prophesied that syphilis would find its vaccine, but had till then ever spread his sail in that direction.

Henry Lee says that no evidence has ever been adduced to show that any animal was ever inoculated from an infecting sore. Certainly, yes; there is such a thing as evidence, and there are also laws of evidence which exist for all mankind. Mr. Lee appeals to evidence, when it would have been fitter for his purpose to have kept its very existence out of sight. He has indeed so long asserted the proposition before us, that he must believe it strongly; yet has he no argument on his side but what is founded on the alleged incompetence of men like Auzias-Turenne, Malgaigne, Langlebert, and Cazenave, in Paris, and, in Vienna, the celebrated Sigmund. In truth, as regards syphilisation, evidence has been strangled in its birth, and the laws of evidence have been thrown to the winds, in the eagerness of its opponents to keep it out of the field, for fear of interference with their views. The common sense which finds place in all besides, is put to the ban and

wholly disallowed when syphilisation is in question. In no other argument has such enormous capital been made out of the prejudices of the vulgar. So far from no evidence having been adduced, it is a notorious fact, that this point of the communicability of syphilis to animals, as tested by the presence of secondary symptoms, has been thoroughly entered upon, and passionately discussed, from the first time when these questions were in agitation. When, therefore, Mr. Lee says there was no evidence, he would seem to mean that, on the side of Auzias-Turenne, it was discussed without evidence of facts, and on purely theoretical grounds; and that all the evidence of facts was on the other side. The contrary was the case. The arguments against the communicability of syphilis to animals were negative and theoretical; those in proof of communicability were of a positive and demonstrable nature.

Whether the baboons of M. Auzias-Turenne and M. Langlebert, or the cats afflicted with exostosis brought forward by M. Malgaigne, or that interesting brood of kittens which were so much in print, had really secondary syphilis or not, need not occupy us now; it is sufficient to say they were *en evidence*. M. Auzias-Turenne's calm reply to much passionate logic deserves to be quoted. "When one writes", he says, "with a cat upon one's knees having multiple exostosis and an abundant psoriasis, it is impossible to yield to such beautiful arguments." The whole question at issue was, Can syphilis, or, if you will, the right pox, be communicated to animals; can it be inoculated into brutes? All analogy is in favour of such communicability; and, we may fairly add, such a degree of belief as can be drawn from the laws of evidence, or, at the very least, of human testimony.

Was M. Auzias-Turenne an unskilful experimenter or an uncandid exponent of his views? After passing through the fire of persecution, has he turned out to be the impostor and visionary that he was proclaimed to be by certain men in power, upholders of the *status quo*? On the contrary, has he not risen, have not they somewhat declined, in public esteem? We never heard anything against M. Auzias-Turenne, except that he showed that common foible of his countrymen of being a little too much a system-maker. Let us look at the fifty-third proposition in his original communication to the Academy, delivered in the year 1850. "It is seldom that an ape is subjected to a succession of chancres without one or two of them becoming indurated; but when this induration has shown itself on one or two chancres, it does not occur in those which follow." It may be suggested that in those days the difference between the hard and soft sore was not appreciated; but familiarity with writings of the period will show that practically as regards their connection with secondaries the difference was as well understood as now. That all may not rest on one pair of shoulders, let us say that, as regards the occurrence of consecutive syphilis in animals, Sigmund of Vienna has confirmed all the conclusions of M. Auzias-Turenne; and, if Mr. Lee tell us that there is a gentleman in Lyons (M. Basset) who has tried to produce such a result and failed, we will tell him that there is a gentleman in London who might have succeeded if he had tried it and had he been minded so to do—that is, supposing him to bring a fair amount of skilfulness to the task. It is a little too much to say of experiments conducted with painstaking and laborious industry that they are nought, when it would be sufficient to mention the names of their impugnors to show that these gentlemen were of one school, specialists rather than surgeons, clumsy experimenters, and the general course of their doctrines not walking hand in



hand with the truth. Such, indeed, denied not this point of the occurrence of secondaries alone, but they went on headlong, and at that time they denied everything. The inoculation on animals of the soft chancre they no longer deny. And, if it were necessary to say more on the subject, we might mention the name of one who stands highly eminent in syphilography, who had inoculated himself on a delicate part of his person from a chancre in a cat. Under a strong feeling of alarm, the ensuing chancre was removed by incision; and when examined microscopically *ad hoc* by curious and competent observers, it was found to contain all those fibro-plastic and particular elements declared by Robin and others to characterise the indurated syphilitic sore.

[To be continued.]

## Reviews and Notices.

**DEFECTS OF SIGHT AND HEARING; their Nature, Causes, Prevention, and Management.** By T. WHARTON JONES, F.R.S., F.R.C.S., Professor of Ophthalmic Medicine and Surgery in University College, London; etc. Second Edition of Defects of Sight. Pp. 168. London: 1866.

MR. WHARTON JONES has revised the former edition of this little book, and has added some remarks on Defects of Hearing. The book appears intended for popular as much as, or rather more than, for professional use. For the latter purpose, indeed, it is not so valuable as several other well known treatises; but, while the author sometimes gives the public a little more information regarding treatment than is necessary for them to know, the book contains information which may be usefully and safely imparted.

**ON THE USE OF THE SPHYGMOGRAPH IN THE INVESTIGATION OF DISEASE.** By B. W. FOSTER, M.D. Pp. 42. London: 1866.

OUR readers are already well acquainted with the contents of this little volume, which contains, in a separate form, the papers which have recently appeared in this JOURNAL. For publishing them now Dr. FOSTER has been seriously called to account by one of our contemporaries. He has been told that he ought not to have published this pamphlet, because two other physicians, who have been much longer than he engaged in experimenting with the sphygmograph, were upon the point of publishing their researches in the *Lancet*; that his pamphlet is little more than a "collection of cuttings" from Marey's work; and that he is unduly appropriating credit which belongs to others. To these accusations Dr. Foster gives a formal denial. That he never attempted to appropriate the credit of introducing the instrument into England is proved, he says, by the fact that, in his pamphlet, he thanks Dr. Anstie for "his first acquaintance" with it, and for having introduced it into this country. His answer to its being a "collection of cuttings" is, that "it contains an account of a few of the many experiments made by Dr. Foster in confirmation of the French authors; that it contains twenty-one engravings of pulse-traces taken by himself from cases of diseases, and selected from some two hundred observations made at the Queen's Hospital"; that "every pulse-trace in the pamphlet is original"; and that

"sentences translated from Marey's work are marked by inverted commas." Dr. Foster adds, that M. Marey, in a complimentary letter, asks permission to publish Dr. Foster's results. Dr. Foster adds that, when "the stethoscope, the ophthalmoscope, and the laryngoscope, were invented, he is not aware that any one claimed a monopoly in their application or in the discussion of their merits."

**PHOTOGRAPHS (COLOURED FROM LIFE) OF THE DISEASES OF THE SKIN.** Second Series. By ALEX. BALMANNO SQUIRE, M.B.Lond., Surgeon to the West London Dispensary for Diseases of the Skin; Lecturer at St. Mary's Hospital Medical School. No. III. London: 1866.

THE number before us of Mr. BALMANNO SQUIRE's photographs of skin-diseases represents a case of Prurigo Senilis. In the letter-press which accompanies the plate, the author states that the views which he entertains regarding the disease vary from those of other writers on the subject. He holds that the essential cause of the disease is the *Pediculus Corporis*.

"This parasite is, however, not always easy to find. Its presence is often unsuspected by the patient, and when known to him is as often denied; hence its invariable co-existence with this form of eruption has, until very recently, escaped the notice of observers. This constant relation of the parasite to the disease, as cause to effect, was first pointed out by the author in 1864."

Prurigo senilis, Mr. Squire observes, is—as one would expect if its cause be universally such as he describes it—contagious. As its name denotes, it is most common in old persons; but is sometimes met with in the middle-aged, and even in children. Cachexia and debility are favourable to its production; but it is not absolutely confined to the poor and ill fed; for Mr. Squire refers to the case of a nobleman long since dead, who had the disease to the end of his life, and in whom the affection was associated with the presence of pediculi.

It is evident, that Mr. Squire has investigated with much care the very troublesome disease of which he has given a representation in the present number of his instructive series.

**THE CHEMISTRY OF COMMON THINGS.** By STEVENSON MACADAM, Ph.D., F.R.S.E., F.C.S., Lecturer on Chemistry in the Medical School, Surgeons' Hall, and to the School of Arts, Edinburgh; etc. Pp. 184. London: 1866.

THIS little treatise is intended for use in schools; and contains, in plain and simple language, an exposition of common facts in chemistry.

The arrangement followed by the author is the following: Chapter 1, The Chemistry of the World around us; 2, Constituents of the Atmosphere; 3, The Plant and what it feeds on; 4 and 5, The Plant and what it yields us; 6 and 7, The Animal and what it feeds on; 8, Importance of Saline Food; 9, The Saline Food of Plants and Animals; 10, The Decay of Plants and Animals; 11, The Circulation of Matter.

Dr. MACADAM has not aimed at giving even an outline of the details of chemical notation and nomenclature, or chemical combination; but has



given a series of simple facts, in such a form as will readily give to the youthful and previously un-instructed student a very fair general outline of the *Chemistry of Common Things*.

*We are requested to remind members of the Association that the Annual Subscriptions became due on the 1st of January. They can be paid either to the Secretaries of the Branches; or to the General Secretary, T. Watkin Williams, Esq., 13, Newhall Street, Birmingham.*

## British Medical Journal.

SATURDAY, JULY 14TH, 1866.

### THE APPENDIX TO THE THIRD REPORT OF THE CATTLE-PLAGUE COMMISSION.\*

WHEN the Commissioners appointed to inquire into the origin, nature, etc., of the Cattle-Plague, undertook their arduous duties, in addition to collecting the evidence of those best informed in the country on points relating to the history of the disease and the measures to be adopted to prevent its spread, they had recourse to the admirable expedient of appointing some of our leading scientific men to investigate in a thorough manner those points on which it appeared likely that science would throw some light. It is obvious that, unless the Commissioners had subdivided the subject, and requested different observers to investigate separate points, the mass of facts presented in the large blue-book before us could never have been collected. To Dr. Burdon Sanderson was allotted the task of writing on the nature, progress, and symptoms of the disease; Dr. Marcet studied the chemical pathology; whilst the morbid anatomy of Cattle-Plague occupied the attention of Dr. Bristowe. Dr. Lionel Beale was specially asked to conduct microscopical researches; Messrs. Angus Smith and Crookes inquired into the subjects which are so important in connexion with the spread of zymotic diseases—viz., disinfection and ventilation; whilst Messrs. Varnell and Pritchard, of the Royal Veterinary College, investigated the effects of various modes of treatment which had been suggested for the cure of the disease.

The Report is of remarkable interest. It contains the results of conscientious and successful work, and shews how great are the resources of modern science, and how remarkable an increase to our knowledge of diseases generally we may expect when all have been investigated in as thorough a manner as has been the

present fatal epizootic. For, in truth, we know of no disease affecting man, whose characters have been better studied than those of Cattle-Plague; and perhaps in no case has the morbid anatomy of a disease been so minutely and satisfactorily investigated.

Although different subjects were allotted to different observers, in many cases the same facts necessarily fell under the notice of several; and we have thus the best guarantee for the accuracy of the most important facts in the Report—viz., their having been independently ascertained by several competent authorities. In placing before our readers an account of the more remarkable results obtained, we shall specially draw attention to any discrepancies, either in facts or opinions, which may exist in the statements of the different observers.

Dr. Sanderson's Report is, perhaps, the most general in its scope; and it is assuredly surpassed by none either in accuracy or extent of observation, in originality of thought, or in the successful results obtained by its author. The first part of the Report is devoted to a consideration of the "Phenomena of the Cattle-Plague during Life"; and it is some points in this which chiefly merit attention. In an article in which we reviewed Professor Gamgee's recently published work on the *Cattle-Plague*, we drew attention to the interesting results of this observer, which seemed to shew that the earliest of all the recognisable signs of Cattle-Plague consisted in a rise of the animal temperature. This very remarkable statement is fully corroborated by Dr. Sanderson. As a result of a very large number of observations made on two heifers and two bullocks, Dr. Sanderson obtained 102.25° as the mean normal temperature in these animals; whilst in cows it appeared to be rather lower. In the first stage of Cattle-Plague, which comprises the first and second days of the disease, the only abnormal condition to be detected is an elevation of temperature; for it is only on the third day that there is any visible alteration of the mucous surfaces, and it is not until the fifth day that the animal is obviously ill. The temperature appears to rise on the first day to about 104°, and gradually increases until the sixth day, when it may reach 107.2°, after which a gradual decline commences. Sudden falls occurring between the fifth and sixth days indicate with tolerable certainty the approach of death. It is strange that the absolute increase of the temperature—i.e., the number of degrees by which the healthy standard is exceeded—has but little relation to the severity of the disease; that, indeed, the highest readings of the thermometer were obtained in cases of the disease induced by inoculation, and all of which, being mild, recovered. Thus the highest readings of the thermometer were obtained in four inoculated animals, on the sixth day, when the highest temperature was

\* Third Report of the Commissioners appointed to inquire into the Origin, Nature, etc., of the Cattle-Plague; with an Appendix. London: 1866.



107.2°; whilst the highest temperature recorded in the case of seven non-inoculated animals, all of which died, was 106.8° (fourth day).

A disease accompanied by so great a rise in the animal temperature must be one in which tissue-metamorphosis is rapidly going on; and we are, therefore, not surprised at the results of Drs. Sanderson and Marcet's observations, which shew that a large excretion of urea is one of the features of the disease. In fatal cases, the percentage of urea is nearly doubled; the total quantity excreted in the twenty-four hours being also largely in excess of the healthy average.

The pulse is little affected in Cattle-Plague. In the early stages, there is usually, though not invariably, a slight increase in the number of pulsations, arterial tension being apparently high; whilst, in the stage of collapse, the pulse is decidedly rapid, and, as would be expected, the arterial tension extremely low.

The changes occurring in respiration are very interesting, and have been accurately studied by Dr. Sanderson. The number of respirations per minute is not materially altered—at any rate, in its earliest stages. The mode of respiration is, however, remarkably affected after the fifth day. The first perceptible change is a slight irregularity. At a later stage, the chest is seen, during inspiration, to dilate suddenly; and inspiration is followed by closure of the glottis, accompanied by a violent action of the expiratory muscles. The sudden closure of the glottis is accompanied by an audible noise; it remains closed from one and a half to two and a half seconds; after which time, the air gradually, and with a perceptible noise, begins to escape. Dr. Sanderson points out that we here have precisely the conditions supposed to be necessary to the occurrence of emphysema in healthy lungs; viz., great distension of the air-cells at the commencement of expiration, and expirations of a forcible character. It is, indeed, to this altered mode of respiration that Dr. Sanderson refers the production of the interlobular emphysema which so frequently occurs in Cattle-Plague, and which has hitherto been left unexplained by writers on the subject. But what is the cause of this altered mode of respiration?

"We may easily understand," says Dr. Sanderson, "that in the hyperæmic and tumid larynx of the Cattle-Plague, the expiratory narrowing of the glottis becomes complete, whilst even during inspiration the opening is insufficient to allow of the free egress of air. Hence the permanent dilatation of the chest, the enfeebled action of the diaphragm arising from permanent depression of its central tendon, the laborious but relatively fruitless action of the other inspiratory muscles in expanding the thoracic walls, the fixation of the chest during the prolonged closure of the

glottis, and the noisy expulsion of the imprisoned air through the narrow chink, the moment that the vocal chords separate from each other for inspiration."

This explanation of the puzzling interlobular emphysema is the one adopted by Dr. Bristowe, who, in his Report, shews that the larynx and trachea are almost constantly seriously affected; whilst the only lesion observed in the lung-texture, in most cases, is emphysema. Dr. Bristowe also shews that the anatomical structure of the ox's lung, which contains much interlobular cellular tissue, explains the ready production of interlobular emphysema. In man, whose lung is almost devoid of interlobular cellular tissue, this form of emphysema does not occur.

Dr. Beale touches upon this question of interlobular emphysema; but his explanation does not appear as satisfactory as that of Drs. Sanderson and Bristowe.

"An extremely emphysematous condition of the lungs," says Dr. Beale, "is one of the most constantly observed in Cattle-Plague. I am unable to give a satisfactory explanation of this change; but it seems probable that it may depend upon impediment to the progress of the air from the cells of the lungs, resulting from the congested state of the capillaries of the smallest bronchial tubes, the tumid condition of the mucous membrane, and the accumulated secretion upon its surface. The altered blood would also exert a deleterious action upon the afferent nerves concerned in exciting the reflex respiratory movements which, as is well known, soon become exceedingly feeble, and remain so until death occurs." (P. 139.)

Dr. Sanderson's description of the alterations of the visible mucous membranes, and of the skin, are admirably clear.

Dr. Marcet's Report on the Chemical Pathology of the Cattle-Plague includes the results of observations on the alterations which the blood, muscular tissue, urine, milk, and bile undergo in Cattle-Plague. By far the most satisfactory of Dr. Marcet's observations are those on the muscular tissue and urine. He has made out that, whilst the amount of soluble albumen in the muscular tissue in Cattle-Plague is increased, its diffusibility from the muscular tissue into water is decidedly impaired—a result which tends to shew that the properties of the albumen are altered. The result is altogether new and highly suggestive, and will doubtless stimulate inquiries into the changes which occur in the muscular tissue in other fevers.

Dr. Marcet made nine analyses to determine the changes which the blood undergoes in Cattle-Plague. Like Dr. Gamgee, who had previously investigated the subject, he made analyses of the blood of the same animal in health, and when suffering from disease. It is obvious that in this way far more satis-



factory results are obtained than by comparing the analyses of diseased blood with standard analyses of healthy blood. In his analyses, Dr. Marcet has followed a method which, whilst it has the advantage of not being based on any hypothetical views as to the constitution of the blood, and gives results which are merely the statement of certain facts, is objectionable in that it does not enable us to compare his results with those of other observers. Dr. Marcet does not attempt to determine the weight of the corpuscles, either directly or indirectly; but, having determined the water, solids, and salts in one portion of blood, and the fibrine in a second, he determines the total amount of coagulable matter in another portion of defibrinated blood, to which he has added chloride of ammonium; and, having made a correction for the amount of adhering hæmatine, and deducted the amount of salts in the coagulum, he obtains the amount of what he calls albumen, but which includes, in addition to the albumen of the serum, the coagulable portion of the blood-cells. By far the largest number of analyses of blood have been made by Becquerel and Rodier, and Andral and Gavarret, who adopted methods based upon another principle. Becquerel and Rodier assumed that the water in the blood-corpuscles exists as water of the serum; and the hypothesis has been admitted by a great many chemists. Now, although we are not prepared to state that the hypothesis is a correct one, it is curious that the average amount of corpuscles obtained by those chemists who used the direct methods of analysis is very nearly identical with that obtained by Becquerel and Rodier, and others who made use of an indirect method. The method of analysis of the French authors was made use of by Dr. Arthur Gamgee in his blood-analyses. By it, besides arriving at the conclusion that the water of the blood was diminished in Cattle-Plague, and the fibrine decidedly, often remarkably increased, he ascertained that the amount of corpuscles was invariably increased, and the total solid matters of the serum in 1000 parts of blood diminished. Dr. Marcet corroborates Dr. Gamgee's results as to the water being diminished and the fibrine increased; but, as he has estimated the corpuscles and albumen of the serum together, he has not found a material alteration in the amount of albumen. We require a few experiments to shew how near the truth is Becquerel and Rodier's hypothesis as to the relation existing between the water and solid matters of the cells. If it be shewn (by comparing the results obtained by their method and by those of Scherer, Schmidt, and Figuer and Dumas) that it is very near the truth, then analyses made by Becquerel and Rodier's method will be far more useful in giving us an insight into the actual constitution of the blood than others conducted according to Dr. Marcet's plan. It is to be regretted that some of Dr. Marcet's or

Dr. Gamgee's analyses were not made according to Scherer's method, which we believe to be the best at our disposal.

The two facts which appear to have been certainly made out are, the diminution of the water of the blood, and the increase of fibrine. We cannot see the force of Dr. Marcet's observation, that this increase in the amount of fibrine would shew some analogy between Cattle-Plague and erysipelas, in which disease the amount of fibrine is also largely increased, seeing that there is no more common alteration in the blood than an increase of fibrine; inflammations, as a general rule, being accompanied by an increase of fibrine.

On the changes in the milk, Dr. Marcet gives us the results of a series of observations made upon one cow, whilst in a healthy condition, and after the disease had been induced by inoculation. It is unfortunate that his observations were restricted to one case, and that this should have happened not to be a severe one. He found that "the quantity of milk secreted diminishes rapidly under the influence of the disease; its specific gravity falls; it becomes richer in fatty matters, while the proportion of casein undergoes no change; the mineral constituents are slightly reduced." Dr. Gamgee published, some time since, the results of analyses of the milk of five cows suffering seriously, in which the secretion had almost entirely been arrested. From these he was led to the conclusions with regard to the milk in Cattle-Plague, that—1. The amount of sugar is remarkably diminished; 2. The amount of butter (except, perhaps, at the commencement) is enormously increased; 3. The salts are slightly increased; 4. The casein appears to be generally increased. Fortunately, Dr. Beale's Report contains a third series of nine analyses of milk, made at his request, by Mr. Nettleship. These analyses bear out in a very striking manner the first, second, and fourth of Dr. Gamgee's conclusions, which probably correctly represent the changes which take place in the milk when its secretion is almost entirely arrested; whilst Dr. Marcet's results shew the changes which are noticeable in the milder cases of the disease, in which the secretion of milk is only diminished, but not arrested.

Dr. Marcet's observations on the increased elimination of urea in Cattle-Plague are new and highly interesting. The observations have been admirably conducted. He substantiates Dr. Gamgee's statements as to the very frequent presence of albumen in the urine.

We shall, in a future number, draw attention to the more important points in the other Reports, and very specially those of Dr. Murchison, Dr. Beale, and Mr. Crookes.



DR. J. B. THOMSON, Surgeon to the General Prison for Scotland, has investigated the dietaries of prisons. His conclusions are of much importance. He is satisfied that the Scotch dietary is both more substantial and economical than the English. In Scotland, 172 oz. of nutrition, he says, cost 1s. 11½d.; in England, 134 oz. cost 1s. 10½d. The reason of this is, that in Scotland the large use of milk does away almost entirely with meat.

"Our Scottish local prison dietaries, indeed, contain no meat, except in small quantities in broth; but milk, which contains largely the nutriment of animal food, is our substitute for meat, and is found nutritious enough for all prisoners whose sentences do not extend beyond twenty-four months.

"Upon the whole, our comparison of the English dietaries with the Scotch, satisfies us that, in the plain and substantial articles of food and in their economic value, our dietary system is the better, and that the amounts allowed to the short-sentenced prisoners, although by no means so low, are put upon more safe scientific bases.

"Conclusions. 1. That the lowest dietaries, I and II Classes, in English county and borough prisons, are so low as to be considered punitive and unfit to sustain health.

"2. That our adoption of milk and oatmeal, without the expensive article of meat, makes our dietaries cheaper than and equally nutritive with the English." (*Edinburgh Medical Journal*, July 1866.)

A MOTION made at the College of Physicians by Dr. Copland, to the effect that no one shall be made a Fellow who has not been a Member of the College for at least seven years, has been sent to the Council for consideration. At present, men can become Fellows after four years' membership.

UNDER the heading, "The Progress of our Ideas," a homœopathic journal gives an account of some of the proceedings of the Medical General Council. On May 17th, "the General Council of Medical Education contemplated the first step of the same ladder by which Hahnemann reached homœopathy." The Council, it appears, only took a look at the first round of the ladder, but did not put their foot on it. The first step was Dr. Acland's motion, that money should be granted to try the action of remedies. Dr. Acland will be surprised to find himself all at once the pet of the homœopaths. They recommend him to "investigate with attention the works on materia medica so abundant among our literature." "A man of his acumen will soon be convinced, that much of the work he proposed had been already well done by many physicians during the past seventy years." It will be very satisfactory to Dr. Acland to learn that, "for a tenth part of the £250 a year named, the Council may obtain nearly all the knowledge they seek at the nearest homœopathic publishers."

"Of the existence of this literature the members of the Medical Council are probably ignorant, for the Medical Societies have closed their doors against the

only men who have followed out the study of the 'physiological action of medicines.' The British allopathic journals not only shut their pages against all knowledge on this momentous subject, but malign and misrepresent the labourers in this field of medicine; nay, so mad are they in their absurd opposition that they even exclude from their pages all advertisements of the works on this department of therapeutics. Dr. Acland's motion must create a spirit of inquiry, which, we trust, will effectually break down the allopathic blockade."

THE College of Physicians has accepted the charge of the very valuable original drawings of the pathological and other conditions of Cattle-Plague made by the scientific gentlemen engaged, under the Cattle-Plague Commissioners, in the investigation of that disease. As Dr. Watson remarked, probably no disease, either of man or of animals, has ever undergone so thorough an investigation in all its details as has the Cattle-Plague. Let us hope that the Government may be brought to see that it would be worth their while to give men of science an equal opportunity of investigating the pathology of some human diseases. It is certain, that no isolated efforts can ever produce such results as are to be obtained when Government lends its powerful aid and places at the disposal of men of science unlimited means for carrying out their investigations. Happily, in the present instance, the right men were appointed for the work which was to be done.

DR. OWEN REES has no faith in the treatment of diabetic patients by a restricted dieting (*Lancet*). They do better, he says, on a natural diet. Saccharine and amylaceous food is as necessary to them as it is to the healthy. More than this, abstinence from these foods is injurious to the diabetic. The circulation of sugar in the blood does not produce bad symptoms. It is true that diabetics have lived many years, and comfortably, on restricted diet; but there is no proof that they had to thank the diet for this. "I have now," he adds, "had long experience in diabetes, and have resolved never again to countenance the strict dieting, which has been so vaunted as necessary to the well-being of diabetics."

DR. NORMAN CHEVERS (*Indian Med. Annals*, 1865) describes a fatal case of hydrophobia, the first in which tracheotomy, as proposed by Marshall Hall and others, has been practised. "It is valuable," Dr. Chevers says, "as proving that, in a case where the horror of liquids was most intense, opening the trachea enabled the patient to drink; and that, where death by spasm of the glottis is rendered impossible, the patient may still sink by asthenia from the violence of the spasms." Dr. Chevers would always, in future, perform tracheotomy in cases of hydrophobia, when death from glottis-spasm was threatened.



DR. DEMARQUAY has published a volume of 861 pages, entitled *Essai de Pneumatologie Médicale*, consisting of physiological, clinical, and therapeutic researches concerning gases. Injections into the cellular tissue or abdomen of air, of nitrogen, of oxygen, of carbonic acid, and of hydrogen, produced no injurious effects, although the gases took three or four weeks to disappear. He also found that, in cases of tenotomy, the daily injections of air around the cut tendon in no way impeded the reparative process. As regards the inhalation of oxygen, he observed that dogs could inhale for a length of time thirty to forty litres; the only results noticed being increase of appetite and great liveliness. Rabbits lived from fourteen to seventeen hours in oxygen. Dr. Legrand says that he has himself inhaled oxygen, and that there is nothing disagreeable in the inhalation. It has a tonic and revivifying effect, and produces a passing feeling of excitement, as if produced by wine.

The sad news will reach Professor Pitha, who is with the army in Italy (says *Wiener Medizinische Wochenschrift*), that his only son, a youth of 19, was killed at Skaliz. Of Professor Dumreicher, nothing has been heard for ten days; it is feared that he is shut up in Josephstadt. Diernel and Katholitzky, his two assistants, have returned to Vienna. They got separated from their army and chief; wandered about; were arrested as spies, and at length set free. The number of wounded daily brought to Vienna is immense. All the hospitals, etc., are already full. Professor Pitha writes from Verona, that there are upwards of 6000 wounded there under treatment, amongst whom are 2000 Piedmontese. Most of the churches contain from 200 to 300 wounded. Since the battle of Custoza, the surgeons have been daily at work from six in the morning until nine at night, allowing one hour in the middle of the day for rest.

The cholera is decreasing at Amiens. The *Pall Mall Gazette* says that the Empress Eugénie replied to some one there who praised her devotion to the cholera-patients, "This is woman's battle-field!" The cholera is also decreasing at Dunkirk. At Rouen, there were 16 deaths in five days. It has broken out at Paimbœuf and Pornia. At Bordeaux, also, deaths have occurred from it; and at Antwerp, on the 3rd instant, 40 to 50 deaths took place. On the 7th, at Berlin, 148 cholera cases were reported, 71 of which terminated fatally. The total of cases in Berlin since the outbreak is 526; total of deaths, 316.

**CHOLERA.** The cholera has broken out in St. Petersburg. The number of cholera cases which occurred at Stettin, on the 2nd inst., was one hundred and sixty, deaths eighty-nine. In Berlin, too, the malady has rapidly increased the last few days.

# THE LATE JOSEPH TOYNBEE, F.R.S.

On Saturday last, the 8th instant, died at his residence in Savile Row, Joseph Toynbee, long known as an aural surgeon of extensive practice. His death was sudden; and the circumstances thereof have been made known through the report of the inquest which was held on his body on Tuesday last.

At the inquest, Mr. Toynbee's man-servant, George Power, said that he was last in conversation with his master at ten minutes to four on Saturday afternoon, owing to a patient wishing to see him. He was lying on the couch. He usually took a sleep after luncheon. When witness knocked at the door, he was answered, "Come in"; and, on entering, his master had apparently awakened from a sleep. There were papers on the chairs, and deceased's watch on the table. Before the patient was admitted, deceased removed the papers, and seated himself in his consulting-chair. The interview did not occupy more than a couple of minutes; and, on the exit of the patient, he said he was coming again on Monday. Another patient called; and, on witness re-entering the room, he found his master again lying on the couch, with a piece of cotton-wool over his nose and mouth. He thought deceased was asleep, as he did not answer; and he thereupon removed the cotton-wool; but, from the appearance presented, he became frightened, and thought something was wrong. He then ran for medical assistance. The witness was not aware that the deceased made experiments on himself. On the previous Thursday, he (Mr. Toynbee) did something which caused him to vomit a good deal; but the witness could not say whether it was connected with chloroform.

Dr. Markham said that he was called to Mr. Toynbee, and found him on the sofa perfectly dead. There was some cotton-wool on the table close by, and a smell of chloroform in the room. The cotton-wool smelt strongly of chloroform. Dr. Leared happened to come in at the time, and they both tried artificial respiration for half an hour, without the least hope of restoring life. There was not the slightest sign. Dr. Markham produced papers which he found on chairs in the room, relating evidently to experiments which were in progress of being performed on himself by Mr. Toynbee. The papers were as follows. "The effect of the vapour of chloroform (when injected into the tympanic cavity) upon tinnitus aurium. 1. The effect upon a healthy ear. Experiments. Vapour (breathed from a towel) which produces a pungency in the larynx, when blown into the tympanum causes a feeling of warmth. 2. Experiments continued. Vapour (breathed from a sponge or cotton-wool) kept applied to the tympanum for ten minutes. Continued sensation of warmth." These were the notes on one slip of paper; on another were merely the words, "Experiments: The effect of chloroform combined with hydrocyanic acid." This paper was not filled up, a result apparently not having been obtained. Close to the hand of the deceased, on the chair, were two bottles, which had been obtained at Bell's that afternoon. One contained rectified ether, which had not been opened. The second was a little more than half full of hydrocyanic acid. Dr. Markham did not detect any smell of hydrocyanic acid, for that acid would evaporate very quickly. There was also a machine made of India-rubber lying on the chair, used for injecting ether or other vapours; and afterwards was found underneath the



sofa, just as his hand—that of a dead man—would fall, a six-ounce bottle, completely empty, which had contained chloroform, but was dry, and free from smell. The stopper was not in. From his experience, he should say the appearances were quite consistent with death from the effects of chloroform; but it was not possible to say whether there was a combination of hydrocyanic acid with the chloroform, owing to the advanced state of decomposition of the body, both being so volatile that they speedily evaporated in an ordinary temperature. In answer to further inquiries, he said he had made a *post mortem* examination, but not an analysis, as he did not consider it necessary. In fact, there were no contents in the stomach to analyse, and not the remotest smell of the acid, which must have been present had it been taken in quantity into the system. He believed that the death was due to the chloroform; but what effect the prussic acid would produce in combination with chloroform in vapour he could not tell. In an experiment on the effect of mixing chloroform and hydrocyanic acid, he (Dr. Markham) had found that the smell of chloroform entirely overshadowed that of the hydrocyanic acid; but the latter could be tasted, though not smelt. The witness also produced a letter written by deceased on the 6th inst., in which was expressed an opinion that, by Clover's apparatus for inhaling, the vapour of hydrocyanic acid could be safely applied to the tympanum. The vapour was inhaled to the back of the throat, and, by holding the mouth and nostrils, was forced into the cavities of the ears, thus removing the singing and other nervous sensibility. In answer to a question from the Coroner, Dr. Markham said that the deceased must have been so deeply absorbed in studying the effect of the vapour on the ear, that he forgot that he had lungs or heart.

John Barnard, managing superintendent to John Bell and Co., chemists, of Oxford Street, said that deceased had ordered six ounces of chloroform, also of ether, and one ounce of hydrocyanic acid. He (witness) went to deceased on Saturday morning, at eleven o'clock, to describe Clover's instrument. Mr. Toynbee said it would not suit him, for it was too complicated. Deceased said he wished to try the effect of mixed vapours for curing nervous affection of the ears. Deceased asked the strength of the hydrocyanic acid which had been sent, when witness replied, "The dilute form." Deceased said, "That will not suit me; it is not strong enough. Give me immediately some of Scheele's strength." Witness accordingly supplied some acid of Scheele's strength. Deceased was not in the habit of having hydrocyanic acid, but frequently was supplied with chloroform.

Mr. Valpy, Captain Toynbee (brother of the deceased), Mr. Gowan, and other gentlemen, testified to the high intellectual and moral character of the deceased; and that, being in a prosperous condition, surrounded by a loving family, he had given himself up to scientific pursuits, experimenting upon himself, and leaving nothing undone for the promotion and welfare of his fellow-creatures and the advancement of social science.

Mr. Valpy stated that he had looked into Mr. Toynbee's pecuniary affairs since his death, and had been surprised to find the amount of safe investments which (for a professional man) he had made. There was a large balance at his bankers; and insurance policies on his life to the amount of £12,000.

The jury returned a verdict—"That the deceased met with his death accidentally, while prosecuting his experiments, by inhaling a combination of chloroform and prussic acid; and the jury desire to express their deep sympathy with the family of the unfortunate deceased gentleman."

We subjoin a few facts connected with Mr. Toynbee's life.

He was born at Heckington in Lincolnshire; and was 51 years of age at the time of his death. His early education was conducted at home by a private tutor; but afterwards he went to school at King's Lynn. At the age of 17, he was apprenticed to Mr. Wade, at the Soho Dispensary; and afterwards became a pupil at St. George's Hospital, where he early distinguished himself by his proficiency in anatomy. Having become a member (in 1838) of the Royal College of Surgeons of England, he was appointed one of the staff of the Hunterian Museum, under the superintendence of Professor Owen.

On commencing practice, he resided at first at 12, Argyll Place; but subsequently removed to the house in Savile Row, which, at the time of his death, he had many years occupied. He had also a residence at Wimbledon. In 1843, he was elected Surgeon to the St. George's and St. James's Dispensary, and held the appointment till about the year 1852. While there, he exerted himself in the formation of a Samaritan Fund, which still exists, in connection with the Dispensary.

For more than twenty years before his death Mr. Toynbee had applied himself specially to the study and treatment of diseases of the ear, and had long won for himself an extensive reputation in this branch of practice, his patients sometimes amounting to more than one hundred in the course of a day. The visitations which he made of his patients at their own houses were frequent; and he was always very careful in insisting on their being well supplied with medicines.

In 1851, when the staff of St. Mary's Hospital was organised, he was appointed Aural Surgeon, and retained the appointment till two or three years ago, when he resigned. He was also Aural Surgeon to the Asylum for Idiots, and Consulting Aural Surgeon to the Asylum for the Deaf and Dumb. His contributions to the literature of the pathology and surgery of the ear were numerous. He was the author of a work on the *Diseases of the Ear, and their Nature, Pathology, and Treatment*; of a *Descriptive Catalogue* of the preparations, nearly two thousand in number, illustrative of *Diseases of the Ear*, contained in his museum; and of various lectures and essays on the pathology and treatment of diseases of the ear, in the *Medico-Chirurgical Transactions*, the *Lancet*, the *Medical Times and Gazette*, the *Edinburgh Medical Journal*, etc.

Mr. Toynbee at an early period gained himself a reputation as a scientific observer. In 1841 was published in the *Philosophical Transactions* a paper by him on the non-vascularity of cartilage. His researches on the subject, of which he greatly increased our knowledge, gained for him the Fellowship of the Royal Society.

Not so deeply engaged—though he met his death in an experiment—was Mr. Toynbee in practical and scientific pursuits, but that he could find opportunity for devising and aiding plans for the welfare of his fellow men. It was the knowledge, probably, of this feature of his character that led to his being appointed, in 1857, treasurer of the Medical Benevolent Fund. We soon afterwards find his name on the list as a donor of 500 guineas; and we believe that to his able management and liberality the Fund is beyond this much indebted. He also took much interest in the health of towns question, and was one of the first to give evidence on the subject before the parliamentary committee. He was also instrumental in the formation of local museums, and in other plans of general benefit.

Mr. Toynbee's membership of the Association lasted



during many years. When the Metropolitan Counties Branch was formed, he was elected treasurer, and was re-appointed yearly until 1859, when he resigned the office. He was also a member of several learned and scientific societies at home and abroad.

### CHOLERA IN MERCHANT-VESSELS.

THE Committee—viz., Dr. Gull, Dr. George Johnson, Dr. Jenner, Dr. Milroy, Dr. Parkes, and Dr. Sander-son—appointed by the College of Physicians to consider a letter addressed by the Privy Council to the College, relating to the expediency of issuing instructions to captains of merchant-vessels, “how to provide for the health of their crews against attacks of cholera,” have sent in a report. Their report will be distributed amongst the Fellows, and be discussed at the next meeting of the College.

The Privy Council ask “the opinion of the College with regard to the drugs which should be given, or treatment adopted, in attacks of cholera, and especially in the beginning of the disease, when proper medical attendance cannot be procured.”

The Committee recommends—

1. That, for the paragraph headed “Purgative Medicines” (in the instructions issued by the Privy Council on previous occasions), the following words should be substituted: When opening medicine is required, the mildest should be selected, as castor-oil or rhubarb. Glauber’s salts and Epsom salts are objectionable. The common belief that prolonged costiveness should not be interfered with during the prevalence of cholera is erroneous.

2. That, in the second section of the Instructions, the last sentence of the first paragraph should stand as follows: The master should ascertain by inquiry, morning and evening, whether any of the crew are labouring under such looseness; and, if so, the following recommendations are subjoined for his guidance, until he may be able to obtain medical assistance.

If a man be attacked with looseness of the bowels, some aromatic and astringent medicine, containing a small quantity of opium, should be given to him at once, and should be repeated every hour or two, according to the severity of the purging. It is suggested that ten grains of the aromatic powder of chalk and opium (*Pharm. Brit.*) should be so given in half a glass of peppermint water, or weak brandy and water. Should this medicine not be at hand, five drops of laudanum may be substituted for each dose of the powder. Large doses of opium or ardent spirits should be avoided. The diet should consist mainly of broth, gruel, or rice. If the looseness should result from bad or obviously indigestible food, or if the discharges are unnaturally offensive and attended with griping pain, it would be desirable to give a dose of either of the gentle laxatives above named before administering the opiates. If the stools become colourless and watery (the purging being of the kind commonly called “rice-water purging”), and be accompanied with vomiting and coldness, the opiates should no longer be persisted in, and spirituous liquors should be avoided. The patient should be strictly kept in the recumbent position; he should be allowed to drink water freely, and should be abundantly supplied with fresh air. Warm applications should be used to the feet and legs, and a mustard poultice should be applied to the pit of the stomach. Cramps may be treated by rubbing the affected parts with the warm hand.

The Committee would further suggest that, during the first twenty days after leaving an infected port, careful attention should be given to the disposal of

excreta, the disinfection of closets, etc. On entering an infected port, the crew and passengers should be cautioned against entering low public houses, and against excesses of all kinds.

The Committee would also suggest that rules should be framed referring to the separation of the sick, the disinfection of the discharges, and the disposal of soiled linen, when diarrhoea or cholera has broken out on board.

It is not improbable that these recommendations may lead to an interesting discussion at the College. The unanimous adoption of a method of dealing with cholera by a large body of physicians will be something novel; but is a thing hardly to be expected. It is, however, much to be hoped that the proverbial differences of doctors will not prevent the College from sending in some plain rules for the guidance of mariners asked for by the Privy Council.

A SCENE. On a recent market day, at the quiet town of Callington, an amusing scene occurred. It appears that one of the gentry who vend worm lozenges was expatiating on the virtues of his nostrums, and, in relating instances of their curative powers, he mentioned with no small delight a case in which he had been the means of saving the life of a patient of the greatest physician in the West of England, Dr. —, who had dismissed the patient as incurable. Unfortunately for the quack, “the greatest physician in the West of England” was passing near his stall at the time, and hearing his name mentioned was naturally arrested at the sound, and listened. The doctor’s temper was roused, and, just saying “Let me get at him,” he then and there administered sundry kicks on the nethermost person of the unfortunate quack, which had the effect of putting him *hors de combat*. Roars of laughter greeted the onset of the valiant doctor, in the midst of which the vendor beat a hasty retreat. The doctor enjoyed the scene as much as the bystanders, and related the circumstance with much gusto many times during the day. (*Western Mercury*.)

KING’S COLLEGE. The distribution of prizes took place on the 6th inst. The ceremony was presided over by the Bishop of Lichfield. The following were the prizes in the medical department. *Scholarships*: W. A. Richards, senior scholar; A. H. Garrod, second year scholar; A. Cotterill, C. E. Hoar, and G. E. Torry, Junior scholar, A. T. Gibbings (elected for three years), W. B. Whitmore (ditto), and C. E. Hoar (elected for two years) *Warneford Scholars*, Class I.; S. L. Herbert, *Warneford Scholar*, Class II. *Winter Session, 1865-6. Warneford Prizes*: G. H. R. Dabbs, first prize; W. A. Richards, second prize; S. L. Herbert, extra prize. *Leathes Prize*: G. R. Miles. *Divinity Prizes*: S. L. Herbert, third year; J. Curnow, second year; A. A. Kidger, first year. *Anatomy*: D. King. *Physiology*: E. B. Baxter. *Chemistry*: J. Curnow. *Medicine*: W. O. Withers. *Surgery*: C. S. Blythman. *Clinical Medicine*: W. O. Withers. *Clinical Surgery*: C. S. Blythman. *Summer Session, 1865. Practical Chemistry*: G. R. Milles. *Forensic Medicine*: R. H. Robinson. *Botany*: M. A. Lawson, B.A. *Obstetric Medicine*: F. W. Parsons. *Materia Medica*: A. P. Fiddian. *Comparative Anatomy*: M. A. Wood. *Clinical Medicine*: G. H. R. Dabbs. *Clinical Surgery*: J. H. Bell. *Todd Clinical Medicine*: C. Kelly. The following were recommended by the Principal and Professor for election as Associates of King’s College: W. Bell, M. Beverley, T. Bond, P. Bradshawe, G. A. Brown, F. J. Burge, D. Curme, W. Eddowes, E. L. Fenn, R. Gooding, T. Howells, C. Kelly, H. Nankivell, T. R. Pearson, C. W. Philpot, W. A. Richards, and H. Trimen.



## Association Intelligence.

### BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

THE Thirty-fourth Annual Meeting of the British Medical Association will be held at Chester, on Tuesday, Wednesday, Thursday, and Friday, the 7th, 8th, 9th, and 10th days of August next.

*President*—S. J. JEAFFRESON, M.D. Cantab.

*President-elect*—EDWARD WATERS, M.D. Edin.

TUESDAY, August 7th.

2 P.M. Meeting of Directors of Medical Provident Society.

4 P.M. Meeting of Committee of Council.

5 P.M. Meeting of General Council.

8 P.M. First General Meeting.

The retiring President (Dr. Jeaffreson) will resign his office.

The new President (Dr. Waters) will deliver his Inaugural Address.

The Council's Report will be read, and discussion taken thereon.

Election of General Secretary.

Report of Medical Provident Society will be presented.

Election of Chairman and Vice-Chairman of the Medical Provident Society.

WEDNESDAY, August 8th.

8.30 A.M. Public Breakfast. Tickets, 2s. 6d. each.

10 A.M. Meeting of New Council.

11 A.M. Second General Meeting.

Dr. SIBSON, F.R.S., and Mr. HOLMES. What is the influence of Hospitals on Health and Mortality? with discussion thereon.

Papers and Cases on *Medical* subjects.

Adjourn at One o'clock for Luncheon.

2 P.M. Third General Meeting.

Presentation of Hastings Medal.

Address in Medicine by Professor BENNETT, M.D.

Papers and Cases on *Medical* subjects.

Adjourn at 5 P.M.

THURSDAY, August 9th.

9 A.M. Meeting of New Directors of Medical Provident Society.

10 A.M. Fourth General Meeting.

Report of Medical Benevolent Fund will be presented.

Dr. STEWART: Is the Expectant Treatment to be relied upon in any form of Acute Disease? with discussion thereon.

Mr. ALFRED BAKER: Are there any trustworthy Facts as to the Origin of Pyæmia? with discussion thereon.

Adjourn at One o'clock for Luncheon.

2 P.M. Fifth General Meeting.

Report from Medical Witnesses Committee will be presented.

Address in Surgery by WILLIAM BOWMAN, Esq., F.R.S.

Papers and Cases on *Surgical* subjects.

Adjourn at 5 P.M.

FRIDAY, August 10th.

10 A.M. Sixth General Meeting.

Professor CHRISTISON, M.D.: Observations on the Register of Deaths in Scotland; with discussion thereon.

Papers on *Medical, Surgical, and Obstetric* subjects.

Adjourn at One o'clock for Luncheon.

2 P.M. Seventh General Meeting.

Papers on *Medical, Surgical, and Obstetric* subjects.

6 P.M. Public Dinner at the Grosvenor Hotel.

Tickets, One Guinea each. Gentleman intending to be present at the Dinner are requested to give notice to the Hon. Local Secretary, JOHN HARRISON, Esq., 55, Nicholas Street, Chester.

Members are requested, immediately on their arrival, to enter their names and addresses in the Reception-Room, when cards will be supplied which will secure admission to all the proceedings.

A Clerk will be in attendance at the Reception-Room, and will give information respecting Private Lodgings, Hotels, etc.

To facilitate Excursions in the neighbourhood, the Clerk in attendance will be prepared to receive the names of gentlemen wishing to make such Excursions, and to arrange for the same.

Members who may wish for information previous to the meeting, may communicate with JOHN HARRISON, Esq., the Honorary Local Secretary.

The public will be admitted, on application to the President, to attend the discussion on Scientific and State Medicine.

*Notices of Motion.* Mr. WATKIN WILLIAMS: To alter Law VIII, by inserting the word "Treasurer" after the words "President of the Council."

*Papers* have been promised by

A. B. STEELE, Esq. (Liverpool): On the Present State of Public Vaccination in England.

B. W. FOSTER, M.D. (Birmingham): Illustrations of the Use of the Sphygmograph.

JOHN BIRKETT, Esq. (London): The Results attending the Removal of the First Growth of Cancer.

J. Z. LAURENCE, Esq. (London): On Removal of the Lacrymal Gland—a Radical Cure of Invererate Cases of Lacrymal Abscess.

THOMAS NUNNELEY, Esq. (Leeds): On Reduction of Dislocations by Manipulation; On Removal of the Entire Tongue.

THOMAS SKINNER, M.D. (Liverpool): The Philosophy of the Algide Condition in Cholera.

THOMAS HILLIER, M.D. (London): An Account of Cases of Pyogenic Fever cured by Large Doses of Quinine; Account of Cases of Pleurisy requiring Thoracentesis.

BALMANNO SQUIRE, M.B. (London): The Treatment of Lichenous Disease of the Skin.

W. CAMPS, M.D. (London): Is there any Evidence to show that the Par Vagus—the Pneumogastric Nerve—is concerned in the production of the Epileptic Paroxysm?

JAMES RHODES, Esq. (Glossop): The Relationship of Forces as they exist in the healthy Human Being, and the Pathological Conditions induced by their imperfect development.

T. T. GRIFFITH, Esq. (Wrexham): Three Cases of Compound Dislocation of the Astragalus, with Removal of the Bones.

W. H. BROADBENT, M.D. (London): Cancer—a New Method of Treatment, by which Malignant Tumours may be Removed with little Pain or Constitutional Disturbance.

I. BAKER BROWN, Esq. (London): On the Use of the Actual Caутery in Ovariectomy.

In order to facilitate the business of the meeting, it is particularly requested that all Papers be sent to the General Secretary on or before the 1st of August, if possible.

T. WATKIN WILLIAMS, General Secretary.

13, Newhall Street, Birmingham, July 11th, 1866.



## BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
METROPOL. COUNTIES. [Annual.]	Crystal Palace, Sydenham.	Wednesday, July 18, 3.15 P.M.
BATH AND BRISTOL. [Annual.]	Mineral Water Hos- pital, Bath.	Thurs., July 19th, 4.30 P.M.
READING. [Annual.]	Council Chamber, Reading.	Wednesday, July 25th, 4 P.M.

## METROPOLITAN COUNTIES BRANCH.

THE fourteenth annual meeting of the Metropolitan Counties Branch will be held at the Crystal Palace, Sydenham, on Wednesday, July 18th, at 3.15 P.M. *President* for 1865-66, EDWARD H. SIEVERING, M.D.; *President-elect* for 1866-67, HENRY LEE, Esq., F.R.C.S.

At 5.30 P.M., the members will dine together; HENRY LEE, Esq., in the chair.

A. P. STEWART, M.D. } *Hon. Secs.*  
ALEXANDER HENRY, M.D. }

London, June 4th, 1866.

## BATH AND BRISTOL BRANCH.

THE annual meeting of the Bath and Bristol Branch will be held at the Mineral Water Hospital, Bath, on Thursday, July 19th, at 4.30 P.M. Dinner at the York House, at 6.30 P.M.

R. S. FOWLER, *Hon. Secretary.*

## READING BRANCH.

THE annual meeting of the Reading Branch will be held at the Council Chamber, Reading, on Wednesday, July 25th, at 4 P.M.

GEORGE MAY, JUN., *Hon. Secretary.*

Reading, July 2nd, 1866.

## REPORT OF MEETING OF COMMITTEE OF COUNCIL:

*Held at Birmingham, July 5th, 1866.*

**PRESENT**—Dr. Jeaffreson (in the Chair); Mr. Clayton; Dr. Falconer; Mr. Husband; Dr. Richardson; Dr. Stewart; Dr. E. Waters; Dr. Westall; Dr. Wilkinson; and Mr. T. Watkin Williams (General Secretary).

**Resolved**—That the President be requested, in the name of the Committee of Council, to communicate to Sir Charles Hastings their sincere regret that he is compelled by the state of his health to tender his resignation of the office of Treasurer, which he has so long held to the benefit of the Association; and to assure him of their continued esteem and regard; and earnestly hope that he may be enabled to continue his less onerous but important duties as President of the Council.

The Report was considered and agreed to.

The Charter Subcommittee was requested to continue their labours, and to publish the Draft Charter in the JOURNAL previous to the annual meeting.

T. WATKIN WILLIAMS, *Gen. Sec.*

Birmingham, July 11th, 1866.

## NORTH WALES BRANCH: ANNUAL MEETING.

THE seventeenth annual meeting of this Branch of the British Medical Association was held at Westbury Mount, Menai Bridge, the residence of R. Thomas, Esq., on Tuesday, July 3rd, 1866, at 12 noon, under the presidency of J. C. DAVIES, M.D., of Holywell. The following members were also present;

viz.: E. G. Clarke, Esq. (Mold); T. F. Edwards, Esq. (Denbigh); T. T. Griffith, Esq. (Wrexham); J. R. Hughes, M.D. (Denbigh); B. Jones, Esq. (Llangefni); D. K. Jones, Esq. (Beaumaris); R. Jones, Esq. (Carnarvon); T. E. Jones, Esq. (Wrexham); W. Maugham, M.D. (Carnarvon); H. A. Roberts, Esq. (Bethesda); O. Roberts, M.D. (St. Asaph); R. Thomas, Esq. (Menai Bridge); C. Williams, Esq. (Northwich); and E. Williams, M.D. (Wrexham).

Letters were received from Dr. Hughes, of Mold; Dr. Williams, of Mold; Dr. Turner Jones, of Denbigh; Dr. Turnour, of Denbigh; Dr. Harvey Williams, of Rhyl; etc.; regretting their inability to attend the meeting.

**Luncheon.** The members and friends were entertained at an elegant champagne luncheon by R. Thomas, Esq.; after which the general business of the meeting was proceeded with by the retiring President, J. R. Hughes, M.D., of Denbigh, addressing a few words expressive of the pleasure he had derived in presiding over the proceedings of the Branch during his year of office. He thanked the members for the kindness and courtesy extended to him, and, in conclusion, introduced the President-elect, J. C. Davies, M.D., of Holywell.

**President's Address.** The PRESIDENT delivered a long and interesting address on a subject known as the "Miners' Asthma".

**Vote of Thanks to the President.** MR. GRIFFITH moved, Dr. WILLIAMS (Wrexham) seconded, and it was unanimously agreed—

"That the best thanks of this meeting be tendered to the President for his excellent address, and that he be good enough to allow it to be published in the JOURNAL."

**Report of Council.** Dr. WILLIAMS (for Mr. Kent Jones, Secretary) then read the Report of Council.

"The recurrence of another annual meeting of the North Wales Branch of the British Medical Association recalls to mind that it has now existed for seventeen years. It may be well to reiterate the sentiments which arise from the establishment of such an Association. Through its influence, the Government brought forward and carried the Medical Act of 1858; and, imperfect as it undoubtedly is, it has laid the foundation for an extended and improved measure of medical reform, one that should be really representative of the progress of medical science, and the high tone and cultivated intelligence of the medical profession. Probably no amended Medical Act will be introduced into Parliament this session; but it would be well if the profession agreed to a good and comprehensive Bill, and obtained for it the sanction and approval of the Government, with a promise that they will give it their active support, and deal effectually with the subject next year.

"Your Council think the present a favourable opportunity for the discussion (if time permit) of general measures affecting the Sanitary Laws of the country, with the view of obtaining from Parliament an Act or Bill for the improvement of the same. Whilst upon this subject, a portion of the time of this meeting might be profitably occupied in discussing the Treatment of Cholera, the advent of which on our shores is too likely to occur.

"Knowing how great an interest is always manifested for the success and prosperity of the various Branches of the Association by its noble and worthy founder, Sir Charles Hastings, your Council feel extremely sorry to learn that he has been visited with heavy domestic affliction by the death of Lady Hastings; and they, on behalf of the members of this Branch, beg to convey to him and family their sincere condolence and heartfelt sympathy.



"Your Council cannot avoid expressing satisfaction at the spirited and talented manner in which the *BRITISH MEDICAL JOURNAL* is conducted by its editor, Dr. Markham; and consider that the thanks of this meeting are eminently due to him for his excellent services in connexion therewith, as well as for the influence and zeal displayed by him as one of the members of the Commission recently appointed by the joint authority of the Admiralty and War Office to inquire into the grievances of the medical officers of those respective branches of public service; and trust that justice will be speedily done to their brethren.

"The Intermediate Meeting of this Branch, which was held on the 23rd of February last at Denbigh, was in every respect a successful and agreeable one; and your Council feel sure they do but express the unanimous feeling of their fellow-associates that they are greatly indebted to Dr. Turnour for the very hospitable and courteous manner in which they were received and entertained by him and Mrs. Turnour, for which they beg to express to them their sincere and cordial acknowledgments.

"At the meeting just alluded to, the Treasurer and Secretary's accounts were examined and passed, exhibiting a balance in hand of (up to the end of December 1865) £1:10:7, which, with the annual Branch half-crown subscriptions paid by the members who were present, make the funds available for the expenses of the current year amount to £5:0:7."

Dr. ROBERTS (St. Asaph) moved—

"That the Report of Council now read be adopted and entered in the minutes of the Branch."

The resolution was seconded by Mr. CHARLES WILLIAMS, and unanimously agreed to.

*Vote of Thanks to the Council of the Branch.* Upon the motion of Dr. WILLIAMS, it was cordially assented—

"That the thanks of this meeting be given to the Council of the Branch for the past year, for their unremitting attention and valuable services."

*President-elect for 1867, and Place of Meeting for that Year.* Mr. GRIFFITH moved, Mr. JONES (Carnarvon) seconded, and it was carried—

"That Thomas Eyton Jones, Esq., of Wrexham, be the President-elect for 1867; and that Llandudno be the place of annual meeting for that year."

*Council of the Branch for next Year.* It was moved by Mr. JONES (Carnarvon), seconded by Mr. THOMAS (Menai Bridge), and carried—

"That the following members constitute the Council of this Branch for next year; viz.: Thomas Taylor Griffith, Esq. (Wrexham); Edward Williams, M.D. (Wrexham); Frederick Theed, Esq. (Rhyl); George Harvey Williams, M.D. (Rhyl); William Maugham, M.D. (Carnarvon); and James Williams, Esq. (Holywell)."

*Representatives in the General Council.* The following members were duly proposed, seconded, and elected to represent this Branch on the General Council of the Association; viz.: Thomas Taylor Griffith, Esq. (Wrexham); and Jesse Conway Davies, M.D. (Holywell).

*Medical Provident Society.* Upon the motion of Mr. HAMILTON ROBERTS, seconded by Mr. KENT JONES, it was unanimously resolved—

"That the sincere thanks of this meeting be tendered to Thomas Taylor Griffith, Esq., of Wrexham, for his kind services in the Directorate of the Medical Provident Society; and that he be requested to continue in that office for the next year."

*Secretary and Treasurer.* It was moved by Mr. HAMILTON ROBERTS, and unanimously agreed—

"That D. Kent Jones, Esq., be Secretary and Treasurer for next year."

*New Members.* The following gentlemen were elected members of this Branch and of the British Medical Association; viz.: Charles Williams, Esq., of Northwich, Cheshire, proposed by Mr. Jones, of Carnarvon, and seconded by Mr. Eyton Jones, of Wrexham; Alfred Eyton, Esq., of Overton, near Wrexham, proposed by Mr. Griffith, and seconded by Dr. Williams; Robert Edward Owen, Esq., of Beaumaris, proposed by Mr. Kent Jones, and seconded by Mr. Thomas; Thomas John Jones, Esq., of Bethel, Anglesey, proposed by Mr. Thomas, and seconded by Mr. Kent Jones; Benjamin Jones, Esq., of Llangefni, Anglesey, proposed by Mr. Kent Jones, and seconded by Mr. Thomas; Owen Jones Williams, Esq., of Beddgelert, Carnarvonshire, proposed by Mr. Kent Jones, and seconded by Mr. Jones of Carnarvon.

*Papers and Cases.* The following were read.

1. Treatment of Cholera. By T. T. Griffith, Esq., Wrexham. Mr. Hamilton Roberts, Mr. Jones (Carnarvon), Dr. Roberts (St. Asaph), Dr. Williams (Wrexham), and others, took part in the discussion that ensued.

2. Case of Excessive Diuresis, simulating Diabetes Mellitus. By T. F. Edwards, Esq., Denbigh.

Dr. Turnour, of Denbigh, forwarded, through Mr. Edwards, some interesting Morbid Preparations; but want of time prevented their being inspected. Other papers and cases were, for the same reason, not brought before the notice of the meeting.

*Dinner.* All the members who were present in the morning, along with D. Evans, Esq., of Liverpool, Hon. Captain Fitzmaurice, R.N., Bangor, and Rev. H. Roberts, of Mold, as guests, partook of an excellent dinner at the George Hotel, at 4 p.m., and enjoyed a pleasurable evening.

TESTA. "Among those who left last week for the scene of action is to be honourably mentioned Signor Testa, a man of European reputation, and enjoying perhaps the largest practice as surgeon of any in Naples. He has left all to join the camp in order to superintend and direct the host of young practitioners who have already joined. Great activity prevails here in collecting money, lint, and bandages for the combatants and their families; and, as usual, the ladies are foremost in these deeds of mercy."

CHANGE OF TYPE. Dr. Flint, in his *Treatise on the Principles and Practice of Medicine*, has the following remarks on the question of the change of type in disease: "The opinion is held by some, that diseases and the human constitution have undergone a notable change during the last quarter of a century, and that bloodletting and other antiphlogistic measures are less appropriate now than formerly, on this account. This opinion seems to me not well founded. After a professional experience extending beyond the period just named, I do not hesitate to express a conviction that acute inflammations at the present day are essentially the same as they were twenty-five years ago, and that antiphlogistic measures were no more appropriate then than now. Were it true that such changes have occurred, the fact would strike at the root of medical experience. If changes requiring a revolution in therapeutics are liable to occur with each successive generation, it is evident there can be no such thing as permanent principles of practice in medicine; the fruits of experience in our day, which so many are striving to develope, will be of no utility to those who are to come after us."



## Correspondence.

### "HOW SHALL WE TREAT CHOLERA?"

LETTER FROM THOMAS SKINNER, M.D.

SIR,—I still adhere to Dr. Jones's simple question, because, before it can be at all satisfactorily answered we must know clearly all that we do know respecting the facts of cholera, and their relations, and we must have removed from our theoretical insight, all that is doubtful or false.

I stated in my last letter, that I should endeavour to show that the phenomena of collapse, and of emeto-catharsis, are not to so causally related to one another, as is generally thought and believed, and I now proceed to do so.

At the very outset of the argument I am met by a difficulty; the eliminators have begun to split among themselves. Dr. Johnson informs us, (JOURNAL 1866, p. 271) that the premonitory choleraic diarrhoea is probably essentially of the same nature as cholera with collapse; the difference being one only of degree. In the JOURNAL of June 16th, p. 634-5, we are told, by Dr. Markham I presume,—“That purging and vomiting are not essentials of cholera.”\* Where then, let me ask, has the *cholera-cathartine* blood-poison gone to? If this is a sample of “zealous and able” advocacy, Dr. Johnson may well exclaim, “Preserve me from my friends!”

This is not the first time in the history of cholera, that, in order to suit a favourite theory, the profession have been asked to adopt the view, that vomiting and purging are non-essentials of cholera, that they are merely accidental accompaniments of the epidemic. The term cholera, which literally means “a flow from the intestines,” must no longer mean so. I only wish that all our pathological terms were as simple and unobjectionable, that they involved as little of theory, and that they were as clearly appreciable by all concerned, as is the term expressed by the simple word cholera. We are now gravely informed that one of the principal characteristic symptoms of the disease, the symptom from which, *par excellence*, it first derived its name, no longer forms a part of the disease, and consequently must be ignored in all future reasoning on the subject. Let us look at it for one moment practically! Take, for instance, the practice of one physician in the epidemic of 1849, Dr. Ayre, of Hull. He informs us that during that epidemic he had under his care, 3764 cases of choleraic diarrhoea and collapse, 725 of which were in full collapse when first seen, and the remainder were suffering from every degree of the premonitory stage. Are we to look upon four-fifths of Dr. Ayre's cases, about 3039 in all, as outside the epidemic, and not necessarily choleraic, or essentially cholera? Besides, is it not certain that in more than nine-tenths of the 725 cases of collapse, rice-water diarrhoea (cholera) prevailed. Again, take Appendix (B) to the Report of the General Board of Health, on the epidemic cholera of 1849. It states: “The total mortality from cholera (in the metropolis) for the 62 weeks ending November 24th, 1849, was 14,601. The total mortality in the same time from diarrhoea was 3857, which, deducting the average mortality from this disease for a similar period, during the ten years 1838-47 (namely 1063), leaves 2794 deaths in excess, a large proportion of which

must be attributed to the epidemic influence of cholera.” Let me ask, are these 2794 deaths from diarrhoea to be considered as outside the epidemic of cholera of 1849? But if Dr. Ayre's statistics are true, which I do not doubt, then, as he had only 6 deaths in 3706 cases of premonitory diarrhoea, the above 2794 deaths in the metropolis represent considerably above a million (call it even half a million) cases of persons attacked with diarrhoea within fifteen months and a half, and all of which amount of diseased action, we are told, must not be considered as essential to cholera. Dr. Sutherland, speaking of the identity of premonitory diarrhoea with true cholera, says: “Indeed I can scarcely recall a single instance among the numerous medical officers, whom I had occasion to consult on this point, where a different opinion was expressed.”

“So thoroughly has the unity of cholera through all its stages, been impressed on the minds of many eminent practitioners, that I have occasionally experienced considerable difficulty in obtaining statistical data, in consequence of its being found impossible to draw any line between the most severe cases of cholera, and the ordinary diarrhoea prevailing, warranted by any pathological distinction.”

In the report of the Board of Health, of 1848-49, it is stated: “Diarrhoea suddenly sweeps over the entire area of a city, or a district. This happens, perhaps, in the depth of winter, when diarrhoea is usually extremely rare; it is preceded and accompanied by violent and fatal outbursts of cholera; if it be not part of the epidemic, what is it? By what external sign, or internal pathological character can it be distinguished?”

I have no doubt in my own mind whatever, that the diarrhoea which attends an epidemic of cholera is arising from the same specific cause, and whether or not it militates against this or that favourite, or prevailing theory, we have no alternative but to accept it as a fact. Of 500 cases of undoubted cholera, in this country, which were minutely investigated, almost without exception, they were found to have been preceded by premonitory diarrhoea of from ten to twelve days' duration; and in some cases even beyond this period. (*op. cit.*, p. 92.)

For the purpose of registering cases of cholera, so far as the mortality is concerned, the supervision of collapse, the algide stage, is a most useful line of demarcation; but in the scientific discussion of the pathological nature of the disease, such a division is most dangerous to true inquiry.

If there is one point clearer to my mind than another, it is this, that both in the East and in the West, there never was an epidemic of cholera without its essential and characteristic feature, namely, *emeto-catharsis*. Collapse is a most important essential, so far as the fatality only of an epidemic of cholera is concerned; but I cannot help thinking that we could not have the amount, the fatal amount of algide cholera, which we do have, in this country at least, without more or less of the premonitory stage of *emeto-catharsis*.

I have dwelt upon this point, simply because it is most essential to the investigation of the true philosophy of cholera, that we should be able to recognise the epidemic influence in all its features, phases, and stages, and that we should not rob it of one.

We proceed then with the argument in the full belief that *emeto-catharsis*, cramps, collapse, reaction, consecutive fever, and all the phenomena of an epidemic of cholera occurring within the human body, are all of them characteristic, not of cholera in the individual, but of an epidemic of cholera among a people! It would indeed be very difficult for me to bring my mind to believe otherwise, than, that every

\* The words are not ours. They are the words of one whom Dr. Skinner rightly calls a “sound philosopher”—of Dr. Parkes. “The vomiting, purging, and cramps,” says that author, “must be considered as usual but non-essential symptoms of cholera, etc.” Ed.



symptom traceable to the same epidemic influence is not essentially part and parcel of the diseased action induced thereby.

We have to make it as evident as possible that the phenomena of collapse, and of *emeto-catharsis*, are not necessarily so dependent the one upon the other, or so causally related, as is generally, if not almost universally accepted.

To Dr. Johnson great credit is due for having been the foremost pioneer in clearing the way to the reception of the great fact that the algide condition, or collapse, in cholera does not necessarily arise out of a drain or loss of liquid from the blood or system, such as pertains to the generally accepted premonitory stage of *emeto-catharsis*. Dr. Johnson has taken a great deal of trouble to prove this point, and he has done so most successfully; but he has been so anxious to prove his own peculiar doctrine of elimination to be true also, that he has missed or passed over a great fact, the mere mention of which would have saved him much time and labour, namely, that very commonly in the East, and now and again in this country, we have the most genuine, and the most fatal form of collapse without a trace of vomiting and purging, without the loss of a single drop of liquid from the system!

At the request of my excellent friend, Dr. Nottingham, of this town, Dr. Patterson, of Cairo, communicated to the Medical Institution here, lately, some observations of his experience during the recent and fearfully fatal outbreak of cholera in Cairo and Alexandria. He then informed us that in a great number of cases, "death was positively the first symptom"; in another set of cases, "collapse, followed by death in two or three hours, without any vomiting or purging whatsoever, was frequently observed." The names of such eminent men as Drs. Gull, Parkes, Scott, Twining, George Hamilton Bell, Charles Bell, and many others, may be cited, who have testified to the same great fact; namely, that collapse, algide cholera, in its most virulent and fatal form, does occur without the loss of a drop of liquid from the system; or, to say the least, with so small a quantity that it could not account for the supervention of collapse by a draining of the liquid constituents of the blood.

The evidence on this point is so plentiful, and so substantiated, and admitted by Dr. Johnson himself, that I content myself with putting it down as proved that:

I. *Loss of liquid is not essential to the production of collapse!*

The next proposition we have to examine is: Does the loss of liquid, as a rule, prevent the development of collapse? This question is equally easily disposed of, as, like the first, the facts in the natural history of the disease speak for themselves. In discussing the question whether choleraic diarrhoea was an essential element of cholera, and in concluding as we did, we answered this question in the negative. In fact, as a rule, in this country we rarely meet with a case of collapse which has not been preceded by diarrhoea, and in very many cases we have collapse supervening upon any amount of loss of liquid by *emeto-catharsis*; any quantity from ounces to pints, quarts, and even gallons, and this holds true in all countries, and in all epidemics of cholera. It is quite the exception to have collapse without a considerable amount of loss of liquid by *emeto-catharsis*. I have already cited, and let me now repeat, that "in one instance no fewer than 500 cases of cholera were minutely investigated, and were, almost without exception, found to have been preceded by diarrhoea of this kind, (choleraic) from ten to twelve days' duration; and in some cases even

beyond this period." Dr. MacLoughlin, in his "Inquiry," in 1832, reports: "Consequently, I am justified in concluding that I have not found in 3092 cases of cholera, which occurred in the nine unions" (inspected by him) "one case of cholera without premonitory diarrhoea." Such facts as these require no argument to strengthen them, they carry conviction along with them, and leave us no alternative, but to adopt the proposition, that—

II. *As a rule, the loss of liquid by emeto-catharsis does not prevent the development of collapse.*

If the loss of liquid does not prevent, does it directly or indirectly encourage the development of collapse? As I cannot solve this question without divulging my own theory before my readers are ripe to receive it, I must defer discussing this question until my views are further advanced. I have no hesitation, however, in stating my belief, that the loss of liquid, if it act at all in inducing the state of collapse, it does so only indirectly or secondarily. I allude here only to the loss of liquid which precedes the state of collapse. Until our argument is further advanced, we may hold it as settled, that—

III. *The loss of liquid in the first stage, if it act at all in the induction of collapse, it does so only indirectly or secondarily.\**

Lastly—Is the *emeto-catharsis* of the algide stage causally related to collapse; and is it to be regarded as the disease or the cure?

We now come to "the tug of war": to the very *pons asinorum* of algide cholera. There are few men who have paid more particular attention to the pathology of cholera in India, and whose observations are more truly sound and philosophic, than Dr. Edmund Parkes, now of Southampton. Dr. Parkes candidly confesses the great difficulties surrounding the inquiry, as to the relationship existing between the quantity of liquid lost by rice-water diarrhoea during the algide stage and the fatality of the condition. One great difficulty being, he says, the estimating the actual quantity passed at each stool by the patient, as it frequently passes from the patient involuntarily and even sometimes unconsciously. I acknowledge this to be a difficulty; but it is not the greatest in my mind. The great difficulty is to estimate the part played by the treatment. Not a thought is cast by Dr. Parkes upon the medicines administered to the patients. The rule was three grains and a half of sugar of lead and half a grain of opium (Dr. Graves's pill) every half-hour or hour, according to circumstances. In fact, a patient in collapse is made to take, in the short space of three days (and, in a military hospital, we know with

\* It will be observed that in my present argument I have strictly avoided all facts developed by the administration of remedies. In this note, however, I may be allowed to deviate from my self-imposed rule; because I may justly be asked, if the premonitory diarrhoea does not directly or primarily induce collapse, how does the checking of the *emeto-catharsis* of the first stage prevent it, which must necessarily stop the drain of liquid from the system? A very natural and proper question, indeed, and worthy of a better man to reply to it. There can be no doubt whatever, that by checking the premonitory diarrhoea of the first stage, we decidedly lessen the loss of liquid from the system, and seemingly thereby greatly lessen the chances of collapse. I say seemingly, because, although astringents, antacids, sedatives, and alteratives, and, according to Dr. Johnson's account, even castor oil and emetics, really and actually do lessen and stop the loss of liquid—they also, in a very large majority of instances, so alter the morbid changes begun in the system, or, as Dr. Handfield Jones expresses it, of the gastro-enteric mucous membrane, as entirely to throw off the disease. In some cases, again, in spite of every remedial means, collapse will supervene. So that the remedy—the checking the *emeto-catharsis*, even by castor oil—is in reality in most cases the cure as well as the remedy.

The lessening of the liquid is therefore only seemingly the cause of the prevention of the collapse—the real cause being the action of the remedy breaking the chain of morbid action begun to be forged within the system; or, as differently expressed by my friend Dr. Thorburn of Manchester, "if simple choleraic diarrhoea can be stopped, something takes place in the system which enables it to throw off the tendency to the more violent symptoms."



what precision) at least 140 grains of sugar of lead and 20 grains of opium. Dr. Parkes might have settled the question or *the patient* (I do not pretend to say which), if he had simply omitted the lead and opium. On this point, it is evident that I cannot look for anything *final* from so distinguished an observer.

In Dr. Gull's Report, we have the subject touched upon; but the data are anything but satisfactory or sufficient. He concludes by stating, and I heartily concur with him, that "a further elucidation of this subject is yet a desideratum."

Our excellent editor, or one of his staff, puts it down as established, "that during collapse, the purging and vomiting are diminished or arrested, and more or less in accordance with the degree of impeded pulmonary circulation." Granted that they are diminished, or even arrested, is not the fact of collapse, of the slowly moving blood-current, from the more or less enfeebled or paralysed action of the heart, more than enough to account for the diminution? Hence, *when the collapse comes first*, the greater the paralysed action, not of the pulmonary circuit only, but of the entire circulation, the less there must be of loss of liquid. If this be the true relation, which I doubt not, then is the diminution or arrestment of the emeto-catharsis the effect and not the cause of the collapse. What is collapse but "a complete prostration of the vital powers, as occurs in Asiatic cholera?" (*Mayne*.) An arrestment, primarily of the heart, and, secondarily, of all the functions necessary to the maintenance of life—and which may be partial or complete, even unto death. That Dr. Parkes does not believe that the arrestment or diminution of the emeto-catharsis is the cause of the collapse, or that it confirms it, we have the fact that his treatment is directed to the *further arrestment of the emeto-catharsis*, by the administration of lead and opium.

If, then, the diminution or the arrestment of the emeto-catharsis in the algide condition is the effect of the collapse, it is as clear as light itself that the only rational way to increase the flow is to remove the cause—the collapse—which can never be done by vainly endeavouring to increase the effect—the diminished emeto-catharsis—by emeto-cathartics,\* which Dr. Johnson confesses reach no further than the *prima via*.

Here we have a curious specimen of a blood-poison at war with itself. Dr. Johnson holds that in cholera there is an irritant blood poison—cholera-cathartine, which sets up some tonic spasm of a portion of the pulmonary circulatory apparatus, thus inducing collapse, and that the same poison sets up an eliminative action—emeto-catharsis, in the form of a cure; that is, by way of getting rid of itself (or the patient?). We have already shown that collapse is opposed to, and really diminishes this eliminative action; therefore, this curious blood-poison is self-eliminative and non-self-eliminative, as well as self-multiplying and self-reducing, and all at one and the same time. Really, the more that I study this nondescript cathartic, the more am I convinced that it is "neither fish, nor flesh, nor good red herring."

I have said that Dr. Johnson holds that emeto-catharsis is "the cure and not the disease;" possibly it may be, but certainly not by the elimination of a rapidly multiplying purgative, which Dr. Markham

informs us undergoes a process of reduction rather than of multiplication at this stage. By way of frightening those who differ from him, Dr. Johnson challenges them, and says mildly, "I defy you to show me a single case of recovery from collapse in which the intestinal discharges have not continued, in a greater or less degree, while the symptoms of collapse were passing off." I beg most cordially to accept the challenge, or rather to return it with interest, and I venture to ask Dr. Johnson if, in his great experience, he ever saw a case of acute dysentery that ever recovered without more or less of purging of bloody stools? or of acute bronchitis without dyspnoea, cough, and expectoration? or of any known disease, without, "in a greater or less degree," some manifestation of its most characteristic symptoms? So much for the capital; now for the interest. I firmly believe that such cases as Dr. Johnson alludes to will be found, if looked for, in every epidemic of genuine Asiatic cholera, particularly in the East. I beg to refer Dr. Johnson for an answer to his challenge to his own writings in the JOURNAL for 1865, pp. 527 and 607, where, in speaking of cases of *cholera sicca*, he says, in quoting Twining: in such cases, where if "not fatal"....."the progress of recovery is almost as rapid as the accession of cholera.....In these instances recovery seems almost as sudden and complete as in cases of patients who are resuscitated after suspension of animation from submersion in water" (*et sequitur*). The italics are Dr. Johnson's own. Again, in treating of the effects of venesection on the symptoms of collapse, Dr. Johnson writes: "Bell makes the following statement (*Treatise on Cholera Asphyxia*, p. 118, should be 'p. 119.') 'The effect of bloodletting would indeed sometimes appear almost miraculous. A patient will be brought in in a cot, unable to move a limb, and, but that he can speak and breathe, having the character both to touch and sight of a corpse, yet will he, by free venesection alone, be rendered, in the course of half an hour, able to walk home with his friends,' etc." The italics are my own. It is to be presumed that in these, the most fatal form of cases, cured in half an hour, there could not, at all events, be a great amount of emeto-catharsis. But what does the last distinguished observer, the late Dr. George Hamilton Bell, say of the effects of venesection upon the emeto-catharsis, as well as upon the collapse. He says (p. 118): "In fact, the removal of blood, to the necessary extent, has invariably, so far as the author's experience goes, put an immediate stop not only to spasms and oppression, but to vomiting and purging, and has relieved the prostration of strength. And in no situation has the physician more reason to be proud of his art, than when, in the course of a few minutes, a patient, from the agonies of cholera, and from the jaws of death, is placed in safety, and not only restored to a sensation of health, but to one of positive bliss. A very common expression on such an occasion is, 'Oh, sir, I am in heaven!'"

It is to be hoped that Dr. Johnson is now satisfied that collapse is not only spontaneously recoverable from, but that recovery may also be brought about by timely and judicious interference, without affecting the intestinal discharges, other than by stopping them!

Where, let me ask, is the cholera-cathartine now, "which must and will purge itself away?" Doubtless, in Dr. Johnson's eyes, it was the disease as well as the cure. In mercy, I now hope he will see that it is neither; or, if either, that it is the disease, and that it has passed into a state of fatal, irrecoverable collapse!

We may then conclude:

iv. That the emeto-catharsis of the algide stage, al-

\* By emeto-cathartics, I allude chiefly to evacuation by purgatives, because we know that emesis artificially induced is a very powerful means of driving the blood to the surface, and thereby relieving the heart's action and the internal congestion—besides, it has an alterant power of rousing the system in collapse, however induced; which therapeutic actions, let me observe, are perfectly independent of any eliminative, I should rather say of any evacuant, property pertaining to the action of emetics.



though diminished thereby, yet is neither the cause nor the effect of the collapse; and that it is not the cure, but an independent phase or symptom of the disease proceeding from the same primary cause.

I shall sum up my argument in the expressive language of a sound philosopher—I mean Professor Parkes—when he says: “THE ONE DOES NOT INDUCE THE OTHER; THEY ARE INDEPENDENT EFFECTS OF THE COMMON CAUSE.”

In my next I shall consider the question, Does cholera in all, or in any of its stages or forms, consist in, or depend upon a blood-poison for its manifestation?

Apologising for the great length of this epistle,

I am, etc., THO. SKINNER.

1, St. James Road, Liverpool, June 23rd, 1866.

#### LETTER FROM W. F. MORGAN, F.R.C.S.

SIR,—So much attention has lately been given in our own and other medical journals to the subject of cholera, that I am rather surprised little or no special mention has been made (so far as I am aware) of a remedy for the premonitory diarrhoea, which, in former epidemics, was so extensively used, and found to be so valuable. I allude to the dilute sulphuric acid.

If it be a fact, of which I believe there is no doubt, that of a given number of cases of diarrhoea in cholera times, *ceteris paribus*, a much larger proportion run on to cholera of those left alone than of those whose diarrhoea is stopped, it must be desirable to select that remedy which combines the *maximum* of benefit with the *minimum* of injury. Does not experience point to the dilute sulphuric acid as fulfilling that condition? Its astringent power in diarrhoea is very considerable and certain; and it is grateful to the palate and the stomach, and therefore less liable to be rejected by vomiting; neither does it, like opium, tend to check the action of the liver and kidneys. I have repeatedly used it with success in ordinary diarrhoea, when chalk mixture, opium, catechu, and other astringents, have failed; and I have never found it to gripe or disagree. It is more especially applicable to serous discharge, such as would be the nature of premonitory choleraic diarrhoea. My usual formula is: *R* Acidi sulphurici diluti (P. L.) ʒij; tinct. card. co. ʒvj; syrup. simpl. vel papaveris albi ʒvj; aquæ destill. ʒviij ad ʒxij. M. A sixth part to be taken for a dose, and repeated every four hours, or more frequently, according to the urgency of the attack. The only precautions necessary are to protect the teeth and sufficiently dilute the acid.

Even when the graver symptoms of cholera supervene, I see no reason why the sulphuric acid may not be continued, and why it may not still do good.

The ingenious theory of elimination, emanating as it does from such high authority, and supported as it is by others of kindred talent, is entitled to great respect, and will no doubt be on that account extensively tested, should cholera unhappily visit us again as an epidemic. But, if I read aright the history of past visitations, the stern reality of facts is opposed to it; and, if such should be the case again, as I have little doubt, “so much the worse for the facts” will not, I am sure, be the reasoning of Dr. Johnson and his supporters.

With the prospect before us of an outbreak of cholera, allow me, in conclusion, to invite the attention of your readers to the admirable remarks of Sir Thomas Watson in the appendix to the chapter on Cholera, in the fourth edition of his excellent Lectures. It would be well if the salient points therein contained were printed separately in a cheap form, and widely circulated.

I am, etc., W. F. MORGAN, F.R.C.S.,  
Consulting Surgeon to the Bristol Royal Infirmary.

Bristol, July 5th, 1866.

#### LETTER FROM J. STEAVENSON, M.R.C.P.

SIR,—At a time when it may please God again to visit this country with deadly disease, I think that all medical men who have a knowledge of cholera ought to draw the attention of their brethren to any facts which may induce them to read such books as those published by Dr. George Johnson upon that awful disease.

For my own part, I have read them with pleasure, and, I trust, with profit. Having done so, I am induced to address you upon the subject; and more especially so, because I can place at your disposal facts bearing upon his doctrines; and, although the cases to which I am about to refer occurred in 1825, they are not, I think, unworthy of your attention, if they be not worth publishing.

In May 1825, I treated three cases of what was then known as spasmodic cholera. I was then serving as assistant-surgeon on board His Majesty's sloop *Ferret*, lying at anchor off the sandy island of Sacrificios (the naval anchorage for ships at Vera Cruz); and Dr. Small, our surgeon, being ill, I was ordered by the late Captain Hobson to visit three men belonging to one of the ships chartered by the Real del Monte Mining Company, which were at anchor near us.

I found them in standing bed-places—three very powerful young Cornishmen. They were then in what has been called the algide stage of cholera; having shrunken features, with blueness of the skin, small rapid pulses, sunken eyes, great depression of spirits, laborious breathing, and tumid abdomen. They had all suffered from diarrhoea; but, as the stools had been thrown overboard, I did not see any.

Now, I will take no credit to myself for the successful treatment of those cases, because my friend Dr. Small had just returned from India, where he had witnessed cholera in its most deadly form on board Her Majesty's ship *Liffy*, and I had learned a lesson from him never to be forgotten.

I bled all of them freely; after which they became warmer than they had been, and their spirits rose. Before I left the ship, I placed upon the tongue of each a large dose of calomel, which was washed down with a draught containing twenty minims of laudanum in water. In the evening, two of them were much better, having passed copious bilious evacuations, and they eventually recovered; the third died during the night.

On my return to Jamaica (from which island we had sailed early in May), I saw a great many cases of cholera, at the Royal Naval Hospital, all of which occurred amongst the black servants. They were treated with the warm bath and two drachm doses of laudanum; and, I believe, all died.

Forty years ago we believed in blood-letting as our sheet-anchor. As Dr. Billing says, in his excellent work on the *Principles of Medicine*, it relieved the choked lungs, as pumping does a water-logged ship; and I, for one, often rejoiced that I had a lancet, and knew how to use it.

I am, etc.,

JOHN STEAVENSON.

22, College Green, Bristol, June 26th, 1866.

#### LETTER FROM T. M. GREENHOW, M.D.

SIR,—YOUR JOURNAL abounds weekly with communications on the subject of cholera, and especially as regards the treatment of that not yet very well understood disease. The first question (as it appears to me) to be settled, relates to its efficient cause; secondly, to the mode in which that cause acts upon the human system; and thirdly, the series of symptoms by which that action is indicated.

Whatever produces morbid effects, with a tendency to death, must be considered as a poison; therefore we may properly call the cause of cholera a poison. But what is its true nature? I shall at present waive alto-



gether the question of contagion. Is it, according to Dr. Johnson, a germ of fermentation which, entering into the blood, pollutes it, or changes its condition, so as to render it unfit for the purposes of life? and is it confined to certain constituents of the blood, which admit of being separated by elimination, so as to leave the remainder in a healthy condition? I cannot convince myself that this theory satisfies the conditions of the case.

It has been truly observed that, in some cases, the poison acts so powerfully and rapidly as to plunge the patient into collapse, without any previous effort of Nature, by vomiting and diarrhoea, to eliminate the poisonous portions of the blood. Does not this fact, of which I have seen many instances, prove that the poison has not had time to enter into the circulation, and to set up either the supposed fermenting or eliminating process? And, if so, must we not look for some other method in which the poison affects the system?

All the processes of life depend upon the healthy action of the nervous system. We know how instantaneously it may be affected by other deadly poisons; and is it not in accordance with analogy, and in agreement with the subsequent train of symptoms—namely, the suspension of secretion in the most important organs—to conclude that interrupted nervous energy, and not a depraved condition of the blood, is the immediate effect of the poison of cholera.

It appears to me very important that this question should be settled before we can establish any sound principles of treatment—whether those principles will depend on the confirmation of Dr. Johnson's theory of elimination, or, as appears to me more probable, will tend to rational attempts, if not to neutralise, which, in the present state of knowledge, we can hardly hope to do, in some degree to counteract, as in the case of syphilis, the effect of the poison, and to restore the organic functions which have been suspended.

I am, etc., T. M. GREENHOW.

Leeds, June 25th, 1866.

#### LETTER FROM SAMUEL WILKS, M.D.

SIR,—In your last week's JOURNAL, you allude to a case of cholera which was reported in the *Lancet*, with remarks appended thereto as if these had been mine. You will find these were written by the editorial "we", and that they were quite unknown to me until I saw them with yourself in print. My clinical clerk, it appears, gave the case to the reporter, and he commented on the case as he pleased. It so happens, however, that I perfectly agree with the remarks made on the case, especially those which you have wrongly interpreted.\* You quote the line, "They exert no influence, good or bad, on the disease," making it allude to drugs generally, whereas it applies to astringents only. I take it that the meaning of the writer is, that astringent medicines do neither good nor harm. It may be very true that they do no good; and it may be also true, according to Dr. Johnson's theory, that they are contra-indicated; but, as a matter of simple experience, I should agree with the writer that they do no harm; for, in fact, no astringents have been found for cholera. I think it probable that any one who was not conversant with the facts of the case might, on the perusal of Dr. Johnson's book, not only perceive that astringents were improper medicines, but he would conclude that they had, in former epidemics, done positive harm, by lock-

ing up the secretions, and preventing the elimination of the poisonous matters from the system. Now, my own experience is that of the *Lancet* reporter: that, if they did no good, they did no harm, seeing that the patients were never "astringed" by them. His opinion that "astringents exert no influence, good or bad, on the disease," is confirmed by a much higher authority than our own, Sir Thomas Watson, who says: "If the balance could be fairly struck, and the exact truth ascertained, I question whether we should find that the aggregate mortality from cholera in this country was in any way disturbed by our craft."

To advert to another subject, I should much like to ascertain the prevailing opinion of the profession as to what constitutes a case of cholera, and more especially whether an epidemic character is essential to its nature. In the very case which called forth these remarks, no single symptom of cholera was absent. But are we on this account to frighten the public into the notion of the existence of cholera, unless it be epidemic? Not a summer passes but I see patients with every symptom of the disease, and in such a complete state of collapse, that the only hope I rest upon is that the disease is not epidemic. Herein lies the great difficulty which saps the foundation of any theory of cholera. We have, for example, in the outbreak at Liverpool, a clear proof of the specific nature of the disease. Its introduction into the town was clear; and the attendants, as the parson, doctor, and nurse, fell victims to the disease. I do not see what can be urged against the conclusion of its being due to a specific external cause. Yet, on the other hand, the ordinary circumstances attending our summer months are sufficient to produce symptoms exactly like these, and, indeed, in an aggravated form, not to be distinguished from the Eastern type of the disease. In the one case, the chances are against recovery; in the other, immeasurably in favour of it. Are the diseases distinct?

I am, etc.,

SAMUEL WILKS.

11, St. Thomas Street, Southwark, July 9th, 1866.

#### LETTER FROM GEORGE BOTTOMLEY, Esq., F.R.C.S.E.

SIR,—Dr. H. Jones, in his communication to the BRITISH MEDICAL JOURNAL of June 23rd, 1866, says upon the above subject: "I do hope that a good many of those who saw much of former epidemics will give us their experience. To get this information is my principal object."

In the cholera epidemic of 1853, many medical men were appointed medical cholera inspectors—myself among the rest. My appointment extended over a whole union of parishes, containing many thousand inhabitants; consequently, my experience was great, and I will endeavour to give the results. Many of the leading members of the medical profession have gone into the pathology and physiology of cholera, which treat only of its theory, and not its practice, but it is necessary that practical information should be given, to show how the two harmonise. In the JOURNAL, 29 Sept. 1864, will be found the following letter:

"Sir,—In the Association JOURNAL of the 25th August 1854, in the leading article, appears the following: What are characteristic symptoms of the epidemic, and of other diseases now prevailing? Under the above head appear some very trite observations in the following words:

"The unsatisfactory and almost chaotic character of the literature of cholera is chiefly dependent upon the majority of authors giving no definition of what they mean by the term 'cholera,' and omitting all reference to other prevailing maladies, which, for reasons that may or may not be valid, they do not include. Without an exact understanding as to what is really the subject of discussion, there can obviously be no advance towards

\* We cannot admit any wrong interpretation. If Dr. Wilks accepts, as he says he does, the following words of the reporter, surely he admits the correctness of our remark. "This order is observed, whatever mode of treatment, whether by calomel, sulphuric acid, castor oil, opium, or opium is adopted, and with equal certainty when no drugs are employed at all. It is surely better that the fact should be openly acknowledged, that we are acquainted with no drug which is capable of checking the course of cholera." ED.



truth. I beg to offer a few observations, with a view (if possible) of drawing distinct lines between the different forms of the prevailing epidemic; for according to the present system, all forms of the epidemic come under one head, viz., "cholera"—a term most unsatisfactory to the profession, and one likely to mislead the public, and give the press an opportunity of giving insertion to absurd nostrums, which act as advertisements to second-rate practitioners. My practical experience has led me to divide the prevailing epidemic into three heads:

"1. Simple diarrhoea, accompanied with bilious vomiting and purging, easily controlled by a mild mercurial treatment, accompanied by astringents administered according to symptoms, age and constitution.

"2. Malignant diarrhoea, commencing with bilious vomiting and purging, but speedily assuming an alarming form, viz., rice-water evacuations, suppression of urine, small thready pulse, lividity of skin, violent cramps, and shortly sinking into a state of extreme collapse, which terminates fatally in a few hours. I have found the following treatment most successful: calomel and opium in small and frequent doses, with sulphuric acid and capsicum.

"3. Cholera. This word may be used in the absence of a better term. It commences at once (without any previous action on the stomach and bowels), with an extreme state of collapse; the body immediately becomes of a marble coldness, the skin almost black, and a total suppression of the secretions. It terminates fatally in six, eight, ten, or twelve hours, and resists in almost every case every attempt that medical skill could devise. I believe the first two forms of the epidemic to arise from the heat of the sun upon decayed vegetable and animal matter, and its most malignant form to appear in low, dirty, overcrowded, and badly ventilated localities. I have found it assuming a very severe form on the top of a hill in a rural district, which I attribute to the emptying the refuse from the cottagers' houses into a hole within a few yards of their back doors, opened, and exposed, and easily acted upon by the heat of the sun. Their privies in the same neighbourhood emitting a most loathsome smell, and which is at times removed to their gardens; and although living apparently in a healthy locality are continually inhaling the poison that is most likely to produce the fatal consequences above narrated. The third and last form of the epidemic, called Asiatic cholera, I believe to arise purely from atmospheric causes; being a condition of atmosphere which immediately deprives the blood (of those who happen to come within the influence) of its vital property, converting the blood from an arterialised and fluid state to a black and pitch-like condition, which gradually but quickly puts a stop to the circulation, which readily accounts for the removal of warmth from the body, the dark skin, and the suppression of the secretions, and which terminates so speedily in death. Now, assuming that I am correct in my premises, would it not be a most important step to analyse the condition of the atmosphere wherever genuine cholera presents itself; for unless we, by scientific research, ascertain the real cause, we may be for ever theorising, and unable to render that assistance to our fellow-creatures that we as a body profess to be able to do.

"The cases of common diarrhoea have been frequent, but seldom fatal. Cases of malignant diarrhoea less frequent, but the mortality has been great in proportion. Cases of cholera very few, and in almost all instances proved fatal. I offer the foregoing observations as an instalment, more to elicit the opinions of the members of the medical profession.

"I am, etc.,

"GEORGE BOTTOMLEY.

"Croydon, 10 Sept. 1864."

The year 1860 will long be remembered for its remarkable immunity from all diseases. The temperature was very low, and the rain fell almost daily; the result

was that the rain swept away most of the impurities from the surface, and what did remain was not affected by the heat of the sun, that being constantly obscured by clouds; and when by chance it made its appearance, it gave out no warmth. That year we were exempt from cholera and diarrhoea, and such was the freedom from disease, that many medical men were much depressed, fearing that their practice (from some unknown cause) had fallen off, not taking into consideration the real cause. In that year, nature was the best sanitary board that ever existed.

When members of the medical profession take up the subject of contagion and infection, and those also who deny the one and the other, are in my opinion both wrong; when those subjects are discussed, the opinions entertained by either party is so determined, that each still continues to hold his own opinion.

I will venture to mention a few instances of my experience in the epidemic of 1853 as regards Asiatic cholera or cholera asphyxia. The first case was a woman, in a crowded lodging-house. I was called in at 11 P.M. I found her in the top room of the house, in which were fifteen others in bed, and most of them asleep. She had not been long in bed, when the landlady of the house was informed that a woman was dying. I visited her immediately. She was in a complete state of collapse, pulseless, icy cold, almost black, and could only speak in a whisper. She died in a few hours, the rest of the occupants of the beds still remaining in them. In the morning, the parish undertaker placed her in a coffin, screwed it down, and the next day she was buried, the inmates of the room remaining there the whole time, and were perfectly free from disease of all kind. The next case was that of an Irishman, seized in the fields, and removed to a room in the workhouse, his wife and family with him the whole time; he was placed in a warm water bath, and various other remedies had recourse to. I was with him the whole time, from the seizure to his death, which lasted about six hours; no one took the disease from him. The next case was a young unmarried woman, living with her mother and father, brothers and sisters; she was in the top room of the house, in a thickly populated neighbourhood. When I first saw her, she was in a state of extreme collapse, almost pulseless, cold, and very livid, and a total cessation of all secretions; no previous diarrhoea. I ordered all the doors and windows to be thrown open. There was no fireplace in the room, and though the weather was hot, I should have ordered a fire to be lighted. I loaded her tongue with calomel and opium, gave her capsicum and ammonia, brandy, etc., and constant frictions over her body; she gradually recovered, and afterwards went out to her usual employment. No other case occurred in the house or neighbourhood. Soon after, I had to visit a young man at a public house; the case was precisely like the last, except the symptoms were more urgent; though the same mode of treatment was adopted, he died in six hours, and no other case occurred in the vicinity. In a few days I had to visit a woman and two men, cottagers, the cottages situated at the foot of a hill, no other house within half a mile. In the case of the woman, the symptoms were as urgent as those before described; the thermometer was 72. I had a large fire lighted in her bed-room, and gave her calomel, opium, with stimulants. I opened a vein in the arm, and found the blood solid and pitch-like; I pulled it out of the vein. At last, sufficient amount of reaction took place to cause the blood to trickle from the vein, and in about an hour it came away more freely, and was improved in its colour; in a few hours, she was so far recovered as to speak, and the next day she seemed recovered from the cholera attack, lived a week, but ultimately died of consecutive fever; the two neighbouring cottagers, whose attack was less severe, recovered. Treatment the same. No one else



took the complaint, although they had frequent visitors; and in no one instance could I trace anything like contagion or infection. It may be asked *why* I ordered windows and doors to be opened, and a fire lighted? The impression on my mind was, that the epidemic arose from a deficiency of oxygen in the atmosphere, and that view I took from the black pitch-like condition of the blood, and the icy coldness of the body, arising from the blood not receiving a sufficient amount of oxygen from the atmosphere; consequently, all who came into contact with such a condition of the air may be said to be blood-poisoned. That it does arise from the air is conclusive, for cases can be traced that have occurred in the track of the wind, and after travelling a certain distance is lost; just as several people may meet their death in a thunderstorm, and others close by escape. And why should there not be changes going on in the atmosphere in the various gases of which it is composed? In a healthy condition of the atmosphere, 1000 parts are composed of 210 oxygen, 787 nitrogen, 3 carbon. Supposing a very great change takes place in those gases, that of oxygen being nearly absent, the cause of which we are unable to account for, accordingly the cases of cholera will be more or less fatal, or less frequent, according to the state of the atmosphere. Certain it is, that some change, during the prevalence of cholera, takes place which causes the blood to be poisoned. Myriads of small black flies were observed, which were not seen at any other time, which I leave to others to account for. Another case happened in one of the parishes under my jurisdiction. I was requested to visit a row of cottages in a field (unconnected with any other house), seven in number, a long garden in front of each, confined premises behind, beyond that a meadow. I was told there had been five deaths, and every inhabitant was suffering from the epidemic. Upon inspection, I found a drain running at the backs of the cottages; this drain was broken in several parts, and the solid refuse matter being prevented from passing the outlet, was consequently exposed to the action of the sun. At one end of the row were two privies for the use of seven cottages, the contents of which, finding their way under a fence into the meadow behind, a *swamp*, exposed to the heat of the sun, gave rise to poisonous gases, which readily accounted for the disease and death, and which proved to be English malignant cholera.

In the same parish were many similar causes for the disease, and houses having their privies over open ditches, ponds containing stagnant water, and the general supply of water scanty and of bad quality. The parish being under the district of the Metropolitan Board of Works, I wrote them a minute description. It was attended to immediately, and the evil remedied. The endemic (not epidemic) ceased, and health soon restored. All the deaths arising from that cause were reported to have arisen from epidemic Asiatic cholera, but this I hope to have clearly proved was not the case. I could enumerate a vast number of similar cases, but they would be too numerous for a paper of this description. In every case, as soon as the cause was removed, the disease ended; but I fear that sufficient inquiry as to the cause in similar cases has not been made, and several cases in a row of houses proving fatal have been set down to the score of contagion and infection, while those deaths have arisen from some local removable cause.

Ships consigned to take emigrants are not generally of the best class. The ship-owners are obliged to take such persons out at the least possible expense. The emigrants are mostly poor, and dirty in their persons. Such ships have probably a large amount of bilge-water, which, combined with the dirty condition of the emigrant, gives rise to a poisoned state of the atmosphere in the vessel. No wonder, then, that diarrhoea and English cholera shew themselves from the same cause as English cholera, and every one going aboard such a

vessel will be likely to be attacked with such a disease; but that does not prove it to be either contagious or infectious.

I am, etc.,

GEORGE BOTTOMLEY, F.R.C.S.E.

Croydon, July 2nd, 1866.

P.S. I hope all who, like myself, were appointed medical inspectors during the prevalence of cholera, will give us their experience.

#### LETTER FROM THOMAS MAYO, M.D.

SIR,—We must, I think, all of us sympathise with the philosophical desire of Dr. Handfield Jones to remove or explain the seeming difference of opinion as to the expediency of castor-oil viewed as an eliminant in cholera by Dr. Johnson from that of Dr. Acland and many others who would avoid its use in that character, by suggesting that in Dr. Johnson's cases it benefits, not as an eliminant, but as an alterative. This view might give us a group of cases truly benefited by Dr. Johnson, but not on his theory; and at the same time justify the large number of practitioners who disagree with a theory which makes its eliminant virtue the source of the benefit.

About the year 1852, I was dining at the house of a gentleman, who sat down in apparent perfect health, but whose face in the course of the dinner altered to a remarkable contraction, and blueness of hue; he left the table, and was at once attacked with extreme violence by the characteristic symptoms of cholera. A dose of twenty minims of laudanum and a drachm of compound spirits of ammonia sent him rapidly to sleep, which continued with no interruption till the next morning, when he woke free from all disease. The same rapid cure has been realised by many besides myself on the same principles, and with similarly arrested excretions.

Now, Dr. Jones's method of reasoning is that on which alone our apparently irreconcilable differences in speculative thought on medical subjects can be obviated without contradiction in *facts*. Many years ago, a gentleman under my care was attacked under the influence of cold, being salivated at the time by very severe mercurial diarrhoea; in the height of it he was effectually relieved by a few doses of Epsom salts in water gruel. Was this an eliminant or an alterative in its mode of cure? Probably the latter.

I am, etc., THOS. MAYO.

July 9th, 1866.

#### BROMIDES OF POTASSIUM AND OF AMMONIUM AS THERAPEUTIC AGENTS.

##### LETTER FROM C. R. DRYSDALE, M.D.

SIR,—There are some therapeutic agents about which there is no dispute. Every one admits that castor-oil purges; that sulphuric acid, on the contrary, astringes; that opium is a hypnotic. But bromine is, like many other remedies, at one time an object of great interest, at another time in danger of falling into complete oblivion. As far back as the year 1838, M. Barthez in Paris instituted some experiments with regard to the properties of bromine as a therapeutic agent. Bromide of potassium was at first considered to be an alterative useful in scrofula or secondary syphilis; and it was asserted that, whilst iodine acted by causing a catarrhal inflammation of the pituitary membrane and salivary glands, the bromide, on the contrary, dried up the membranes and tended to paralyse the velum palati. It was also asserted that it possessed the property of deadening all venereal excitement. The value of bromine in scrofula and syphilis has now universally been called in question, both by Graf and other inquirers. As to its action as a paralyser of the muscles of the velum palati, it does not now appear that those who make a speciality of the laryngoscope are at all enthusiastic as to its power in rendering the use of the



instrument available in difficult cases. In the case of four epileptic patients to whom I administered twenty grains of the bromide of potassium three times a day, there was not the slightest appearance, that I could detect, of paralysis of the muscles of the palate. As to the anaphrodisiac qualities of this drug, if it possessed such virtues, it would doubtless be a most valuable remedy in some cases of insanity; but there is not the slightest confirmation of the assertions which have been made with regard to this property of the drug. Of one thing I am certain; namely, it is not of the slightest value in chorea, in so far as I have tried it in that affection. Bromide of potassium may be given in doses of from ten grains to a drachm three times a day, without producing any well marked physiological effects. It is less unpleasant to the taste when administered in small doses, such as ten grains three times a day.

Of late, it has been much the fashion to extol the powers of bromide of potassium as a curative agent in epilepsy. Dr. Locock seems to have been the first (*Lancet* 1857) to attribute anti-epileptic virtues to the drug. He and Dr. Robert McDonnell of Dublin found it especially useful in the epilepsy of females, in whom some uterine disorder accompanied the fits. On the other hand, Dr. Williams, of the Northampton Hospital for Lunatics, seems to have found the drug most useful in male epileptics. Dr. Sieveking considers bromide of potassium decidedly beneficial in epilepsy. Now these are facts which are very remarkable, even though not clearly explained by the eminent physicians who have made the observations. I can only say that the hopes I had entertained of benefiting cases of idiopathic epilepsy by the use of bromide of potassium, some years ago, on reading Dr. McDonnell's essay in the *Dublin Quarterly Journal of Medicine*, have not been fulfilled. I have notes of many cases of epilepsy treated by the drug in doses from ten up to twenty grains three times a day; and I cannot say that I am at all convinced that the drug has ever been decidedly beneficial in this disease. And, unfortunately, cases of idiopathic epilepsy, or cases where no evident cause for the attacks can be traced, are, in my experience, the great majority. At the present time I am still using the remedy in two cases of epilepsy, without the slightest benefit, as far as I can find, to the poor sufferers; and, in epilepsy, it is impossible to deceive ourselves or our patients, since the phenomena are so easily observed by the patient, or by their anxious relatives.

Bromide of ammonium has been much praised by Dr. Gibb, and also by Dr. Harley, as a remedy for whooping-cough; but other observers have not been able to verify completely these effects of the bromide. This is the more unfortunate, because the malady has lately been a very fatal one in London. Bromide of potassium has also been much praised in cases of sleeplessness, as an excellent remedy. We know that insomnia may arise from all kinds of causes; and thus it will not be remarkable that this drug, or crystallised sugar, or any other inert substance, when seconded either by favourable circumstances, or by change of air, etc., may occasionally produce a sedative effect, and thus produce the much longed-for sleep. But, with the exception of opium and hyoscyamus, and the family of the solanaceæ, it is very questionable whether any other medicine possesses the power of inducing sleep; and even these fail occasionally, and are rather baneful in peculiar states of the nervous system. In two cases of sleeplessness from delirium tremens, in which I tried the drug, sleep was induced in the one, and not in the other; whilst, in other cases of sleeplessness, I have not seen any result follow from bromide of potassium, that could fairly be attributed to the substance.

As to the therapeutic effects of bromide of potassium in hysteria, they seem not to be well made out. It does not produce much effect upon the hysterical cough, at

any rate; and, if it should apparently prove serviceable in other cases of hysteria, we shall not, I believe, hasten to attribute any very great influence to the remedy alone in that Protean and often hopeless form of female nervous disorder.

Summing up the question of the therapeutic value of bromine and its compounds in epilepsy, etc., I am inclined to believe that there is no really accurately ascertained utility in these remedies; and that, moreover, there is no great probability that we shall ever be more fortunate in finding out the virtue of bromine as a therapeutic agent. I do not think that we as yet fully realise the extreme difficulty which exists in ascertaining the virtues of a substance which seems not to have the very slightest physiological action on the human body. There is scarcely any substance which can now keep up its remedial reputation for more than four or five years, unless it be well known, like castor-oil, opium, Epsom salts, etc., to produce well marked effects upon every person at all times. This is the reason why there is so much disbelief in the assertions of the empirical school; and it seems to me that bromine and its compounds are already sharing the fate of many of their predecessors, and falling gradually into the sere and yellow leaf of fashion, as a prelude to their being entirely consigned to oblivion. The treatment of epilepsy and other diseases is gradually, too, beginning to be based upon the observation of the natural history and causation of the disease, to which points the attention of the illustrious Brown-Séquard and others have been, most justly, chiefly directed.

I should be glad, sir, to hear something on the other side, in favour of bromide of potassium, about whose virtues I have heard so much, and have experienced so little.

I am, etc.,

CHARLES R. DRYSDALE.

99, Southampton Row, W.C., June 30th, 1866.

DR. BOWDITCH, of Boston, who, a year ago, marked in caustic the letter D upon J. Mulcahey, under the impression that he was a deserter, has been mulcted in the sum of one thousand dollars.

SISTERHOODS IN ASYLUMS. Mr. A. F. Browne, Commissioner of Lunacy in Scotland, has reprinted from the *Journal of Mental Science* a paper entitled "Sisterhoods in Asylums," which is of interest at the present moment, and is well worthy perusal. His views may be gathered from the following. "There is a demand for work for women. Here is a labour, a mission open to, and worthy of the humblest capacity and loftiest aspiration; duties so sad and servile as to deserve the name of penance, if it please the labourer so to regard them; and others so refined and elevated, in nature and range, as to exercise the wisdom of the serpent as well as the gentleness of the dove. For such as have no home, or no suitable home, here is a retreat; for such as crave a wider field for exercising sympathy than what their natural vocation affords, are offered a life of cares and anxieties, duties and rewards; for such as desire to emancipate themselves from the conventionalities of society, from the luxurious or frivolous or do nothing habits of their class or training, or who court work for its own sake, for the mental health and complacency which it brings, or even for the retirement, the protection from the world, the pride of life, etc., and for the independence which is its price, an asylum provides real, substantial, Christian exertion, so varied and yet so constantly appealing to the better part of human nature, and exacting so much of thoughtfulness, reticence, and self-possession, as to realise, in great measure, what religious associations profess to have as special objects, and to desire to undertake."



## Medical News.

**ROYAL COLLEGE OF PHYSICIANS OF LONDON.** At a general meeting of the Fellows, held on Monday, July 9th, 1866, the following members of the College were duly admitted Fellows of the same:—

Andrew, James, M.D. Oxon., 59, Russell Square  
Buchanan, George, M.D. Lond., 63, Harley Street  
Chadwick, Charles, M.D. Edin., Leeds  
Falconer, Randle Wilbraham, M.D. Edin., Bath  
Fox, Wilson, M.D. Lond., 22B, Cavendish Square  
Hewitt, William Morse Graily, M.D. Lond., 36, Berkeley Square  
Ogle, William, M.D. Oxon., 37, Clarges Street, Piccadilly  
Southey, Reginald, M.D. Oxon., 32, Mountague Place, Russell Sq.

**APOTHECARIES' HALL.** On July 5th, 1866, the following Licentiates were admitted:—

Lloyd, Evan, Llanelly  
Low, Alexander James, St. Brelade's, Jersey  
Needham, Frederick, York  
Place, Thomas Lloyd, Wickham Market  
Taylor, Isaac, York  
Underhill, Francis William, Tipton, Staffordshire

At the same Court, the following passed the first examination:—

Amuden, George, King's College Hospital  
Bennett, William James, Guy's Hospital  
Walker, Benjamin, Guy's Hospital  
Winckworth, Charles Trew, Westminster Hospital

### BIRTHS.

**BRODHURST.** On July 1st, at 20, Grosvenor Street, the wife of \*B. E. Brodhurst, Esq., of a son.  
**FOX.** On July 7th, at Kendal, the wife of \*Wilson Fox, M.D., of Cavendish Square, of a son.  
**HUTTON.** On July 5th, at 26, Lowndes Street, the wife of Charles Hutton, M.D., of a daughter.  
**PATTISSON.** On July 2nd, at Kingsland Road, the wife of Joseph T. Pattison, Esq., L.R.C.P.L., prematurely, of a son.  
**WALTERS.** On July 4th, at Reigate, the wife of \*John Walters, M.B., of a son.

### MARRIAGES.

**CORDNER,** Major J. E., Royal Artillery, to Lucy Harriette, eldest daughter of Alfred Cheke, Esq., Deputy Inspector-General of Hospitals, at Dinapore, on May 18.  
**HUMPHREYS,** Matthew Hale, Esq., Surgeon, of Thame, Oxon, to Anne Emily, only daughter of Henry Wills Reynolds, Esq., Surgeon, of the same place.  
\***JAMES,** Alfred, M.D., of Forest Hill, to Mary, eldest daughter of John Morris, Esq., of the same place, on July 5.  
**LITTLE,** John G., Esq., son of the late Daniel Little, Esq., of Devonport, to Mary Elizabeth, eldest daughter of \*R. W. P. KERSWILL, Esq., St. Germans, Cornwall, on July 10.  
**STANFORD,** William H. N., A.B., M.D., to Merelina Frances, eldest daughter of the late Rev. Nicolas TINDAL, of Sandhurst, Gloucestershire, at Donnybrook, on July 8.  
**STEWART,** Captain N., Peninsular and Oriental Company's Service, to Emma, widow of Sir James PITCAIRN, M.D., Inspector-General of Hospitals, at Cuddalore, India, on May 30.

### DEATHS.

**KINGSLEY,** Eugene Albert, Esq., Surgeon, at Wootton-under-Edge, aged 33, on July 8.  
**MACKINLAY,** John, M.D., formerly Surgeon H.E.I.C.S., at Isleworth, aged 62, on July 8.  
**MACKNIGHT.** On July 7th, at Hackney, Elizabeth, widow of William George Macknight, M.D., late of Jamaica.  
**SUTHERIN,** Henry, Esq., Surgeon, on June 27.  
\***TOYNEBEE,** Joseph, Esq., F.R.S., at Savile Row, aged 50, on July 7.  
**WARDER,** Alfred W., M.D., at Brighton, aged 45, on July 10th; and on July 1st, at Brighton, aged 36, Ellen Vivian, wife of Alfred W. Warder, M.D.  
**WEST.** On July 4th, at Alford, Lincolnshire, aged 57, Mary, wife of R. Uvedale West, M.D.  
**WRIGHT,** John Kenyon, Esq., Surgeon, at Wigan, Lancashire, aged 38, on July 10.  
**YOUNG,** N. L., M.D., of Barbadoes, at St. Leonard's-on-Sea, aged 75, on July 11.

**DONATION.** Mrs. Raper has given £500 to the Buckinghamshire Infirmary.

**DR. GULL** has resigned the physicianship of Guy's Hospital.

**THE MEDICINA,** a Naples journal, threatens to publish the names of all its subscribers who are in arrears.

**MR. QUAIN** has resigned the Surgeoncy of University College Hospital, and also the Professorship of Clinical Surgery at University College.

**THE MARQUIS OF WESTMINSTER** has given £500 towards the endowment fund of Yeatman Hospital, at Sherborne, in Dorsetshire.

**UNIVERSITY OF ATHENS.** In this University there were, during the last session, two hundred and fifteen students of medicine.

**GLASGOW MEDICAL SOCIETIES.** The Medical and Medico-Chirurgical Societies of Glasgow have wisely undergone the process of amalgamation.

**CHILDREN'S HOSPITAL IN GLASGOW.** A revived attempt has been made to establish a children's hospital in Glasgow; but the proposal has not as yet succeeded.

**SIR JAMES CLARK.** The Queen has appointed Sir James Clark, Bart., M.D., to be an Ordinary Member of the Civil Division of the Second Class, or Knight Commander of the Order of the Bath.

**THE MORISON LECTURES.** The six annual lectures on Mental Diseases, established in Edinburgh by the late Sir Alexander Morison, have been delivered this year by Dr. Sellar, who was specially appointed by Sir Alexander Morison to be the first lecturer. His first lecture gave a sketch of the life of the late Sir A. Morison.

**PROSECUTION UNDER THE MEDICAL ACT.** John Potter Sergeant, otherwise Crowther Smith, described as a surgeon, of No. 2, Pavement, Glasgow, and John Sutton, otherwise Dr. Sutton, of No. 36, Bloomsbury Street, dentist, were brought up at Marlborough Street on Friday week, charged with unlawfully procuring himself to be registered as a medical man under the Medical Act, and the latter with aiding and abetting in the fraud. Mr. Knox said that, with reference to Sergeant, the case for the prosecution appeared to him to be made out. The real John Potter Sergeant had been proved to be dead, and it had been also proved that the prisoner Sergeant, identified as Crowther Smith, had been assuming the name of Mr. John Potter Sergeant. It had been urged that no sufficient proof that Crowther Smith was not Sergeant, as he stated he was. He apprehended it was not necessary to follow a man through all the zigzag courses of his life, but that it was enough for his identification if found acting under, and bearing another name for years. Witnesses had proved that Sergeant for years acted as a lawyer's clerk, then as a clothier. There could be no doubt, therefore, that the prisoner, holding himself out as John Potter Sergeant, was the Crowther Smith identified by witnesses. With regard to the complicity of Sutton, overt acts had been proved between Sutton and Sergeant. The prisoners lived together in the same house, Sergeant acting in a menial capacity. In 1858 the diplomas of the deceased John Potter Sergeant were stolen. In 1859 Sergeant's name was placed on the *Medical Register*. In 1862, after the name was removed, Sutton was found acting with, and aiding Sergeant to accomplish that object. No one who had listened to the history of this astonishing fraud could doubt that Crowther Smith had by some means possessed himself of the late John Potter Sergeant's diplomas, that Sutton had acted with him for years, and had assisted in the offence for which he was at that bar, and for which both must answer to a jury. The offence was bailable, but he should require heavy and substantial bail.



Mr. FRANKLAND has been elected by the French Academy of Sciences corresponding member of the chemical section.

**METROPOLITAN POOR LAW MEDICAL OFFICERS' ASSOCIATION.** The first general meeting will be held at 7 P.M. on Monday, July 16th, at the rooms of the Medical Benevolent College, Soho Square.

Dr. FRERICHS, a native of Hanover, and one of the most famous physicians in this capital, has been despatched to Luffensalza with numerous assistants, to relieve the sufferings of his compatriots.

Dr. A. P. STEWART has resigned his office of Physician to the Middlesex Hospital. He has held office there for about twenty years. His natural successor is Dr. Murchison; and candidates Drs. Tatham, Liveing, and Fenwick, are in the field for the vacancy which will be made by Dr. Murchison's promotion.

**SANITARY LEGISLATION.** A deputation from the Metropolitan Sanitary Association waited upon the Duke of Buckingham (President of the Privy Council), on the 11th inst., for the purpose of urging the government not to abandon a measure introduced under the late government to give increased powers to the authorities for putting down fever dens, and preventing the overcrowding of houses. Amongst others were present Mr. Randle, Dr. Sanderson, Dr. Hardwicke, and Dr. Bentley. The Duke of Buckingham said—"With regard to the Public Health Bill, every endeavour will be made to pass it through parliament. I should not like a single day's delay in this bill. The other bill, 'The Artisans' Dwellings Improvement Bill,' is of very great importance, and a decidedly necessary supplement to the Public Health Bill. I shall be very happy to see the Artisans' Dwellings Bill passed, as a very important supplement to the other, but I cannot say more than that it is our wish for it to pass.

**SUICIDE OF DR. WARDER.** Last week was opened an inquiry into the death of a Mrs. Warder, the wife of Dr. Warder, a physician, who has been staying at Brighton for some time. Mrs. Warder, whose brother is a surgeon practising at Brighton, was taken ill some weeks ago, and her brother called in Dr. Taaffe to attend her. Dr. Taaffe administered various remedies without success, and finding that he could not account for the disease by any natural cause, he communicated this fact to Mr. Branwell. It was then agreed that if on Sunday morning they could not come to a more decided conclusion as to the diagnosis of the case, another medical man should be called in. On the Sunday morning, however, Mrs. Warder died. Dr. Warder on the suggestion being made to him, assented to a *post mortem* examination. This was made by Dr. Taaffe and two other medical men. They all agreed that death was not to be accounted for on natural causes. The viscera were sent to Professor Taylor for analysis, and the inquest was adjourned for ten days. On the 10th inst., and before the resumption of the inquiry, the papers announce the suicide by prussic acid of Dr. Warder. Dr. Warder was for some years Lecturer on Medical Jurisprudence at the School of Anatomy and Medicine adjoining St. George's Hospital, London, and medical officer of St. Luke's, Chelsea. In 1858 he lived at Uxbridge, in 1859 at Ottery St. Mary, Devonshire, and in 1860 at Ethell, Wootton-under-edge, Gloucestershire. His residences are not further given in the *Medical Directory*; but his second wife died at Campbeltown, Scotland. It is said she had been married to him for only eight months, and the unfortunate lady whose death is now being inquired into was his wife for but five months.

THE STATUE OF LAENNEC is finished; and is now to be seen in the study of M. Lequesne, the artist.

M. MOLESCHOTT, who has lately been made an Italian citizen, is a native of Holland.

**MEDICAL BARONETS.** No ministry, the *Saturday Review* says, ever made so many medical men baronets as Earl Russell's.

**POLARISATION OF LIGHT BY OXALATE OF LIME.** Dr. Balfour, of Edinburgh, lately read before the Medico-Chirurgical Society of that city a paper on the polarisation of light by the octohedral crystals of oxalate of lime. He says: It occurred to me to employ glycerine as the fluid in which to float the octahedra. The results were most admirable; the octahedra turned so slowly as to exhibit all the phenomena of polarisation in perfection, and that even in the faintest light, natural or artificial, by which they could be seen. From the distinctness of the phenomena and the ease with which the experiment can be performed, it is obvious that henceforth no argument in favour of dumb-bell crystals being composed of oxalurate, and not of oxalate of lime, can be based on the statement that the octahedra do not polarise."

**FEMALE MEDICAL SOCIETY.** The annual meeting of this society was held on the 25th ult. Dr. Edmunds read the report. It stated that the objects of the society were,—1. To promote the employment of educated women in the practice of midwifery and the treatment of the diseases of women and children; 2. To provide for women facilities for learning midwifery, etc., like those which have long been in the possession of men; and, 3. To establish a publicly recognised board of examiners, so that women who have pursued an appropriate course of study and passed an adequate examination may be distinguished from others. The progress of the society's college has been thoroughly satisfactory; the number of students had increased to twenty. Several students have already commenced practice, and many lady patients have been referred to their care. Miss Fletcher, to whom a clergyman's wife was referred in this way, had since the attendance been offered a douceur of £50 in order to induce her to settle in the neighbourhood of this lady. The addresses of accoucheuses settling in various parts of London may be obtained on application at the office. The following resolutions were passed: "That midwifery, as an important branch of medical practice, constitutes a lucrative profession for which women ought to have proper means of instruction, and in which it is highly desirable that women should be employed;" "that no sufficient system of instruction in midwifery and the accessory branches of medical science has hitherto been accessible to women in England, that the present utterly unregulated state of female practitioners in midwifery is repulsive to educated women and degrading to this important vocation; that great public inconvenience and frequent loss of life now occur for want of a properly qualified and sufficiently numerous class of midwives." Dr. Murphy said that he could bear testimony to the fact that those women who had attended the Medical College had proved themselves competent to undertake any duty in which a sound practical knowledge of midwifery was required. The object of the society was no novelty. The duties of midwifery were formerly discharged by women, and it was a well-known fact Queen Charlotte, the consort of George III, was always attended by a woman at the births of her children. It was simply owing to the ignorance and want of skill on the part of the midwives that the members of the medical profession took upon themselves the duties of midwifery.



MR. JEFFERSON DAVIS. A book has been published in America, giving an account of the prison-life of Jefferson Davis, and written by Dr. Craven, who was for some time the surgeon at Fortress Monroe.

DR. H. C. PERKINS, of Massachusetts, stands at the head of his profession, and is a gentleman of varied accomplishments. Like the celebrated Dr. Olbers, the discoverer of the planets Pallas and Vesta, he blends with his profession the cultivation of astronomy, in which he is deeply versed.

THE PRUSSIAN MEDICAL SERVICE. The moveable ambulances of the Prussian army contain 22,000 beds; by degrees as the cure advances the patients are transferred to the stationary hospitals, of which a dozen have already been established, containing 6,000 beds. The principle in the Prussian military service is to avoid the crowding which produces the hospital epidemics. An appeal has been published by the war minister to surgeons, even if not Prussians, to report themselves for voluntary service upon the medical staff, in order that provision may be made for the care of the enemy's wounded. The Queen has had the surgeons leaving for the army presented to her at the railway station.

MISS GARRETT. At the late inauguration of a dispensary for women and children, in Seymour Place, Bryanston Square, under the management of Miss Garrett, Dr. Billing said—"Not only is the management mainly in the hands of ladies, but in Miss Garrett we have the first legally qualified female practitioner which England can boast. In America, where they move faster than we do, I am assured that women doctors are establishing themselves fairly in the good opinion of the public; that during the late war there were even women who acted with skill and efficiency as army surgeons. In France and many parts of the continent the practice of midwifery is as a rule in the hands of women. I consider it very important that women who enter the profession should not profess to take medical supervision unless they have had a complete medical examination and training. And this is what Miss Garrett has had. She is not only a licentiate of the Apothecaries' Society, but would undoubtedly have obtained the degree of M.D. had she been allowed to present herself for examination at the London University. We cannot call Miss Garrett a physician-accoucheur, because the College of Physicians also refuses to admit her, but she has the diploma which nine-tenths of the general practitioners hold, the licence of the Society of Apothecaries, and, what is of more consequence, she has the knowledge which will qualify her to practise with skill and success."

#### OPERATION DAYS AT THE HOSPITALS.

MONDAY.....	Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY....	Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.
WEDNESDAY...	St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.
THURSDAY....	St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.
FRIDAY.....	Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
SATURDAY....	St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

#### TO CORRESPONDENTS.

\*.\* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

ERRATUM.—In the memoir of the late Mr. Henry Jackson of Sheffield, at p. 20 of last week's JOURNAL, for "aneurism of the right parietal region," read "aneurism of the right popliteal region."

TYPHOID FEVER.—The usual treatment of typhoid fever in France is by purgatives and tonics—at first by purgatives, then by tonics. We do not know if the astringent treatment is practised in any other country besides Great Britain. Certainly, it is not universally practised even here. Dr. Todd has been quoted as an authority who recommended that the bowels should be astringed, and when bound kept so. The results of his practice, however, in typhoid fever were, we believe, far from satisfactory. Dr. Murchison, some years ago, showed (if we remember rightly) a large mortality of his cases. We are quite aware that this mortality might be ascribed to the large amount of spirituous drinks which were also administered by him. Be this as it may, the results of his practice do not appear to recommend it; and certainly it is not proved that his astringent and opiate injections in typhoid fever might not have operated injuriously.

A MEDICAL CLUB.—SIR: About a year ago, some of my professional friends and myself entertained the idea of inaugurating a medical club. To Dr. Lory Marsh is due the credit not only of proposing such a club, but, what is more, of putting his proposal into a tangible form. He has, I see, from your to-day's impression, mentioned my name as one of those who approve of his scheme. I do so most heartily. Nothing, I think, would be better calculated to knit us together in one united brotherhood. In such a club, anything approaching to "medical society" element, should be most carefully excluded. It should be a club for social, not for professional, intercourse. I wish Dr. Marsh complete success; and shall only be too happy to forward his views, as I am sure the majority of the profession will. I am, etc.,  
London, June 30th, 1866. J. Z. LAURENCE.

DR. RICHARDSON.—SIR: Your columns are always so willingly and widely opened to receive any communication which may have for its object the recognition of real merit, that I feel no hesitation whatever in asking for the insertion of this letter in an early issue of the JOURNAL.

You, sir, have been, and, indeed, I may say the whole medical profession has been, so warm and earnest in a just appreciation of the great, the incalculable benefits that have already been, and that will still continue to be conferred upon the whole community (lay as well as professional), by the introduction of local anaesthesia as practised by Dr. Richardson, that I feel persuaded you will not be indisposed to lend your aid in forwarding any well devised plan for presenting to that gentleman a substantial proof, in the shape of a "testimonial", of how highly his successful efforts on this, as well as on numerous other occasions, are esteemed.

It would not be proper for me to occupy your space by referring, in detail, to all the ways in which Dr. Richardson has assiduously and laboriously worked for the good, and to the benefit, both of the profession and the public; a mere reference to the practical effects which have resulted from his attention to sanitary measures, and this too without at all compromising that profession of which he is so bright an ornament—to his ever ready, kind, and energetic support, of any medical brother who may have had the misfortune to be unjustly persecuted—to his European reputation as a physiologist—to his extremely useful additions to our materia medica, in the shape of medicinal combinations possessing properties alike powerful and peculiar—will be sufficient to remind the profession of what he has done; whilst his method of producing local anaesthesia stands before us at this present time as a demonstrative proof that to him is due the credit of perfecting a means by which the dangers of chloroform may be efficiently and effectually avoided.

This great gift, sir, has been Dr. Richardson's; and I have heard, and I still continue to hear, from both medical men and their patients, a wish—nay, a desire—that some acknowledgment of such a boon, so ably and benevolently made, should, without loss of time, be offered to him.

For myself, I can only say that it will afford me infinite gratification to assist in any way towards the accomplishment of such an object; and, as soon as steps can be taken in the matter, I shall be happy to subscribe five guineas as a sort of "nucleus". I enclose my card; and am, etc.,  
July 2nd, 1866. A PHYSICIAN.



# Rules

FOR THE

## TREATMENT OF EPIDEMIC DIARRHŒA AND CHOLERA.

BY

GEORGE JOHNSON, M.D., F.R.C.P.,

PHYSICIAN TO KING'S COLLEGE HOSPITAL; PROFESSOR OF  
MEDICINE IN KING'S COLLEGE; ETC.

THE following directions for the treatment of diarrhœa and cholera are given in compliance with the wish, which has frequently been expressed, that I would set forth somewhat more in detail than I have hitherto done what, in my opinion, it is right to do, and what to avoid doing, in the treatment of these diseases. In giving these directions, I shall carefully endeavour to act upon the golden rule which should always guide us in the treatment of disease—*Ne quid nimis*.

Diarrhœa during an epidemic season is in many, but not in all instances, an early stage or a mild form of cholera; and in the great majority of cases of actual cholera, an attack of bilious diarrhœa marks the onset of the disease. A diarrhœa, when it is not the actual beginning of cholera, will weaken the patient, and so may predispose him to suffer from the more serious form of disease. *Diarrhœa, therefore, ought not to be neglected even for an hour.* That plan of treatment for diarrhœa is obviously the best which most speedily and completely puts a stop to the disease, without subsequent ill effects.

It may be stated as a general proposition, that the immediate cause of diarrhœa or looseness of the bowels is the presence of offending materials in the alimentary canal. These offending materials are of various kinds in different classes of cases. In one case, unwholesome and undigested food is the exciting cause of the purging; in another case, a large and unnatural accumulation of the feculent contents of the bowel; while, in another class of cases, offending materials are poured from the blood into the bowel, in consequence of the action of a morbid poison upon some of the ingredients of the blood. To this last class of cases belongs what is called *choleraic diarrhœa*.

The most rational theory of choleraic diarrhœa is, that a morbid poison enters the blood either with the air through the lungs, or with the food and drink through the alimentary canal; and that this poison excites certain changes in the blood, in consequence of which some blood-materials are spoiled, and thus rendered not only useless, but noxious. These morbidly changed blood-materials are then discharged from the blood-vessels through the mucous membrane of the stomach and bowels, and are ultimately ejected by vomiting and purging.

Various as are the remote and primary causes of diarrhœa, this one condition is common to all classes of cases; viz., that the contents of the bowel are unnatural and offensive. These offending materials are the immediate cause of the purging; and

they must be expelled from the bowel before the diarrhœa can come to an end.\*

From the above considerations we deduce one important and guiding rule of treatment, which is this—not to attempt by opiates, or by other directly repressive means, to arrest a diarrhœa while there is reason to believe that the bowel contains a considerable amount of morbid and offensive materials. It is certain that these offending materials must be cast out from the bowel before the diarrhœa can permanently cease. The effect of an opiate at this stage is to prolong the disease, and to increase the risk of mischief from the retention and reabsorption of the morbid contents of the bowel. If the opiate have the effect of retaining within the blood-vessels some of the morbidly changed blood-constituents, this astringent action will probably be more injurious and even deadly than the retention of morbid secretions within the bowel.

The purging is the natural way of getting rid of the irritant cause. We may favour the recovery by directing the patient to drink copiously any simple diluent liquid—water cold or tepid, toast-water, barley-water, or weak tea; and we may often accelerate the recovery by sweeping out the alimentary canal by some safe purgative, and then, if necessary, soothing it by an opiate. Castor-oil, notwithstanding its unpleasant taste, is, on the whole, the safest and the best purgative for this purpose. It has the advantage of being very mild and unirritating, yet withal very quick in its action. A tablespoonful of the oil may be taken, floating on cold water or any other simple liquid which may be preferred by the patient. A mixture of orange-juice or of lemon-juice with water forms an agreeable vehicle for the oil. If the dose be vomited, it should be repeated immediately; and the patient should lie still, and take no more liquid for half an hour, by which time the oil will have passed from the stomach into the bowels. Within an hour or two, the oil will usually have acted freely. Then a tablespoonful of brandy may be taken in some thin arrowroot or gruel; and, if there be much feeling of irritation, with a sense of sinking, from five to ten drops of laudanum may be given in cold water. These means will suffice for the speedy cure of most cases of choleraic diarrhœa. If the patient have an insuperable objection to castor-oil, or if the oil cannot be retained on the stomach, ten or fifteen grains of powdered rhubarb, or a tablespoonful of the tincture of rhubarb, or a teaspoonful of Gregory's powder, may be substituted for the oil.

If the diarrhœa have continued for some hours, the stools having been copious and liquid; if there be no gripping pain in the bowels, no feeling or appearance of distension of the intestines; the abdomen being flaccid and empty, and the tongue clean—we may conclude that the morbid agent has already purged itself away. There will, therefore, be no need for the castor-oil or other laxative, and we may immediately give the brandy in arrowroot, and the laudanum, as before directed. The rule in all cases is, *not to give the opiate until the morbid poison and its products have for the most part escaped; not to close the door until "the enemy" has been expelled.* While there are some cases in which the

\* We need not here take into consideration those cases of diarrhœa which result from ulceration or other local disease of the bowel itself.



evacuant dose is not required even at the commencement of the attack, there are many more in which the opiate is unnecessary in the later stage. In some cases of severe and prolonged diarrhoea, it may be necessary to repeat the oil and the laudanum alternately more than once, at intervals of three or four hours. Practical skill and tact are required to discriminate these cases.

If the diarrhoea be associated with vomiting, this should be encouraged and assisted by copious draughts of tepid water. The vomiting affords relief partly by the stimulus which it gives to the circulation, but mainly by the speedy ejection of morbid secretions.

Thirst may be allayed by drinking cold water, which may be acidulated by the addition of lemon-juice or a few drops of dilute sulphuric acid. *Care should be taken that the water for drinking is pure.* Organic impurities, such as result from the admixture of sewage, are especially to be dreaded. If the water be of doubtful purity, it should be carefully filtered through sand and charcoal, and then boiled. Impure water is a common exciting cause of cholera.

While the diarrhoea continues, the diet should consist mainly of rice or arrowroot, gruel or broth.

In all cases of severe diarrhoea, the patient should remain in bed.

If the purging continue, if the stools become colourless and watery (the purging being of the kind commonly called rice-water purging), and if the surface of the body become cold and blue, the disease is now passing, or has actually passed, into the stage of collapse.

This state of choleraic collapse results from a peculiar arrest of the flow of blood through the lungs, occasioned by a morbid poison. It is not a condition of mere exhaustion. It is not relieved by the remedies for exhaustion; and it is made worse by opiates and by spirituous stimulants, which must, therefore, be avoided. The patient should be strictly kept in the recumbent position; he should be allowed to drink pure water freely; and should be abundantly supplied with fresh air. Hot flannels, or bottles, or bags of sand, should be applied to the feet and legs.

Cramps may be relieved by rubbing the affected parts with the warm hand.

Hot baths, whether of water or of air, have been found to be, on the whole, more distressing and exhausting than beneficial.

Five grains of sesquicarbonate of ammonia, or a teaspoonful of spirit of sal volatile, may be given in an ounce of camphor mixture every two or three hours as a diffusible stimulant.

The discharges from the bowels, and the condition of the abdomen, should be carefully observed. The discharges always continue, more or less, during the stage of collapse and until reaction has set in. One of the earliest and surest signs of reaction is the reappearance of bile in the vomited matters and in the stools. When vomiting and purging entirely cease during the stage of collapse, the disease is nearly always fatal.

One of the main objects of treatment during this stage is to facilitate the escape of the morbid secretions from the alimentary canal. This may be done partly by the copious use of diluent drinks, and partly by an occasional dose of castor-oil. If we carefully observe the condition of a patient in collapse, we shall often find that the intestines are more or less distended with liquid, and this, too,

while perhaps there is general torpor and little or no effort at expulsion. Again, it has often been found that, although there has been copious watery purging during life, the small intestines contain after death a large amount of a peculiar viscid dirty white material, having a very offensive odour. An occasional dose of castor-oil—a tablespoonful every three or four hours during the stage of collapse—may be useful in removing both these conditions; namely, over-distension of the bowel by liquid, and accumulation and retention of offensive viscid semi-solid secretions.

The object and the effect of this treatment is not to increase the amount of liquid which is poured from the blood into the stomach and bowels, but simply to assist and to quicken the expulsion of the morbid secretions from the alimentary canal.

After reaction has occurred, an occasional laxative dose is required—about once in the twenty-four hours during the first two or three days.

It is worse than useless to attempt to feed a patient during collapse. The secretions of the stomach are utterly deranged; and the power of digestion is suspended. The mildest nourishment administered at this time only adds to the feeling of oppression and general distress, from which the act of vomiting often gives immediate relief.

After reaction has occurred, and when the normal secretions are restored, the mildest nourishment should be given frequently, but in small quantities—such as milk, gruel, or rice, or arrow-root with a small quantity of brandy, soup or beef-tea or chicken-broth. After an attack of cholera, the stomach is sometimes long in recovering its tone and the power to digest solid food. When this is the case, a grain of quinine, with ten or fifteen drops of dilute hydrochloric or sulphuric acid and an equal quantity of chloric ether, may be taken with each meal. The same combination, too, often relieves that distressing sense of uneasiness, with flatulence in the stomach and bowels, experienced by many persons who are not otherwise ill during an epidemic of cholera.

*Venesection* has often afforded great relief during the stage of collapse. The symptom which appears especially to call for this remedy is rapid breathing, with a feeling of impending suffocation. When, with these symptoms, there is a cessation of vomiting and purging, which is probably a result of the almost entire arrest of the circulation through the lungs, I believe that venesection affords the only hope of saving life. It is difficult to obtain a stream of blood in these cases; not, as many suppose, because the blood is too thick to flow, but because, in consequence of the block in the lungs, the blood in the veins is nearly stagnant. The bleeding appears to be beneficial, partly by relaxing spasm and partly by lessening the distension of the right cavities of the heart, and so increasing their contractile power. Repeated doses of ammonia may help to quicken the circulation.

*Consecutive Fever.* Reaction from collapse is sometimes followed by a febrile condition—a hot skin, quick pulse, coated tongue, hurried breathing, often a scanty secretion or even a complete suppression of urine, with drowsiness tending to pass into coma. These unfavourable symptoms are more common when, during the earlier stages of the disease, opium and alcoholic stimulants have been freely given; but



they may occur when no such means have been employed.

The best treatment consists in a scanty diet without alcohol, copious diluent drinks, with saline effervescing draughts, an occasional aperient, castor-oil, or sulphate of magnesia or a Seidlitz powder; counterirritation over the lungs and kidneys, and sometimes local bleeding to relieve congestion of those organs.

In some cases, there is complaint of pain in the region of the stomach during convalescence. This may be relieved by the application of a few leeches over the seat of pain. If, after reaction, the stomach remain irritable, with frequent vomiting, iced water is an agreeable and efficacious remedy.

*Preventive Measures.* The choleraic discharges from the bowels should be looked on as highly poisonous, and they should be disinfected and got rid of as soon as possible. Every vessel and article of clothing or bedding soiled by the discharges should be carefully cleansed and disinfected. The attendants on the sick should be warned of the necessity for extreme personal cleanliness. The hands should be frequently cleansed with the aid of disinfectants, and always immediately before taking food.

The chief disinfectants are—chloride of lime, Burnett's liquid, Condy's liquid, and a solution of carbolic acid. The medical attendant should give directions for the use of these agents. Condy's fluid is well adapted for cleansing the mouth and hands before taking food; and carbolic acid for cleansing bedding and clothing, which would be damaged by mineral disinfectants.

Great moderation both in food and in drink is essential for safety during an epidemic of cholera. A single act of indiscretion has been followed by a severe attack. Intemperance at such a time is fraught with extreme danger.

Unwholesome articles of food, more especially tainted meat and fish and decayed vegetables, are to be carefully avoided. Ripe fruit and fresh vegetables may be taken in moderation with safety and advantage.

Special attention should be paid to ensure the cleanliness and thorough ventilation of dwellings. All vegetable and animal refuse should be removed as speedily as possible. Care should be taken to prevent the escape of sewer gases into the interior of dwellings.

The purity of the water employed for drinking and cooking should be most carefully provided for. A few drops of Condy's fluid may be used as a test for the purity of water. Organic impurities soon decolorise the fluid; which is not only a test, but also a purifying agent by oxidising the organic impurities.

No unnecessary medicines of any kind should be taken. When opening medicine is required, the mildest should be selected, such as castor-oil or rhubarb. Saline purgatives, such as Glauber's salts and Epsom salts, are objectionable, on account of their tendency to cause profuse watery purging. The common belief that prolonged costiveness should not be interfered with during the prevalence of cholera is an error. An accumulation of offensive materials within the bowel may be itself a source of irritation and of danger. I repeat, however, that *no unnecessary medicine of any kind should be taken, and, as a rule, none without medical advice.*

## Illustrations

### HOSPITAL PRACTICE: METROPOLITAN AND PROVINCIAL.

#### BIRMINGHAM GENERAL HOSPITAL.

##### EPILEPTIFORM ATTACKS APPARENTLY INVOLVING THE MEDULLA OBLONGATA ONLY.

Under the care of JAMES RUSSELL, M.D.

THE following case is of interest in connexion with the general subject of epilepsy. The analogy of the attacks is plainly with the epileptic group; but the symptoms differ from those usually understood to be included under the term epilepsy, and seem to connect themselves with the medulla oblongata exclusively, the cerebral lobes being unaffected. We are thus led to question the grounds upon which our classification of epilepsies is based.

If, in the present state of our knowledge, we found our classification upon a particular group of symptoms alone, we not only neglect the analogies of cases such as the present, but are forced to draw an arbitrary line between the numerous diversities we observe among admitted cases of epilepsy, and other modifications, which, however, cannot be proved to possess specific differences. The want of certain information respecting the tissue-changes on which the epileptic paroxysm depends is, of course, at the root of the difficulty. Where groups of symptoms are not based upon recognised morbid changes, it is very difficult to assign to them their appropriate significance. There is great danger, on the one hand, of grouping diverse disorders too indiscriminately; and, on the other, of forming arbitrary distinctions between disorders specifically allied. Of the former, the use of the term asthma down to a late period is an instance; of the latter, the arrangement of the so-called apoplexies.

Hence Dr. Brown-Séquard rejects the distinction between idiopathic and symptomatic epilepsies altogether; and Dr. Hughlings Jackson has more recently (*Medical Times and Gazette*, April 28) proposed to use the term epilepsy to designate certain tissue-changes acknowledged at present to be imperfectly understood pathologically, but indicated clinically by sudden and temporary loss of nerve-function. Thus, by adding Dr. Jackson's highly important suggestion of the existence in the brain of definite arterial regions, we are enabled to bring into connexion with each other various forms of nervous derangement, all alike characterised by sudden and temporary loss of nerve-function, which appear to differ from each other in no other respect than in the region of the brain which is the seat of the morbid action. It is sufficient to cite various forms of defect of vision, smell, or taste; certain paralyses and disorders of common sensation, and mental derangements; these occurring singly or variously combined, sometimes in close alliance with the epileptic paroxysm, sometimes alternating with such paroxysm; sometimes, again, presenting themselves alone, but under circumstances which are a direct copy of those attending the epileptic attack. Nor is any argument needed to prove the importance of recognising the pathological and clinical connexion between these different disorders, should such connexion exist.



As regards my own case, I will only further remark on the combination which it exhibits between paralysis and spasmodic action—a combination certainly in favour of an alliance between the two conditions of nerve-tissue in which they respectively originate. It will be observed, on the one hand, that the conducting power of motion and sensation had “run down” in the fibres of the medulla oblongata; whilst, on the other hand, the spasm of the glottis, the deranged deglutition, the fits of aphonia, the drawing of the arms, indicated exalted reflex excitability in the nerves supplying the parts in question.

S. B., aged 56, was sent to me by my friend Mr. Manley of West Bromwich. He has been subject for fifteen years to attacks of the following character, each one lasting three weeks, and generally occurring about Christmas. The intervening periods have been passed in perfect health. His present attack has been much more severe than former ones. Never before has the weakness of his legs “made him bedfast”.

The most prominent feature of each illness has been frequently recurring paroxysms of a strangling feeling in his throat, with great distress in breathing. He is described as flushing in the face, throwing out his arms, and fighting for his breath in the greatest anxiety. These paroxysms are often preceded by pain in the back of the head and in the nape. Laryngeal spasm is often brought on by drinking liquids; and he describes a sense of stiffness at the root of the tongue in swallowing, and his jaw “gets set” when he begins to eat. He has, besides, sudden fits of complete aphonia, often stopping him in the midst of a sentence. Intense thirst has always accompanied each illness, and he “makes a sight of water”. Whilst in the hospital, his thirst was excessive; he drank fluids very copiously, and at one time passed 124 ounces of urine, specific gravity 1007. His urine was quite free from albumen and sugar. The interior of the throat was injected; the palate was otherwise healthy.

Another symptom always present is very considerable impairment of vision (he could just read No. 18 Jäger). This was proved to depend solely on defective accommodation by my friend Mr. W. A. Bracey, who examined him with the ophthalmoscope, and tested him with a glass. His pupils were of normal size and contractility. In each illness, his lower extremities have been much enfeebled, and he has had numbness and formication in his feet. His hands are apt to be contracted and benumbed, and his arms to ache, as if he had been doing unaccustomed work.

On the present occasion, however, the muscular weakness amounted to paralysis; he was quite unable to walk, and his grasp was very feeble. There was, besides, considerable anæsthesia to contact of the entire body and limbs; but he was alive to the sensation of heat. The other nervous functions were healthily performed (smell and taste were not tested). His mental faculties have always been unaffected. On the present occasion, however, there was a little dulness.

He has “greatly fallen away this time”, far more than usual; and he drew my attention to a curious circumstance, that all the finger-nails are falling off, and are being replaced by new ones.

All the organs of his body were healthy. He could not assign any cause for his illness. He has been temperate and regular in habits, and has never had venereal disease.

His present illness was of unusual duration—nearly two months; but his recovery, as on former occasions, was complete in every particular.

## Original Communications.

### ON THE TREATMENT OF STRABISMUS WITHOUT OPERATION.

By C. HOLTHOUSE, Esq., Surgeon to the Westminster Hospital, and to the Surrey Ophthalmic Hospital, etc.

[Continued from p. 463 of vol. i for 1866.]

BEFORE I pass to the consideration of the non-paralytic varieties of strabismus, a few words may be necessary on the local treatment of the paralytic forms. In all the examples hitherto narrated the treatment was general; but, in two of the cases, there was combined with this the local application of galvanism to the peripheral branches of the 5th nerve in the neighbourhood of the affected eye. There are two other local measures which call for some remark, viz., the exclusion of the affected eye from vision, and the employment of prismatic glasses. As regards the first, the patient usually finds out before long that by closing his bad eye he can avoid the confusion of vision and giddiness that accompany these paralyses; he resorts therefore instinctively to this expedient, and I think that in this matter the surgeon cannot do better than be guided by the practice of his patient; hence I have been in the habit of systematically binding up the diseased eye, not only to avoid diplopia, but to counteract the tendency to a secondary strabismus in the sound eye. This is more especially necessary, if the vision of the paralysed eye happen to be better than that of the other, and if the amount of the distortion be not great; under these circumstances the patient still employs, by preference, the paralysed but better seeing eye, and this entails such an effort to keep it straight, that the unparalysed eye becomes affected with a squint in the same direction as its fellow, but in a much higher degree (as illustrated and explained at p. 358), and this, if long persisted in, leads to permanent strabismus, even should the paralysis be recovered from. It is by no means necessary that the paralysed eye should be constantly bound up; about four hours a day I believe to be quite sufficient to counteract the tendency to structural changes in the muscle of the unaffected eye, and the practice has besides this further advantage, that the worse seeing eye, being brought more into use, not unfrequently undergoes considerable improvement in its vision. It is not essential that occlusion should be practised for four hours continuously; on the contrary, it is equally efficacious if divided into periods of one hour at a time, and for his own safety and comfort, the patient should always cover the eye when he walks out alone.

The employment of prisms in the treatment of these paralyses is a comparatively modern invention, the object aimed at being to utilise the diplopia and render it subservient to the cure of the disease. This is effected, or attempted to be effected, by the double images being brought so near together by means of a prism, that a slight effort on the part of the weakened muscle causes them to coalesce. Theoretically, this is no doubt a very elegant and scientific method of proceeding; but unfortunately there are so many conditions required to render it available, that its practical application becomes extremely limited, and its utility proportionately diminished. For instance, among these conditions must be reckoned in the first place the degree of strabismus, which must be very slight, the deviation not exceeding a line or a line



and a half linear measurement; then again, the patient is required to possess the power of uniting the double images by the isolated action of the weakened muscle; and lastly, he ought to possess a considerable amount of intelligence and perseverance, or the intention of these prisms will not be complied with. Let us examine this question a little more closely. It is assumed that when, by the action of a prism, say of 14, the double images can be made to coalesce, then, by supplying the patient with one of 10 or 12, the images will be brought so near together that the patient will, either by a voluntary or reflex action of the weakened muscle, unite them. Now, if such coalescence were really brought about by a reflex act, the advantage of this over other plans of treatment would be obvious; but from careful trials I have satisfied myself that in many cases the supposed reflex contraction is altogether illusory, and that if contraction does take place it is voluntary, accompanied therefore by a still greater contraction of its associated muscle, and a further separation of the double images. What really happens when a patient is supplied with such a prism is not a movement of the eye but of the head, as any one may readily convince himself of by first fixing the head before he makes trial of the prism. This treatment, therefore, requires, as I said before, many conditions to ensure success; the use and intention of the prism should be fairly explained to the patient, and he must be made perfectly to understand what he has to guard against, or he will certainly deceive himself, by substituting an easy and almost imperceptible movement of the head for an irksome one of the eye. For the reasons above given, then, I rarely employ prisms, except with the object of procuring complete fusion of the images, and thus counteracting the tendency to secondary strabismus in the unparalysed eye.

To pass now to the consideration of the *non-paralytic or muscular strabismus*, commonly called concomitant squint. This differs from the paralytic variety in almost every particular; it differs from it in its immediate and remote causes; in its phenomena, objective and subjective; in its course and tendency; and it differs from it, lastly, in the treatment required. But though the differences are thus marked in what may be termed the fully developed forms of the two affections, there is a small group of cases occasionally met with in which the two forms appear to be blended—a result due partly to imperfect recovery from a paralysis, and partly to secondary changes which it has induced in certain of the muscles during its continuance. But to proceed to the differences of the fully developed cases. First, there is the immediate cause of the distortion—muscular shortening—active, frequently intermittent and spasmodic at the commencement, and terminating in hypertrophy of the shortened muscle in the one form; altogether passive and continuous, and terminating not unfrequently in atrophy of the shortened muscle in the other. These muscular changes are brought about most frequently by some optical defect, as hypermetropia, in the first case; by some intra-cranial or intra-orbital mischief in the second. Then, as regards the phenomena, without going into all the differences, it may suffice to remark that the movements of the affected eye in concomitant strabismus are free in every direction and generally excessive in one, whereas in the paralytic form they are diminished, or entirely wanting, on the side opposed to the squint. Not less striking are the differences in the subjective phenomena. The vision of the squinting eye in ordinary strabismus is nearly always more or less defective; it takes no cognisance of external objects, consequently there is no diplopia, and the pa-

tient is in fact monocular. In paralytic strabismus all these conditions are reversed. The course and tendency of ordinary strabismus is generally to get worse; first, perhaps slight and intermittent, and affecting only one eye; then increasing in frequency and degree, and becoming continuous; then implicating the other eye; and with this gradual increase of the deformity, there is not unfrequently a corresponding deterioration of vision. In the paralytic variety, on the contrary, a considerable proportion of the cases either completely or partially recover, the vision of the affected eye does not undergo deterioration, nor does the patient become monocular. Lastly, the treatment of the two forms is altogether dissimilar.

In my next communication, I shall proceed to offer some observations on the treatment of concomitant squint.

[To be continued.]

## Transactions of Branches.

### SOUTH-EASTERN BRANCH.

#### PRESIDENT'S ADDRESS.

By CHARLES TRUSTEAM, Esq., Senior Surgeon of the Tunbridge Wells Infirmary.

[Delivered at Tunbridge Wells, June 14th, 1866.]

GENTLEMEN,—In bidding you welcome, in the name of my professional brethren, to this town, I must first thank you for the honour you have conferred upon me by placing me in my present position; for, when I consider the little attention I have been able to give to the interests of our Association, I can but feel that there are many members of the Branch in this neighbourhood who have far greater claims for the post. And, if I were to describe my feelings on hearing the fact of election, I should say they were much of that character which Pope uses when he speaks of flies in amber—

"The things themselves are neither rich nor rare;  
We wonder how the devil they got there."

But here I am, and must redeem the mistake you made in the best way I can.

I shall, in the first place, take the liberty of troubling you with a short history of the rise and progress of this now large and fashionable watering place; and I am sure I cannot better engage your interest or bespeak your indulgence than by telling you that it was here that the much esteemed and venerable founder of our Branch, Mr. Martin, in the year 1798, broke his first lance against disease and death; the recollection of which, though sixty-eight summers have since marked their course on his well known brow, is still fresh in his memory; he still claims to be considered as the oldest practitioner of this place. Some of you will remember that it is now nearly twenty years ago since he, as our Secretary, read, in this place, and on this spot, one of the ablest reports (and many an able one we have had) of our proceedings, that ever came from his pen. That he is not able, from increasing infirmities, to be present at our meeting this day, is a matter which I am sure we all regret.

The town of Tunbridge Wells, of which I am about to attempt a short description, is situated in three parishes and two counties. Before you entered this room, which, as you see, is in the centre of this building, you were in the parish of Speldhurst, and in the county of Kent. When you had passed its threshold you were in the parish of Frant, and



county of Sussex. I need hardly add that, as its name implies, the larger part of the town is in the parish of Tunbridge. Its early history is purely a medical one. Whether the spring which has rendered it famous was known in the neighbourhood before it attracted the attention of the nobleman whose cure it effected, does not appear; but one at Tunbridge, called St. Margaret's Well, had long been used for its medicinal qualities. It was at the beginning of the seventeenth century that this nobleman, Lord North, who belonged to the court of that day, and who had ruined his health by dissipation, recognising the cause, and resolving to break off his habits, came for retirement to Eridge, the now well known seat of the Earl of Abergavenny. Whilst rambling in the woods of the neighbourhood he was struck by the peculiar deposit at some of the springs; and, luckily for himself, thought that this water might prove advantageous to him in his then state. He took the opportunity, on his return to town, to consult his medical advisers on the subject; and, finding they not only offered no objection to the use of them, but rather encouraged him in trying their effects; he returned early in the following summer, and, having drank them perseveringly for a time, he not only regained his health, but lived to his eighty-fifth year; and, as in duty bound, made them known by a small publication, so early as 1637.

Though the position of Lord North, and the fact of his having quite regained his health by their use, gave these springs great notoriety, it was a long time before Tunbridge Wells assumed anything of the character of a watering place.

The times did not permit, nor had even the great world begun, those habits of change in which every class can now indulge. For more than half a century the place was, and could have been, frequented only by those who came from a strong conviction of the medicinal effects of the spring, seeing that they were obliged to reside in the town of Tunbridge, a distance of more than four miles. This, it is said, gave the spring its name; but it is situated in the parish of Speldhurst. So great, in the course of a short time, became the repute of the spring, that persons of distinction, as well as invalids, began to visit the spot. Supply soon followed demand; and houses were erected at Southborough, only two miles (then looked upon as a short distance) from the spring, and others at Rusthall, not more than a mile from its site.

This state of things, inconvenient as it now seems, continued for some time; the world then thought, probably more than it does now, that their limbs were made for use.

The spring at this time was flowing at the bottom of a dell, surrounded by forest trees and underwood, (the last remaining hawthorn of which died but three years ago) and was approached by a circuitous path of more than a mile. Even a long time afterwards two small houses only stood near the spring, one of which was a coffee house for the ladies, and the other, which stood where we are now assembled, was called the Gentlemen's Pipe-House. Though the ladies and gentlemen of both parties managed somehow to meet at these two houses as on common ground, the partisans of the court invariably resided at Southborough; whilst the opposite party in politics invariably resided at Rusthall, where the first hotel of any size was built, the cellars of which now remain to mark the spot. This was about the middle of the seventeenth century.

It was not before the close of the second Charles's reign that any houses were erected where the town now stands; and even then division still marked their character. The Presbyterians and Independents

located themselves on Mount Sion, the Baptists on Mount Ephraim, where they each had their places of worship, long before any such was erected for the members of the Church of England. This was accomplished in 1688, when, curiously enough, the building now known as the Old Chapel was erected on a spot so near to the borders of the parish of Tunbridge, that its enlargement has placed a part of it in the parish of Speldhurst. Soon after this, about one hundred and seventy years ago, the ground now known as the Old Parade was cleared and planted; and buildings for temporary occupation were erected for the traders who came for the season. These were in a short time supplanted by more substantial ones, all of which were consumed by a fire soon after their erection. These were succeeded by a row of the quaintest looking buildings possible to conceive, on the same site, a few of which retained their character till within a few years. Did time permit, I might attempt some little description of the times and manners of the place, when visited by Charles the Second and his dissipated court, some of which are not a little interesting, and have been well depicted by a lively French writer.

Thus did the accident of a visit from Lord North determine the site of a town, which has now a population of 15,000; for, beautiful as the spot and scenery are, there are many others in the county equally beautiful, with chalybeate springs equally good. The soil of the neighbourhood abounds with iron, and, but for the want of coal, would doubtless have been another Birmingham.

Foundries, before the woods were cleared, and whilst charcoal was chiefly used for smelting, were common among us. In proof of this, I need only mention that the rails which enclose St. Paul's were cast at Lamberhurst, only six miles from where we are now sitting, and are said to be of a quality not equalled by the best Swedish iron of the present day. Perhaps it is not known to all of you that we are within twelve miles of the spot where the first cannon England possessed was cast. The caster's name was Hogg. His house is still standing, and an iron plate records the fact in two graphic lines:

"I, John Hogg, and my man J-h-n,  
Did here cast the first cannon."

To this short history of the town itself I should have liked, had time and the object of the meeting permitted, to add some description of the numerous places which surround it, many of which are intimately associated with the history of our country, and demonstrate the manners of those who lived two centuries ago; for we have around us the ruins of many castles and mansions that were calculated to do justice to the customs which then prevailed—places whose extensive demesnes shewed the power of their holders, and gave signs of a lingering remnant of feudal times. Forests well stocked with game, and waters with fish were the attractions of the holders, much of whose wealth must have been derived from other places; for it was only here and there that cultivated spots, which provided only the more substantial necessities of life and gave subsistence to their dependents, were to be seen. That soil which now supports a thriving population and yields to its owners princely incomes, was mainly devoted to the chase. Many of the ruins of those once stately buildings which witnessed the revelries of a bygone age are now doing duty as farm homesteads; whilst some of them, renovated and modernised in part, are the residences of their owners, who kindly permit the public and the visitors to this place to gratify a laudable curiosity, and wonder how the necessities of such grand hospitalities as the dimensions of the buildings indicate could have ever been provided for. As, in later



times, we read that one of them, Knoke, required a household of 108 persons to dispense its every-day hospitality, we may have some little idea of the retinue that these castles formerly possessed.

I will now say a few words of that spring without which Tunbridge Wells would never have been. The site of it, as I dare say some of you saw on coming here, is under a colonnade in front of a large China shop. I have no doubt many of you felt on passing it, as hundreds have done before, that it receives no very great attention at our hands. The fact is, the spring scorns all adventitious aid. Some years ago, the liberal-minded owner of the manor laid out £7,000 in building and fitting up a suitable pump-room and two large baths; but as the spring was a public one, the old dispensers of the water, who are called dippers, could not be dispossessed. War to the knife began between them and the more juvenile ones inside. The outsiders represented to the drinkers that the water lost half its virtue in passing through the pipes and pumps, and was not equal to that which they caught the moment it came from the earth in all its freshness; and as they had some truth on their side, they very soon gained the day. The pump-room was deserted and turned into a shop, and the baths forgotten. The water, as I dare say you all know, is a pure chalybeate, a protocarbonate of iron held in solution by carbonic acid, and can only be taken with advantage on the spot. Attempts have been made from time to time to bottle it, but have all failed; the iron invariably becomes oxydised in about a week and falls to the bottom.

The spring enjoyed a century ago a greater repute than it does at the present day. The present easy access to continental springs of the same character, and an improvement in the preparations of iron, now stand in its way. It formerly stood unrivalled for its effects in all forms of debility, and persons were sent by their medical advisers from far and near. Ladies have at all times been its chief patrons, and certainly not without reason, for it has had the credit of giving an heir to many of the large estates of England. Surgical corrections of the uterine organs were then unknown.

There is a tradition as to the origin of this spring, which, as it has rather a curious connection with its virtues in female disease, I will briefly relate. That noted saint, St. Dunstan, who was residing at Mayfield, one day whilst working at his anvil (in those days it seems that saints did not consider a little manual employment *infra dig.*), received a visit from a well-dressed and good-looking woman. Naturally surprised at the appearance of a lady in a monastic building, he became very cautious in his conversation (and it was well for his character in after times that he did so). His fidgettiness and awkwardness very soon required the good lady to withdraw from the position which she had taken up; in doing which she betrayed a cloven foot. The wary saint was too good a tactician to make immediate use of his discovery. He continued at his work, but took care to heat his tongs to a white heat; this done, he seized the lady by the nose. This unexpected proceeding, and the pain it caused, sent his Satanic majesty howling across the woods and forests; coming to a spring, he descended and dipped his nose; continuing his flight, with returning pain, he again descended at the spring about which we are speaking, and there deliberately cooled his burnt nose, and gave that character and virtue to the spring which its waters have ever since possessed. This explanation suited the age in which it was introduced well enough, and doubtless gave confidence to the early patrons of the spring.

And now, gentlemen, having I fear tired your

patience with the history of this town and its spring, I will say a few words about our Association.

Though association, ever since the day when the greatest of fabulists propounded his story of the bundle of sticks (and I dare say the notion was not original even then), had had its beneficial effect on almost every other calling, it was a long time in the history of medicine before its members knew the benefit of it, at all events on a scale commensurate with their wants. The establishment of this association by Dr., now Sir Charles Hastings, is shewn by its results to have been one of the grandest ideas that have ever been propounded in the interest of medical practitioners. Our licensing bodies had given us a name, but no local habitation. This Association has supplied us with that great want; our voice is now heard by the legislature and the world at large. All honour, I say, to the founder of our Association.

The good effects of this Association, which was established more especially for the benefit of the provinces, soon became so manifest that an almost universal desire was expressed that it might be made a British institution—the one common ground of the medical profession of the country, the rallying point of the professional power and professional interests of the masses of its members.

Scarcely had the Association begun its work, ere a wish was felt, here and in many other places, that its benefits might be more immediately localised. Branches, under the control of the Parent Association, were soon established through the length and breadth of the land, among which this Branch takes no unimportant place.

Our principles are before the world, and our voice is now heard when matters affecting the public health are subjects of consideration. Professional brotherhood, and that sympathy which binds man to man, are already among the good results of its existence.

However isolated any member of our profession may be, he now, if a member of this Association, has a tribunal for the redress of his grievances, and a JOURNAL in which he can make them known; and an opportunity brought in turn to his door of meeting his professional brethren. No small advantages these. Then, let me ask, have we done, and are we doing, that which becomes us as members of such an institution? Are we working for the benefit of our profession and the common good of mankind? Are we all of us in our own localities lending that aid which the nature of our education enables us to do, towards those sanitary improvements on which the well being of the poorer classes so much depends? Are we seeking to develope that good fellowship which should exist among our professional neighbours and the profession at large. I hope we can all say that we have done all this.

But if we have done all this, there is still something wanted. It is wanted that each of us should act as if the character and well being of the Association rested on his individual shoulders. We, who have felt the good of the Association, should take care that every worthy medical brother be added to its ranks; and when we have done this, we should feel that one duty still remains to each of us—that that undying motto on its portals, *esto perpetua*, shall have had one touch from our chisel.

One more word as to the JOURNAL. Some have thought that this was a superfluity; I do not. The medical press has viewed it as an intruder; but I see no justice in this view. It was never intended to supplant the regular independent medical press, but to fill a void which that could never have filled. It has done its duty, and I trust it is destined to do so for all time.

Death during the last year has been busy, alas! too



busy, with our ranks. He has taken the aged from us; and, as if to show here, as elsewhere, his equal step, he has cut down the young in the outset of life. One of our Vice-Presidents has been among that number, Sisson of Reigate, a man whose retiring disposition and genuine worth secured the friendship and respect of all who knew him. Another, whose presence all must miss (at all events those who are in the habit of attending these meetings will) was the well known Sankey of Dover. He, as we all well know, had come to that time appointed for all men; he had, his medical brethren have a right to say, run a good course, and fought a good fight. It is but a few years since, as President of this Branch, he secured for us a most interesting and pleasant meeting at Dover, when his kindness and attention were felt by all. Those who had the benefit of his personal acquaintance (and I for one had) will feel that they have lost a kind and estimable friend. He is gone, but he has left us that best of all legacies, a good example. May we imitate it! I am sure I shall best express your feelings and my own when I say, "*O si sic omnes.*" The youngest member that has been taken from us was one who lived in this immediate neighbourhood, Alfred Monekton; and, though but three short summers had passed over his head as a medical practitioner when he fell a victim to a too close attendance on some cases of fever, he had during that short career so secured the affection of the village in which he lived, that the inhabitants, one and all, laying aside their vocations, assembled to pay the last tribute of respect to one who had so early earned it. A longer life could have done no more. Would that we all may do as much!

Of the others I cannot speak from personal knowledge; but I am quite sure that, had my post been occupied by those to whom they had been known, you would have heard the same tribute to their worth and memories.

**Medicine.** I propose, on the present occasion, to depart from the course pursued by my predecessors, and instead of confining myself to that stale subject, medical reform, and that everyday recurring matter of medical ethics, to take a cursory glance of the progress that medicine has made since our last meeting.

With the exception of those improvements that the treatment of diseases of the nervous centres has derived from the researches of Brown-Séquard and Lockhart Clarke, and the introduction of that new instrument for testing the character of the circulation (which, by the kindness of one of our members, Dr. Clapton, is now on the table, and which I have no doubt he will kindly explain to us), medicine proper seems to have made no very important advance. Pathology, physiology, and vital chemistry, have been pursuing the usual course of verifying, correcting, or rejecting the discoveries of past days. Chemistry, in its more extended sense, has been investigating the condition of the atmosphere, and trying to determine how far its constitution, as to that condition of its oxygen called ozone, determines the spread of epidemics and the character of disease; but as yet with no great practical result. But the question must some day arise, if it have not already done so, whether there is not another constituent which is exerting an influence on the animal economy; I mean an increase, at present inappreciable, of its carbonic acid gas. You are all aware that the subject of the possible exhaustion of our coal-fields, and its relation to the future of our country, which has often been hinted at by the philosopher, has just now seriously engaged the attention of our senate, not as a matter of public

health, but as one of political economy. A new senator, but an old philosopher, feeling that the consideration of the subject of the taxation of his country was one, and not the least important one, of his duties, and yet too honest to regard taxes as one of the many means of spending without regard to repaying, suggested that we should try to repay some portion at least of our national debt before we had exhausted that mine of wealth which our coal-beds give us. A new feature most certainly in politics, but one that speaks well for the coming times of legislation, and one from which I hope medicine may soon derive some advantage. "Sufficient for the day is the evil thereof," and "After us the Deluge," has been too long the ruling creed of Governments, at all events in matters of finance.

But, I think, had he consulted the two sciences of physiology and chemistry, he need hardly have troubled himself about the matter. They would, I think, have told him that, when our coal-beds (at all events, if there be the quantity presumed) were gone, there would be nobody left to claim or to pay; for, before even the half of the coal of the world is consumed (and I do not suppose our national energy will before that time have exhausted the stock of our own country), the atmosphere will have again assumed a condition fatal to animal life—nearly that condition which a Book, in which I trust we all believe, describes it to have had, when its density, nearly three times that of the present atmosphere, held up and divided the firmament of water that was above it from that which was below it; when the very matter of these coal-beds floated in a gaseous form round earth's surface, waiting to be fixed and solidified by the action of a gigantic flora, and stored for the use of coming man.

From the sublime to the ridiculous is said to be but one step; and from our gigantic national debt to our own fireside, and domestic expenditure in this matter, is but a short one, and to us an equally interesting and important one. What would be our feelings, if told one snowy morning in December that we had come to our last bushel of coal? We who live near the woods of Sussex might hope to get through the winter with their aid; but we should certainly feel a strong disposition to move off to a warmer climate ere the next winter began, and leave our houses and lands to settle our debt; for, in this free country, whilst coal does last, the manufacturer will take care to have his wants supplied in spite of all forebodings.

To return to that medical point at which I hinted. Let me ask this question, Is the atmosphere suffering from the extraordinary evolution of carbonic acid gas which is now going on? Is the pigmy and stunted flora of the present age equal to its decomposition, to the absorption of the carbon which combustion is now daily producing? and if so, will it continue to be so, seeing that the spread of the human family is daily diminishing the forest growths? Must there not some day be a perceptible increase of the present proportion of carbon in the atmosphere? and may not some already inappreciable increase be the cause of the present type of disease, as distinguished from that which prevailed at the beginning of this century, and which I myself have lived long enough to witness?

May not the altered type of disease have been produced rather from the presence of a depressing agent in the shape of carbonic acid gas, than from a less vivifying condition of the oxygen or its compounds of ozone?

We all, I am sure, regret to find that that dire and fatal malady, the cholera, has again reached our shores. Though it is now nearly fifty years since this malady



first shewed itself in our dependencies, where it has pretty constantly been under the eyes of our professional brethren, and more than thirty years since it came among us, it must be confessed that, beyond treating the symptoms and succouring the powers of life, we have learned but little about it. Various plans of cure have been tried, and each has had its advocates; but as yet there has not been one that has been admitted to be the best by the general voice of the profession. I have ventured to bring this subject to your notice, because I hold that it will, should this malady again spread in this country as it did in 1832, be the duty of every one of us to try to add his mite to the elucidation of the disease or verification of any plan of treatment that may come before him. The last plan of treatment propounded, which its author calls the eliminative one, is founded on the assumption, undoubtedly a true one, that the disease is a blood-poison, and that, therefore, it is desirable to assist Nature in the efforts she makes to rid herself of the poison by mild purgatives, and not by the opiates and stimulants that have been hitherto used. It is asserted that the one rids the system of the poison, which the other locks up. Before we place implicit confidence in this view, it must, I think, be shewn that the diarrhoea that generally prevails at the same time as the cholera is not choleraic, or connected with that disease, but only an accompaniment, under the influence of which the poison of cholera has a better chance of exerting its power; for most assuredly hitherto it has been set down as a fact, that the cholera has generally attacked those in whom this condition has been neglected. Now, if elimination is to be the plan, it surely ought to be applied before that storm of symptoms begins, which, however curative they may be, so frequently prove fatal by their own severity. There is unquestionably a stage of incubation, even in those cases which die ere Nature sets up this eliminative action. The poison cannot well begin its action the moment it is taken into the system. Is there, then, no symptom by which this period can be distinguished? and is there no mode by which the poison can be neutralised, ere it makes itself an integral part of the blood? Can inhalation and hypodermic injection offer us no ready means of making a quick impression on the system? Certainly, if we are to look upon spasm of the smaller pulmonary arteries as the chief of the pathological conditions, inhalation would seem to offer us the readiest mode of reaching it. There is another plan of treatment which has been suggested in our JOURNAL; namely, that of transfusion of defibrinated blood. But I think the proposers of this would have done well to have taken a leaf out of the book of that sagacious cook who advised her readers to catch the hare before deciding how it was to be dressed; for, however good this plan, it would be only the rich who could hope to get it in any extensive epidemic.

Whilst doing all we can to treat this disease, we surely should not neglect to ask why and whence it comes, and what are the conditions that favour its spread? However convinced we might have been that the first epidemic was an imported one, we have lately had unmistakable evidence that it can arise in our own country. Then whence comes the poison, and what is it? Is it gaseous or molecular? Abounding, as the sunbeam shews us our atmosphere does, with matter, we can hardly regard it, however much it may assist the propagation of the disease by the deportation of its poisonous molecules, as the source of the poison. The mode of the progress of the disease forbids that. Dirt and bad water seem its almost invariable associates; but we had these for years without cholera. May we come to a conclusion

that Nature occasionally loses her power of re-combining the poisonous results of decomposition? or do some intensified electro-magnetic currents occasionally revivify some dormant changes and so evolve this poison? or does this agent occasionally act electrically on some older source which was locked up in the earth's crust ages past. The fitfulness of the disease favours the idea, either that the poison is not always present, or not liable to be evoked by every day recurring agency. On the other hand, if we are to believe what we hear of its origin among the Arabian Pilgrims, and look at what has lately occurred on board some emigrant ships, it would almost seem, that this poison, like that of typhus, may be produced by overcrowding and bad diet. What if in the end we should find it to be a modified typhus, which, instead of attacking the brain, tries conclusions with the sympathetic? If so, spasm of artery and engorgement of veins may be more dependent on the sympathetic than the direct action of a morbid agent.

*Surgery*, which owes a great debt to the indefatigable Dr. Richardson, for that valuable addition to its resources, the ether-spray, has, I believe, nothing new to boast of. New ways of doing old things have been plentiful enough. Acupressure, which was to supersede the ligature, has found little or no favour at the hands of practical men. Amputation of the hip-joint, itself no new thing, has lately brought under our notice an instrument which will be found a very useful one to the obstetric practitioner; I allude to that invented by Mr. Tufnell of Dublin, for compressing the abdominal aorta. Who is there among those who practise obstetricity, that does not now and then witness an appalling case of *post partum* hæmorrhage, the only right and safe way to my mind, of treating which is compression of this vessel? It is true that this can be accomplished by the fingers, a tiring process, and one which occupies the entire time of the practitioner; whilst an instrument of this kind permits him to attend to other matters. I can call to mind many cases where I have been obliged for an hour or more to perform this tedious and fatiguing duty, where I am sure nothing else would have saved the patient. If we reflect for a moment on the cause and nature of this hæmorrhage, we shall see why aortal pressure is the best plan of arresting it. Two large arteries which have become doubled in size, and trebled in length, are to be suddenly stopped by the action of what that ablest of obstetric professors, Dr. J. Blundell, called living ligatures. These will sometimes fail; and, in spite of our efforts to stimulate them to their duty continue to fail, and we know the trouble and anxiety which this entails. But, under any circumstances, I contend that, in any serious case of *post partum* hæmorrhage, this mode of arresting it, is the readiest, safest, and best for the patient.

I will now call your attention to those two surgical novelties, which, dirty as they are, are just now attracting a good deal of attention. I mean syphilisation and extirpation of the clitoris.

It has been discovered by some of our continental brethren, and one of its professors has lately been here to teach us the fact, that constitutional syphilis is best cured by again introducing the disease in its primary form into the system. Surely some homœopathic wag must have been at the bottom of this; for, although the plan of dilution is not followed, it must be admitted that the principle of "*similia similibus curantur*" is in full force. What a pity it is for the homœopaths that the subject is not one more fitted for its talkative patrons! Surely, if the high-born dames of the religious world can placidly con-



emulate the advantages of the extirpation of the clitoris, they will soon be able to contemplate and talk about syphilis; the connection is so natural.

It certainly will be a burning shame that so strong a pillar as that which the cure of syphilis by syphilisation would give their principles, should not at once be added to their building.

This proposal, though not without its advocates, has, I hear, met with no sanction at the hands of reflecting men. The sooner it is forgotten the better; for common sense and decency alike repudiate it. Fancy the feelings of our patients at being told that they must resort to the shrine of syphilis to be cured of its early consequences. Science cannot believe in anything so opposed to every law of nature. If we are to believe in this dictum of syphilisation, syphilis seems to hold the same relation to the body as learning does to the mind. A great author has said—

"A little learning is a dangerous thing;  
Drink deep, or taste not the Pierian spring.  
Those shallow draughts intoxicate the brain;  
But drinking deep doth sober it again."

A parody of these lines is easy enough. Your own imaginations will readily make one.

If this doctrine of immunity by syphilisation be good, the Commander-in-chief's difficulties are half over; for we only need to make a corps of immunised victims to save the army from one of the greatest losses it now sustains.

We are also told by a continental brother (and I only wish that the specialists of our country were equally candid and honest), that we have fallen on a day when a secret unnatural use of the sexual organs is a matter of every day occurrence; and that the extirpation of the clitoris is the best, if not the only cure for its sad effects. (Some people, pitying this infirmity, have given this, which we used to call masturbation, the more delicate name of female delectation—a very proper thing, certainly, if we are to see it made, as we are now doing, a subject of remark in non-professional pages.) Now, without at all admitting this as a fact, let us discuss it as if so.

It certainly may be asked, what wonder it should be that that body, which was made for the wear and tear of earning its bread by the sweat of its brow, should, under the manners of the present day, when its muscular development is almost entirely neglected, and its nervous system worked to its highest pitch, when female education consists of accomplishments and dress, and when the female mind is fed on sensation and sentiment, and idleness and *ennui* are the portion of its days, should fall under the power of evil? Can we expect to sow the wind of folly, without reaping the whirlwind of some debasing result? We are now told that we are come to that; and that surgery must come to the rescue, and cure what morals should have prevented.

We are told that mutilation of that body which the Creator made is necessary for its preservation from the effects of its own wickedness; that the knife of the surgeon is a better cure than the precepts of religion and morality. At least, so it is said both abroad and at home; and one of the spiritual organs of the day already claims its assistance.

Now, from all this I for one most fully dissent. I have not time to discuss this matter on pathological or physiological grounds, but will ask a few questions on the grounds of common sense.

What, I will ask, is to be the social position of those on whom this operation is done? The world will place them, and their own reflections, when they awake to the fact, must place them, out of the pale of every social position; the sisterhood of respectability must and will eschew them; their position must be one of shamefacedness. View this matter

as dispassionately as we may, I am sure we shall all feel that this moral disease should be left to that cure which religion and morals provide, and which our science, properly directed, can aid and assist. Remove the local excitement as you may, the disease will still remain. The brain is the *fons et origo mali*. Trace its history, and you will find it began with voluptuous dreams, and will, in spite of all mutilation, go on till its cerebral connexion is removed and destroyed. Have we not abundant evidence that it is a cerebral disease, from the fact that we every day see it in those in whom advanced age tells us that it can be no local matter, and where its presence can only be accounted for by the existence of hyperæmia in worn-out cerebral matter, and its necessary result, unbalanced function?

Has medicine no other resource, the world will ask, than the knife? It would indeed be a disgrace, if it had not. This operation, which, I am glad to see, is called abroad by its right name, may, if generally adopted, fill the pockets of its doers for a time, but must end in disgrace to our calling. The old classical proverb, which says, "*Colum non animum mutant, qui trans mare currunt*," applies here. You may cut off the pudic nerve to its very root; but, till you have destroyed the root itself, the disease will return.

Then, I say, let us at once denounce it as unnecessary and uncalled for. Though the English nation may have lost much of that masculinity of mind which formerly distinguished it, I do not believe that it is prepared to allow this stigma of mutilation to be fixed upon its daughters; nor will it consent that their characters shall be sacrificed to an experimental surgery which delights to crawl about the female pudendum. In spite of the approval of a portion of the clerical press and its confederates, I say, let morals cure morals; but let the knife of the surgeon be still unstained by this unnatural perversion.

If, indeed, these proceedings be necessary, and if we must regard clitoridotomy as a thing as essential to female morals as circumcision once was to cleanliness, let us institute a ceremony that will make it respectable, rather than brand those for whom we prescribe it with a stain that a life cannot wipe out.

What is to be the value in the matrimonial market, let me ask, of those whose organs have been mutilated by the knife of the surgeon? Nothing, positively nothing! Every young woman must wear a badge of warranty from this stigma. "Warranted entire" must be printed on her brow.

I shall not pursue this, to my mind, filthy subject, further, but express a hope that it may have been consigned to oblivion ere we meet again.

If, in discussing these subjects, I have used strong language, my excuse must be, that no other words would suit them. No other words sufficiently express my own, and, I have reason to believe, your feelings. Uncompromising language is the only means of meeting those heresies by which our profession, which ought to be a high and honourable one, is fast drifting to a low estate, and with which, to my mind, our licensing bodies, on whom the power, if not the onus, of protecting our body, belongs, have too long dallied. Our fathers had but a coarse and vulgar quackery to deal with. It came in our day to see an attempt made to submit the discoveries of ages of mental labour to the judgment of half-witted clairvoyants; and it has now come when the mysterious phenomena of life and disease are brought to the most moderate comprehensions by the slipshod slaverings of homœopathic symptomatology. Some of our profession, I regret to say, instead of manfully denouncing these heresies, are found every day bending our science to catch the popular gale. Oh!



that the day may soon come when the heresies of medicine may have shared the fate of astrology and necromancy—be things of the past. At all events, let us do our best to this end. If it does not fall to the lot of every one of us to advance our science, we all have the duty of upholding its honour and integrity.

There are some other matters on which I should, had time permitted, have liked to have touched. I have now to thank you for your patience and attention.

#### SOUTH-WESTERN BRANCH.

PRESIDENT'S ADDRESS.

By DAVID THOMPSON, Esq., Launceston.

[Delivered June 20th, 1866.]

AFTER alluding to the history and objects of interest connected with Launceston, and thanking the members for electing him the President of the Branch, he said—

It is not, gentlemen, my intention to read you a scientific essay on any one subject, but just to glance at some points in connection with the position of our profession with which we are most interested. Our Association has for one of its main objects the promotion of friendly intercourse and free communication among its members, and the establishing among them the harmony and good feeling which ought ever to characterise a liberal profession; and we shall all, I think, readily admit, that it has done, and is doing, much towards so desirable an object. Especially valuable do I think the Association is to those whose lot it is to live far away from the neighbourhood of large towns, and who have not the opportunities for ready access both to their brethren and information on the topics of the day. A hard life too often the country surgeon has; he has his joys and his sorrows, but too often more of the latter than the former. Hardened by habit, he becomes accustomed to the life, and can say with the Duke in *As You Like It*.

"Now my co-mates and brothers in exile,  
Hath not old customs made this life more sweet  
Than that of painted pomp? Are not the woods  
More free from peril than the envious court?  
Here feel we but the penalty of Adam,  
The season's difference: as the icy fang  
And churlish chiding of the winter's wind,  
Which when it bites, and blows upon my body,  
Even till I shrink with cold: I smile and say,  
This is no flattery; these are counsellors,  
That feelingly persuade me what I am.  
And this our life, exempt from public haunt,  
Finds tongues in trees, books in the running brooks,  
Sermons in stones, and good in everything."

In years gone by we were as sheep without a shepherd, each taking his own course, unacquainted with the feelings or wishes of his brethren, and having no means by which he could arrive at such knowledge; but now, thanks to our Association, through its JOURNAL, every member has an opportunity of vindicating his wrongs, if he have any; obtaining the advice and support of his brethren; and enlisting the aid of our talented and energetic editor, who is ever ready to do battle in a just cause.

It has been the fashion of late years with some to abuse the JOURNAL and all connected with it; but to country members there cannot be a question that the JOURNAL, especially when conducted, as now, with ability and honesty, forms one of the most valuable agents of the Association. I should, as an individual member, be very sorry to see its publication discontinued.

You will, I feel assured, pardon my feeling some degree of timidity and hesitation in addressing you, in the position I have now the honour to fill. Not having yet arrived at a period of life to be enabled to look around, like the fathers of the profession who

have preceded me, and give useful and valued instruction and advice, it would be presumption on my part to map out the course of duty to be followed by those whose long period of honourable practice of a most honoured profession has placed them in the front as guiding stars to those who are younger in the journey of life. If we look around, a long list might be made of worthy names—worthy alike for the high professional standard of their conduct and their brilliant talents. We not unfrequently meet with dejected characters, who are always lamenting the falling off in the times, and declaring that "the profession is going to the dogs"; but we assuredly may look forward to a more hopeful future. The foundation has been well laid by our examining boards, who, by an improvement in the preliminary education, almost necessarily require that a young man shall be specially trained for the course he is afterwards to follow. It will be well if the preliminary standard is thoroughly maintained.

It has occurred to me and to many others, that much valuable time is wasted at College, by the desire which some teachers have to cram a student full—unnecessarily full—of their pet subjects, associated with collections of scientific terms enough in themselves almost to occupy the period allowed for the study of that particular branch. Doubtless, each lecturer thinks his own course the most important, and endeavours to impart as much as possible of it; but it is usually to the exclusion of others to the man who is intended for general practice of much greater importance; his mind is prevented from being stored with the most useful of all knowledge to him, a practical acquaintance with diseases, and the best methods of treatment. The multiplication of hard words and long scientific terms must always be to the student a source of annoyance. They will be of no use at the bedside; in fact, nowhere, except to the writer on medical subjects; and very few of our most practical writers, men who thoroughly understand what they write about, draw largely on them even for that purpose. It is nothing unusual, now that the old apprenticeship system is almost extinct, for men—fully fledged doctors—to be sent from college perfectly unacquainted with the practical rudiments of the profession, crammed with scientific terms and theoretical knowledge of rare diseases—hobbies perhaps of their respective teachers—but never having performed or seen many of the most simple operations connected with the ordinary practice of their profession. To see that every student has the opportunity of becoming practically acquainted with the methods of treatment of most value, is, I believe, one of the most valuable and efficient aids in improving the standard of general practitioners. I say the methods of treatment of most value—for, in the present day, when almost every man has his hobby in treatment, and writes about it too, it is a very difficult matter for the young surgeon to determine what course to adopt, so that he may do the greatest amount of justice to his patient and credit to himself. It is an easy matter to bring two men into the witness-box; the one, a great authority, will swear that the plan adopted by a sincere and well informed surgeon has been the best possible; the other, perhaps also a star of some magnitude but belonging to another school in treatment, is ready to affirm, and does it too, that the treatment has been very wrong. We are bound to give each credit for honesty of purpose and truth in believing himself correct in his opinion. Sad though is its effect. Its influence is felt only in lessening the respect felt for the profession generally.

In giving evidence in courts of law, due allowance is not made for the very difficult position in which a



medical witness is placed. He has no time for reflection or reference in forming his opinion on questions put to him; and is expected to give it, as though not from the result of reasoning on evidence presented to him, but as of things he had seen or heard. From such uncertain data, it is not peculiar that men with minds differently constituted should sometimes differ in their conclusions. We have not, like the lawyers, Acts of Parliament to guide us; or, like our clerical brethren, canons and rubrics by which to steer our course; or known and unvarying laws, as the engineer has to work by; but we must be guided by judgment and experience, based on uncertain rules, rendered still more varying by seasons, habits, and constitutions. Is it, then, to be wondered at, that men should differ as regards the value they place on evidence presented? or that when expected to have the knowledge of supernatural beings, and found only to be mortal, they are abused, because they cannot reduce the million variations of constitution to one definite rule, or the thousand points of observation to one general focus? Most readily can we make full and generous allowance for the man who, in a court of justice, unwillingly opposes the opinions of his brother from a conscientious belief that such is a true course; but we must condemn with the true feeling of honest indignation the man who rushes into opposition or lends himself to injure another for the sake of advertisement, popularity, or gain; and those who have recently aided in visiting such conduct with the punishment it so richly deserved, merit our warmest praises.

The spirit of freemasonry, unhappily, does not obtain among us to the extent it should do. I do not for one moment advocate the shielding a man in culpable negligence or want of skill; but condemn the want of that generous allowance to the value of the opinions of others, when those opinions are founded on uncertain rules. Lower your neighbour, if you can, and raise yourself on his foundation, is, though we must with pain allow it, the course followed by some who should set a brighter example.

There are various kinds of quackery. Even in the profession, it is seen under various guises, clothed in a variety of garments, garbled in high-flown words and glowing English. Still we may say, that even here quackery is rampant. Specialities, and books upon them; hospitals for the cure of this or that disease, with long lists of patrons, and wonderful accounts of extraordinary cures advertised in pamphlets, periodicals and papers, to attract the attention of suffering humanity from that special disease towards the benevolent author or founder; testimonials to this drug or that preparation, with the intimation from the grateful recipient that the eminent man who gives it has largely used the drug in particular diseases,—all these things savour strongly of quackery—a desire to push into notice faster than can be done by force of ability or steady perseverance. Tools they become in the hands of interested vendors, who, in return, repay the favour by holding up their friends as eminent persons to the gaze of a wondering public.

Another matter it is time for us to consider is the extent and abuse of medical charities. To the poor, in the proper sense of the term, I trust we shall always have our hearts and hands open, ready at all times to relieve their sufferings, and administer to their necessities; but it is the use made of such charity by persons often as well able to pay as we are to give. The editor of our JOURNAL has repeatedly called the attention of the members to this circumstance, and has shown the abuse and its effects, as instanced in Brighton. When relief is given at one time, it is often not valued at another;

and when received by one person without consideration, the other who has to pay for it often thinks himself an ill-used individual. Why should we so lavishly distribute that which we have dearly to acquire, and which is often unthankfully received?

*We are requested to remind members of the Association that the Annual Subscriptions became due on the 1st of January. They can be paid either to the Secretaries of the Branches; or to the General Secretary, T. Watkin Williams, Esq., 13, Newhall Street, Birmingham.*

## British Medical Journal.

SATURDAY, JULY 21st, 1866.

### THE BRIGHTON TRAGEDY.

OUR readers will have seen all the details of the strange tragedy lately enacted at Brighton. All the facts tend to show that Dr. Warder was the murderer of his wife. Some few incidents of the inquiry, however, are worthy of note.

We may remark, that it is nowhere said the urine was examined; and yet we read that Mrs. Warder passed large quantities of urine; that she drank much liquid; and we think one witness said that she had a ravenous appetite. If we are right in these particulars, it would have been satisfactory to know that there was no sugar in the urine. The other symptoms, it is true, did not tally with the idea of diabetes; but all doubt of such a suspicion would have been removed by an examination. The unqualified verdict of the jury was scarcely warranted by the facts; viz., that Mrs. Warder died from the administration of aconite.

Dr. Taylor's analysis was entirely negative; and he rested his opinion as to the cause of death wholly upon the description of the symptoms observed during life, and said that these symptoms were such as might have been produced by aconite. One or two remarks of Dr. Taylor require comment. He tells us that "he was much struck with the appearance of the contents of the stomach and bowels, which were coloured with blood, showing that there had been a great source of irritation." Now this statement seems scarcely warranted by the facts on which they were founded. Dr. Taylor says, in his detail of the analysis, that he received, amongst other matters, "a bottle with the contents of the stomach, containing a brown liquid slightly reddened by the presence of a small quantity of blood." Now, surely Dr. Taylor should have had positive evidence that no drop of blood had accidentally mingled with the contents of the stomach before he accepted the blood-colouring of the stomach-contents as proof



that this organ had been highly irritated. What more probable, than that a few drops of blood had entered the stomach in opening that organ? We say this, because, if we read the account rightly, notwithstanding the constant vomiting, Mrs. Warder never brought up any blood. Dr. Taylor's evidence, therefore, of irritation of the stomach, as founded upon the presence of blood, seems to us somewhat strained. Again, Dr. Taylor says:

"The last case of poisoning by aconite which he had the opportunity of observing, took place in November 1863, and the symptoms during life as well as after death were similar to those in the present case, except that they were in a much more severe form, as the person died in two hours from the effect of a large dose."

But surely it is not possible to make any just comparison between the train of symptoms produced by poison which carried off a patient in two hours, and those which occurred in this long lingering case. We think that Dr. Taylor, if pressed to give such a clinical resemblance of the symptoms in the two cases as a scientific inquiry would require, would be hard set to find an answer to justify his comparison. Indeed, he himself, though he asserts the similarity, feels the difficulty; for he adds—

"Some of the symptoms of poisoning by aconite were not observable in this case—such as numbness, tingling, and loss of sensibility; but the spasmodic vomitings, as well as the feebleness of the heart's action, impressed him with the opinion that the effect of aconite was the only reasonable cause that would account for death. Aconite, when given in small doses, acted particularly upon the heart, lowering its action, and rendering the person weaker and weaker till he would die of syncope, and that appeared to agree with the account given by Dr. Warder of the death of his wife. The person would die of pure exhaustion."

Dr. Wilks gave a very guarded opinion as to the cause of death. He said—

"He was quite unable to connect the illness of deceased with any known disease. He could not, therefore, avoid the inference that they were due to the administration of some vegetable poison. That opinion was confirmed by the frequent remissions of the symptoms. He would not like to speak positively as to the nature of the poison, or whether there were not several combined. He was, however, inclined to agree with Dr. Taylor, that the symptoms were mainly due to aconite. He would not like to speak more positively, as he had seen but two cases of aconite poisoning, and in those the patients recovered."

Dr. Taylor, again, is reported to have made a remark, which we cannot pass by without saying that it was not only uncalled for, but exhibited, to say the least of it, very bad taste.

"Dr. Taylor remarked that he knew Warder to have been a lecturer on Medical Jurisprudence. He lectured at the Grosvenor Place School on poisons, and perhaps no other man knew how to administer aconite either for good or mischief better than he. At the time of the trial of the poisoner Palmer, Warder was one of the 'school' who came forward to defend him."

The allusion, moreover, was not fortunate; for, if we remember well, Dr. Taylor himself did not shine over much in the trial of Palmer, to which he alludes; and we believe it was a scientific gentleman of that very school to which he refers who pointed out an error of Dr. Taylor's on that occasion. One other remark occurs to us in this case, and it is the *post mortem* examination made of the brain of Dr. Warder. It would be a pity if anything said by any of our medical brethren in this case should lead the public to imagine that "insanity" is a thing which can be appreciated by the eye or the touch, which is represented to us in organic change of structure. The public should not be led to think that the absence of all physical appearance of cerebral disease is any proof or indication of sanity. We surely know, as yet, almost nothing of the "pathological appearances" of insanity, so far as the brain is concerned.

#### THE COLLEGE OF PHYSICIANS AND THE TREATMENT OF CHOLERA IN MERCHANT VESSELS.

IN our last number, we gave the substance of the Report of the Committee appointed by the President of the College of Physicians to consider what instructions might be issued to captains of merchant vessels, so as to provide for the health of their crews against attacks of cholera. The Privy Council had requested to be informed "whether, in the opinion of the College of Physicians, any, and if so, what suggestions might be issued, as representing the present state of medical knowledge and experience with regard to the drugs which should be given, or other treatment which should be adopted, in attacks of cholera, and especially in the beginning of the disease, when proper medical attendance cannot be procured." On the 18th instant, after a full discussion, the Report of the Committee was adopted by the College, with only a few verbal alterations. For instance, the Committee had reported that, "when opening medicine is required, the mildest should be selected, as castor-oil or rhubarb. Glauber's salts and Epsom salts are objectionable." At the suggestion of some of the Fellows, the word "dangerous" was substituted for "objectionable".

The recommendations of the Committee as to the drugs which should be given and avoided were adopted without any modification. It was thought by some of the Fellows present, that larger doses of opium than were recommended by the Committee might be given in cases of diarrhoea; but the more cautious practice of the Committee had the approval of a large majority of the College; and the following important suggestions were adopted unanimously.

"If the looseness should result from bad or obviously indigestible food, or if the discharges are un-



naturally offensive, and attended with griping pain, it would be desirable to give a dose of either of the gentle laxatives above named [*i. e.*, castor-oil or rhubarb] before administering the opiates.

"Large doses of opium or of ardent spirits should be avoided.

"If the stools become colourless and watery (the purging being of the kind commonly called 'rice-water purging'), and be accompanied with vomiting and coldness, the opiates should be no longer persisted in, and spirituous liquors should be avoided."

This Report, which has now received the sanction of the College of Physicians, has been spoken of as a compromise; and there is, perhaps, some truth in this remark. The Committee had a delicate and a difficult task to perform. It was obviously necessary that each member, however decided might be his own convictions, should so far defer to the opinions of his colleagues as to enable them to agree upon a Report such as would be likely to be adopted by the College. The Committee, we are informed, were entirely in accord as to the terms of their Report. The result is, that the College of Physicians, while it sanctions the use of small doses of opium in the early stages of cholera, advises that, under certain conditions before mentioned, one or other of which will assuredly be present in the majority of cases of diarrhoea, a dose of castor-oil or rhubarb should be given before administering the opiate. The College condemns large doses of opium or of ardent spirits in any stage of the disease; and during the stage of collapse it entirely forbids the employment of opiates and spirituous liquors. This surely is an important step in the right direction. These suggestions cannot fail to have great weight with the profession; and there is reason to hope that they will do much to prevent that mischievous abuse of opium and alcoholic stimulants which has hitherto been too prevalent.

JOHN SUTTON and CROWTHER SMITH have been convicted, the former for procuring himself to be registered under the Medical Act by fraudulent misrepresentations, and the other for assisting him therein; and they have been sentenced to twelve months' imprisonment and hard labour. This conviction must not be regarded as a thing of any benefit to the profession, nor as a matter of credit to the Medical Council. It simply shows that a man was silly enough to get his name fraudulently put on the *Register*, when he might have carried on his practice equally well unregistered. Any man or woman in this country may practise medicine or surgery. The qualified and the unqualified, the registered and the unregistered, in the eye of the law stand on an equal footing. If an unqualified quack maltreat his patient, he is dealt with by the law precisely on the same terms as is the qualified medical man; the only difference being, that judges and juries usually deal more mercifully with the

failings of the quack than with those of the qualified practitioner. Neither, as we have said, are any thanks due to the Medical Council in the matter. It was not that body which prosecuted, but some gentleman who felt himself aggrieved by the prisoners on account of his having been involved in law by them. The Council no doubt lent their assistance, and so did the College of Surgeons; but they did no more. They initiated no proceedings. Quackery and irregular practitioners will flourish just as well after as they did before this trial; their position is not in the smallest degree affected by the results. The *Medical Register* is no protection either to the public or to the profession against the onslaughts of quackery and irregular practisers; but to many of the irregular Bashi-Bazouks of medicine, registration is a great boon. This tribe use the fact of their being registered as an advertisement; and many an honest man is forced to see his name classified in the *Register* side by side with individuals of a well known tribe, who live and thrive after a fashion which may be mildly called dishonest. This very week's papers contain a specimen of the consideration shown both by judge and jury towards an irregular, a bone-setter, who, by ignorance and the use of brutal force, had clearly been instrumental in destroying the life of his patient.

"At the Norfolk Assizes, a bone-setter named Bennett was indicted for the manslaughter of James Squires. The deceased, sixty-six years of age, put his shoulder out, and went to the prisoner to have it set. The latter employed several men to pull at the arm; and these did their work so vigorously, that muscles were torn asunder and blood-vessels ruptured. The man died the same evening. His lordship, in summing up, pointed out that the fact was, that more force had been used than was necessary or intended; and that, while on the one hand it appeared that the prisoner was grossly ignorant on surgical matters, on the other there was no imputation of negligence against him. The jury returned a verdict of Guilty; and the prisoner was ordered to pay a fine of £50, or to go to prison for six months if the fine was not paid before the next gaol delivery for the county."

We very much doubt if a qualified medical man would have got out of such a business on so easy terms. No negligence, the judge said, was imputed to the bone-setter. But what is negligence? Is it not the perfection of negligence to undertake a serious business of this kind, by which a man's life is destroyed, and solely through the gross ignorance of the operator? If we are to carry out the judge's definition of negligence, we ought to give the bone-setter thanks for his remarkable energy and the amount of active attention he bestowed upon the case. However, this much is certain: an unqualified man, "grossly ignorant of surgery," may undertake any surgical operation on the same terms as the qualified man; the sole difference being, that the qualified man can make a legal claim for payment of his services.



SEVERAL correspondents have expressed to us a feeling, which we have reason to believe, is widely spread amongst members of our profession. It is that some fitting acknowledgment should be made by medical men to our distinguished associate, Dr. Richardson, for his devotion to physiological and pathological studies; and especially for the very great boon which he has bestowed upon humanity by his practical application of local anæsthesia. Justice requires that something of this kind should be done, if only for the purpose of definitely awarding to him the rights which he possesses to the claim of rendering local anæsthesia a practical fact. Already some feeble efforts have been made to take from him the merit which is solely his. A public professional acknowledgment of the fact would be a lasting record of his claim, such as could not be hereafter successfully attacked. We have long felt that this is what is due to Dr. Richardson; but, instead of saying so, we have preferred that our professional brethren should themselves take the lead in bringing it about. The suggestion will, doubtless, meet with a wide response from the profession at large. We are not sure that the occasion would not justify the eliciting of a much wider than merely professional response.

DR. MACKESY, in his address at the annual meeting of the Medical Association of Ireland, in Dublin, in June last, made the following excellent remarks in reference to the representation of the profession in Parliament.

"We ask to send a few distinguished members of our body to Parliament, in order that their knowledge of the laws of health, their professional experience of the sanitary defects of our large cities, and their practical skill in providing against the spread of epidemics, may be placed at the disposal of the legislature, rendering practical and efficient the sanitary legislation of the empire, and thus adding to the health and longevity of the community at large. I do not hesitate to state that, if the House of Commons had the advantage of the presence of a few medical representatives of experience and standing, to suggest and to advise on sanitary legislation, the lives of thousands might be annually saved—lives which are now sacrificed from the want of proper hygienic enactments, and the absence of practical sanitary legislation. It may be objected that the few members of our profession who, by some rare chance, have forced their way into Parliament, have not conspicuously distinguished themselves in connexion with subjects affecting the public health. This, it appears to me, is an argument in favour of the principle of medical representation. The few medical members of the House of Commons to whom the objection may be applied were elected for political objects or for local interests. Their medical qualification was an accidental circumstance that had no influence in their election. I think it must be obvious that the medical practitioners of the United Kingdom are the men who should form the constituencies (*quoad* medical representation) and be entrusted with the selection of medical members of Parliament. It has also been objected that medical representation

would be a class representation. It has, however, in the recent debates on the Reform Bill, been put forward that all classes should be adequately represented in the British House of Commons; and it is now universally admitted that intellect and education possess the strongest claims to representation. The present unrepresented state of the medical profession becomes the more conspicuous when contrasted with the other learned professions. The Church has for its support in the House of Commons the representatives of the Universities, and in the House of Lords the bench of bishops. The legal profession sends a large number of its members into the legislature. The representatives of the legal profession may be said to be the skilled advisers of the legislature upon all questions which either directly or indirectly come within the sphere of their special attainments. The medical profession, on the contrary, is almost totally unrepresented in Parliament; and yet how often do questions affecting the health of towns, the mortality of our infant population, the legislative regulation of trades injurious to the health of our factory operatives, the pollution of public streams, the poisonous effects of gaseous exhalations incidental to several branches of our manufacturing industry, the sale of poisons, and several other social subjects, come under the consideration of Parliament, on all of which it would be difficult to exaggerate the value and importance of practical advice and guidance in committee on the part of medical practitioners of experience and sound scientific attainments. The presence of such men in the House of Commons would render unnecessary the circuitous and expensive resort to Royal Commissions of Inquiry. I think it would not be difficult for our profession to send to the House of Commons representatives whose attainments and reputation would shed additional lustre upon the muster-roll of that distinguished assembly. In England, Ireland, and Scotland, there is a medical constituency of about 19,000 men. No cumbrous machinery would be required for recording the votes of our profession for special representatives. The *Medical Register* gives the registry of voters; and it would only remain to issue voting-papers, the same as the universities."

THE interest shown in the Poor-law Infirmary Reform by the present ministers is very satisfactory. Mr. Disraeli alluded to the subject in addressing his constituents at his recent re-election.

"The revelations which have taken place respecting the infirmaries of our union poor-houses in London have called forth a feeling of universal horror; but, gentleman, that is only part of a large subject. It will be necessary for us to consider how far we can improve not only the general administration of that branch, but also how we can improve other branches of the government of the great metropolis."

WE have much pleasure in stating that the following announcement, which has gone the round of the papers for the last few days, is true.

"We believe we can safely announce that, at the Council held at Windsor yesterday week, Her Majesty the Queen signed the Order confirming the suggestions made by Sir Alexander Milne's Committee for improving the pay and position of the medical officers of the two services. (*Army and Navy Gazette.*)"



No alterations have, as we understand, been made in the recommendations of the Admiralty Committee. The Naval Medical Service, notwithstanding Dr. Gibson's protest, gets the extra pay recommended; and, if we are rightly informed, the Army Medical Service gets even more than was recommended. We may, therefore, safely congratulate our army and navy medical brethren on the change of ministry. General Peel and Sir John Pakington have made very short work of what the last men have been playing with for many past months. As regards the period when the new warrants will come into operation, we may say that it is probable they will take effect from January 1867.

MR. GATHORNE HARDY's explanation of his intentions respecting Poor-law Medical Reform is a complete inculcation of his predecessors. He says that he believes the Poor-law Board has at present powers sufficient to bring about the reforms needed; and he means to try those powers. He asks for no special legislation on the subject during the present Parliament.

A PAMPHLET, entitled *The True and False Sciences—a Letter on Homœopathy*, has just appeared. It is well written and well-intentioned, but, we fear, will have little avail in its object. Those who believe in homœopathy are not led to the belief by reason, but by credulity; and, as in all similar cases, whenever belief in the unreasonable has possession of a man, the more absurd the thing believed, the more firmly is it held to. To attempt to argue the credulous out of their error is a pure waste of time, and worse; for such attempts generally end by confirming them deeper in the error. The best thing to do is to leave them alone—to time, and to the possible opening of their eyes by the light of science. In the meantime, medical science may learn, and has learnt, much from this homœopathic delusion. It has been taught to distinguish more narrowly between the *post* and the *propter* in the matter of remedies. Moreover, we must not forget that we have yet a large battle to fight against the yearnings of our own beliefs in the effects of remedies. True, medical science is happily trammelled by no dogmatic or manufactured laws of the Hahnemannian calibre. We are free to believe whatever a reasonable belief may lead us to accept. We can renounce unhesitatingly to-day what we accepted yesterday, if a better knowledge tells us to do so. We admit that our guiding-strings are as yet mainly empirical, and every day we are learning more clearly to appreciate the real value of our empirical methods. All systems of medicine, as they are called, such as the homœopathic delusion, in the present state of our knowledge, are necessarily delusive. They are not founded on facts, but on imagined facts; i. e., they rest on sand-banks. Be-

fore we can even think of raising a systematic building, we must disencumber the basis on which it is to rest from the manifold errors and faults which pervade it. The progress of medicine, unless we are much mistaken, which has marked the present generation, consists mainly in the removal of error.

THE fourteenth annual meeting of the Metropolitan Counties Branch was held on Wednesday last at the Crystal Palace. The meeting was well attended; and several new members were added to the Branch, which now numbers nearly 250, and is, we believe, the largest Branch in the Association. Dr. Sieveking, the president for the past year, resigned the chair to his successor, Mr. Henry Lee; who delivered an able address, which, by request of the Branch, will appear in the JOURNAL. After the meeting, the members and visitors, to the number of forty-nine (including Mr. Watkin Williams, General Secretary of the Association), dined together; Mr. Lee occupying the chair. The meeting was throughout highly satisfactory; and the continued prosperity of the Branch gave universal gratification.

DR. TURNER, Demonstrator of Anatomy in the University of Edinburgh, has published a lecture on the Convolutions of the Human Cerebrum, topographically considered. Late investigations, he says, have revived in Paris "discussions in which the doctrine of Gall and his disciples has been supported by new arguments; and the opinion has been expressed, that the primary convolutions, at least, are both morphologically and physiologically distinct organs."

Dr. M. Prosser James gives us a pamphlet entitled "A Visit to Vichy, comprising a Sketch of its Mineral Springs and Thermal Establishment, with a Notice of the Medicinal Uses of the Vichy Waters, Salts, and Lozenges." His object is to furnish special information on the French spa, such as may be useful to the English practitioner. The pamphlet contains a good deal of useful information.

Dr. Peacock (*Medical Times and Gazette*, 1865) describes a case in which the chordæ tendineæ of a diseased mitral valve were ruptured during a violent fit of vomiting. The young woman, the subject of heart-disease, but not suffering at all seriously, was on her way to the hospital. In the cab, she began to vomit, then was seized with short breath, and died shortly after reaching the hospital.

Mr. Milton, in a pamphlet on the *Treatment of Lupus*, says that there is good reason to believe that lupus "may always be relieved, and generally if not always cured," by a plan of treatment which he proposes. His remedies are the same as others use, but he gives them differently. Arsenic should always be given in pure simple solution, without mercury or iodide of potassium, and immediately after or with



food. It must be given in large doses, until it "produces disorder of the stomach". Calomel also is to be taken, but as a purgative—a grain or so twice a week. The best caustics are those which exclude the air and produce the least pain: a solution of nitrate of silver, for example, or the acid nitrate of mercury. Only hot (never cold) water should be used to the part. After washing, nitrate of mercury should be used to exclude the air from the surface.

M. de Candolle tells the French Academy of Sciences that, at the late meeting of botanists in London, he was astonished to hear of the marvellous results obtained by cultivation of the cinchonas in India. The Indian cinchonas contain, he says, more of the precious alkaloid than the American; viz., 10 per cent against 6 per cent.

"It is not easy," says *L'Union Méd.*, "to speak of the cholera without making some one dissatisfied. It is hard to believe how many interests and feelings lie concealed under this apparently purely scientific question. Whoever deals with it walks on live coals."

On the 4th of June last, the Vienna Medical Faculty celebrated their sixtieth annual meeting. Dr. Moritz Frey delivered an address "On the Life and Writings of Leopold Auenbrugger of Auenburg." The progress of modern medicine, he said, was in part due to Auenbrugger, whose discovery of percussion gave it a physical direction. Auenbrugger was an Austrian of whom we may well be proud, and a member of this Society; but sad is it to say that no memorial graces his last resting-place; and in the Hall of the Medical Faculty, neither monument, picture, nor inscription. *Nemo propheta in patria* is nowhere truer than in Germany; and Auenbrugger lived to see that his immortal discovery was first recognised in France. He was born at Gratz, in November 1722, the son of a flourishing innkeeper there. He studied medicine in Vienna, and was received into the Faculty in 1757. He then became physician to the Spanish hospital erected there by Charles VI for poor sick Spaniards, etc. There he laboured hard. According to Stoll, he had great experience in paracentesis thoracis. He died in 1809. None of his cotemporaries, with the exception of Stoll, paid any attention to his discovery. After Stoll, it was forgotten in Germany, and remained so for thirty years, until Corvisart, in 1808, again brought it into notice. The *Inventum Novum* was translated for the first time into German in 1843, by Skoda. The best accounts of Auenbrugger's life have been given by Professors Olan of Gratz, and Lebert of Breslau.

The Academy of Sciences has elected M. Van Beneden Corresponding Member in the Section of Anatomy and Zoology.

## THE LATE WILLIAM SAMWAYS OKE, M.D.

WE have to record the death, at Southampton, of Dr. Oke, one of the early members of our Association, and a frequent contributor to the JOURNAL during a long series of years. He was born May 19th, 1785, and died July 14th, 1866; so that he was in his eighty-second year. He was educated at King's School, Sherborne, Dorset, and at St. George's Hospital. He entered general practice at Farnham in 1810, and practised there for eighteen years. He came to Southampton to practise as a physician in 1828, and resided there until his death.

No man took a more thorough interest in his calling, and in everything which belonged to it. It thoroughly occupied his mind, and throughout his life was its chief object, especially as a practical art. He was always a student. He had a clear head, quick perceptions, sound judgment, decision and promptness in applying remedies, with a thorough faith in them, which was grounded on a practical knowledge of his tools. During his early life in extensive general practice in Farnham, and during the latter half a physician in Southampton, much consulted by the public and called in by his medical brethren, with a large field of varied practice; also as physician to the Infirmary and Dispensary, to which institutions for thirty years he devoted himself—he had ample opportunities of becoming what he was, a sound practical physician. Nine years ago, he had an attack of hemiplegia, since which, although he no longer practised, he yet kept up his interest in his profession and his habits of mental industry as far as shattered health permitted, but giving himself more completely to that contemplative life, which in the natural course should follow the active life, and quietly lead to the grave. Throughout life he was a serious and religious-minded man; and in the interval between his busy general practice and getting into full work as a physician, he wrote a poem on the "Atonement". Besides his numerous contributions to our JOURNAL, he published *Practical Examinations on the Immediate Treatment of the Principal Emergencies in Surgery and Midwifery; The Stomach and its Ailments; Various Diseases of the Human Body, and Practical Remedies*.

The profession itself is benefited by those of our body like Dr. Oke. The entire respectability and solidity of his character throughout a long life; his public spirit in supporting with his time, his energies, and his purse, all local plans of public usefulness, and especially attempts for the relief of the distressed; his constant attendance upon, and active benevolence to, the sick poor—are qualities which are sure to be, in the long run, fully recognised; and the high character of the individual is reflected on and illuminates the profession to which he belongs. It will be not inappropriate to quote here from a sermon preached before Oxford students by the Rev. H. Liddon. "I venture to hope, nay, to believe, that, as public opinion becomes more Christian, a higher, nay, the very highest, social consideration will be every where assigned to the members of that noble profession of medicine, which ministers with one hand to the progress of advancing science, while with the other it daily lavishes its countless deeds of unknown, unacknowledged generosity and kindness on the sick and suffering poor."



# Association Intelligence.

## BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
READING. [Annual.]	Council Chamber, Reading.	Wednesday, July 25th, 4 P.M.
YORKSHIRE. [Annual.]	Museum of the Philosophical Society, York.	Thursday, July 26th, 3 P.M.

## READING BRANCH.

THE annual meeting of the Reading Branch will be held at the Council Chamber, Reading, on Wednesday, July 25th, at 4 P.M.

GEORGE MAY, JUN., *Hon. Secretary.*

Reading, July 2nd, 1866.

## YORKSHIRE BRANCH.

THE annual meeting of the Yorkshire Branch will be held in the Museum of the Yorkshire Philosophical Society, at York, on Thursday, July 26th, at 3 P.M.

The members and visitors will dine together at the Royal Station Hotel after the meeting.

S. W. NORTH, *Secretary, pro tem.*

31, Castlegate, York, July 17th, 1866.

## SOUTH-WESTERN BRANCH: ANNUAL MEETING.

THE annual meeting of this Branch was held at Launceston on June 20th. Present: D. THOMPSON, Esq. (Launceston), President; T. Linnington Ash, Esq. (Holsworthy); R. H. Clay, M.D. (Launceston); J. Doidge, Esq. (Lifton); S. Felce, L.R.C.P.Ed. (Launceston); Rev. J. Meryick Field (Ashwater); T. Good, Esq. (Launceston); R. Kerswill, Esq. (St. Germans); P. W. Swain, Esq. (Devonport); W. P. Swain, Esq. (Devonport); J. Thompson, Esq. (Bideford); E. L. West, L.R.C.P.Ed. (Launceston).

A letter was read from T. L. Pridham, Esq., of Bideford, expressing his regret at being unable to attend the meeting.

*President's Address.* The PRESIDENT delivered an address, which is published at p. 73.

*Votes of Thanks.* Mr. SWAIN, sen., proposed a vote of thanks to the late President for his services to the Association.

Mr. KEESWILL seconded the resolution, which was carried unanimously.

Mr. ASH proposed a vote of thanks to Mr. Thompson, the new President, for his able and interesting address.

Mr. SWAIN, jun., in seconding the resolution, mentioned a case similar to one of those alluded to by Mr. Thompson. He would like to see the two grouped together and published.

*Next Meeting: President-elect.* On the motion of Dr. J. THOMPSON, seconded by Dr. FELCE, it was resolved to hold the next meeting in Exeter.

Mr. SWAIN, sen., proposed that Mr. De la Garde be President for the ensuing year. He was one of those fine old practical surgeons whom all must respect. The paper he had read on surgery was quaint, but full of cleverness, and showed his ability, and a long and valuable career of practice.

Mr. KERSWILL seconded the resolution, which was carried unanimously.

*Branch Council.* The following gentlemen were then unanimously elected members of the Branch Council for the ensuing year: A. Baker, M.D. (Daw-

lish; S. Budd, M.D. (Exeter); W. H. Elliot, M.D. (Exeter); J. W. Harris, Esq. (Exeter); A. Kempe, Esq. (Exeter); G. W. Lillies, M.D. (Chudleigh); and F. Mackenzie, Esq. (Tiverton).

*Secretary.* The PRESIDENT said their next duty was to elect a Secretary in the place of Mr. Roper. He had discharged the duties of the office for many years, with great credit to himself and benefit to the Branch. Although they would be deprived of his services in directing and guiding, he would still be present with them in spirit.

The SECRETARY said the duties which he had had to discharge entailed much labour; and, as he was becoming more busy every year, he found he could not continue to hold the office. He thanked the members for the kindness and courtesy he had received. His friend Mr. Stonard Edye was well qualified for the office, which to a young man was beneficial, by bringing him into contact with members of the profession.

Mr. SWAIN proposed, and Mr. KEESWILL seconded, the election of Mr. Stonard Edye as Secretary; which was carried unanimously.

On the motion of Dr. J. THOMPSON, seconded by Mr. SWAIN, a cordial vote of thanks was proposed to the late Secretary for his efficient services to the Association.

Mr. ROOPER, in acknowledging the vote, expressed the pleasure and satisfaction he had experienced in his official connexion with the Society.

*The BRITISH MEDICAL JOURNAL.* Dr. FELCE proposed the following vote of thanks to the editor of the BRITISH MEDICAL JOURNAL.

"That the JOURNAL is, in the opinion of this Branch, essential for maintaining the unity and increasing the influence of the British Medical Association; and that the editor deserves the best thanks of the Branch for his unwearied efforts to uphold the honour and promote the interests of the medical profession."

Dr. FELCE said there had been a great outcry once; but it was chiefly from outside the Association, and by persons who never saw the JOURNAL at all. Those who read it felt it their duty and pleasure to uphold the hands of the editor.

Mr. ROOPER, in seconding the resolution, bore testimony to the ability of the editor, and the generally advanced position of the JOURNAL.

The resolution was carried unanimously.

*New Members.* The following gentlemen were elected new members of the Branch: J. Doidge, Esq. (Lifton); Rev. J. Meryick Field (Ashwater); T. Good, Esq., Coroner for East Cornwall (Launceston); H. E. Sargent, M.D. (Launceston); E. L. West, L.R.C.P.Ed. (Launceston).

*Medical Provident Society.* Dr. Cookworthy of Plymouth, and Dr. Felce of Launceston, were elected to represent the Branch at the Board of Directors of the Medical Provident Society.

*Representatives in the General Council.* The following gentlemen were elected members of the General Council of the Association: C. Barham, M.D. (Truro); J. C. Cookworthy, M.D. (Plymouth); C. R. Hall, M.D. (Torquay); T. L. Pridham, Esq. (Bideford); W. P. Swain, Esq. (Devonport).

*Addresses.* Interesting addresses were then read, by Dr. Ash on the Progress of Medicine, and by Mr. W. P. Swain on the Progress of Surgery, during the past year. A lively and interesting discussion followed each, and hearty votes of thanks were presented to the readers at the close.

*Dinner.* The members present then dined together at the White Hart Hotel.



## Correspondence.

### THE GRIFFIN TESTIMONIAL FUND.

LETTER FROM ROBERT FOWLER, M.D.

SIR,—I beg now to submit my balance-sheet in connection with the above. The fund was started "for the object of—firstly, defraying the outstanding expenses pertaining to Mr. Griffin's Poor Law Medical Reform Fund; and subsequently enabling our whole body to present him with such a testimonial as might be determined upon."

The first part of the object has been provided for by debiting the fund with £15 : 5 : 6. In a letter addressed, June 29, 1864, to the subscribers of the Poor Law Medical Reform Association, it appears that this balance was then due to Mr. Griffin. The second part was consummated on the 5th inst. at the Freemasons' Tavern.

I have only to add that, in addition to the above £15 : 5 : 6, there was a further balance in hand of £48 : 8 : 0, which I have also forwarded by cheque to Weymouth.

An engraving of the epergne will, I trust, be in the *Illustrated London News* of Saturday the 28th inst.

I hope you will now allow me a short space to state that I feel that the time has come for me to resign the post, which for the last seven years and a half I have held, as secretary to the metropolitan poor law medical officers. Public and private avocations alone compel me to this. The fulfilment of the undertaking of presenting a testimonial to Mr. Griffin I have long intended should be the termination of my active clerical labours. It is therefore but right to those brother medical officers, who for some years have looked upon me as their representative, that I should give an account of my past stewardship.

For many years the medical officers of the three city unions had been in the habit of holding monthly meetings to compare their experiences, and determine upon a common course of conduct in matters parochial, sanitary, and sanatory, affecting their several appointments.

Dr. Lobb, late of the East London Union, was for many years the honorary secretary. Circumstances necessitated the dissolution of the association, when, very shortly afterwards, the then President of the Poor Law Board (the Hon. Sotheron Estcourt), in honourable fulfilment of his promise, promulgated his "Heads of a Scheme for a suggested New Arrangement of Medical Relief." On Jan. 3, 1859, by the united wishes of a preliminary committee, subsequently ratified by the unanimous vote of a general meeting of metropolitan poor law medical officers, I assumed and have ever since retained my representative position. The resolutions submitted by the committee to this meeting were unanimously adopted.

After four subsequent committee meetings the course of action eventuated in a numerous deputation, which was introduced to the poor law president by Earl (then Lord John) Russell, accompanied by many other members of Parliament. The deputation clearly shewed the president that, through the alterations suggested, not only would our independence of action have been very vitally threatened, but our professional honour and honesty would have been sorely tempted by the intended rivalry and competition. The president was convinced of the inacceptability of his scheme, and withdrew it. Two other committee meetings were held that year.

In 1860 five committee meetings were held to watch the progress of Mr. Pigott's bill, which, by reason of the opposition of the guardians, he was compelled to withdraw.

In 1861 ten committee and subcommittee meetings

were held, to devise a course of action in reference to the Select Committee moved for by Mr. Villiers to inquire into the administration of the poor law.

At a general meeting held May 10, 1861, the statement (vide *BRITISH MEDICAL JOURNAL*, May 18, 1861) of the committee was adopted, as the embodiment of the collective opinions of the metropolitan poor law medical officers; and Mr. Villiers was respectfully solicited that certain members of the latter body be called before the said (Parliamentary) committee, in order that they might be examined on the several points contained in such statement. Of the six names forwarded, the Select Committee called upon two only, Dr. Rogers and myself, to give evidence during the last half-hour of the last day on which the committee sat. Our evidence appears in the Fifth Report on Poor Relief (England) 1861; and in the Appendix to the same appears also a Memorandum delivered in by myself, and which, though incorrectly and imperfectly transcribed, goes more into detail than did my evidence in chief, by reason of the very short time allowed me to speak.

In 1862 I was again examined by the Select Committee. Of this examination it now only becomes me to say that, at the very first of our last two committee meetings in 1862, I stated that, as I could no longer conscientiously advocate the per-case system of payment, and on which I was of opinion the committee had pledged itself in the statement delivered in to the Parliamentary committee, I tendered my resignation. I added that "as my strongly expressed convictions may tend to fetter your future actions, and may conduce to the damage of the good cause, I feel that I ought no longer to hold office, and am not fit to be your representative." Nevertheless the following resolution was carried unanimously:—

"That the thanks of this committee be given to Dr. Fowler for his energetic exertions in behalf of the cause of the Metropolitan Poor Law Medical Officers, and that he be requested to continue the duties of the office of Honorary Secretary, which he has so ably fulfilled."

I must now, however, again most firmly tender my resignation. The "good cause" will most assuredly suffer if it remain longer in my hands. I have no time to devote to the active duties of its metropolitan secretaryship.

I hope ever to take a lively interest in the question, and shall be at all times delighted to aid in any way that my now little leisure will admit of. It would be presumptuous to assume that the committee of the metropolitan men must necessarily collapse by my resignation. Should an occasion arise, I know that they who have so ably worked with me during the last seven years and a half would not hesitate to follow a well trusted leader.

It is right that it should be known, that during the whole period of its existence, the expenses incidental to the proceedings of the committee have been entirely met by contributions from the metropolitan men alone, without in any one instance trenching upon the funds of Mr. Griffin's Reform Association.

Now, in conclusion, let me first, as treasurer and honorary secretary to the Griffin Testimonial Fund, most cordially thank the committee, and especially the excellent chairman, Henry Blenkarne, Esq., City of London, for the time they have given me during half-a-dozen successive meetings; and especially let me express my most grateful obligations to the 400 subscribers, who have so liberally enabled me to successfully prosecute what I two years ago undertook.

Secondly, as honorary secretary to the metropolitan poor law medical officers, permit me to say, that for the attention shewn to my suggestions, for the invariable kindness always and universally displayed towards me, I sincerely and most cordially thank them all, collectively and individually; and hoping ever to remain in



their very good remembrances, I subscribe myself ever  
their truly obliged,

ROBERT FOWLER.

145, Bishopsgate Street Without, July 16th, 1866.

*Robert Fowler, Treasurer, in account with the Griffin  
Testimonial Fund.*

Dr.

June 24th, 1864, to July 10th, 1865.

Per 393 Subscriptions forwarded to the Treasurer .....	202	9	3
Per 22 Subscriptions forwarded to <i>Lancet</i> office .....	13	11	6
To interest on £100 deposit at London and County Bank .....	6	8	9
	£222	9	6

Cr.

Mappin, Webb, and Co. ....	117	3	0
London Stereoscopic and Photographic Co... ..	10	7	6
Postage .....	18	9	0
Stationery and printing .....	7	1	6
Advertisements .....	4	7	0
Carriage, portage, and cab-hire.....	0	7	0
Freemasons' Tavern Co. ....	1	1	0
Balance due to Mr. Griffin June 29th, 1864, from the Poor-law Medical Reform Asso- ciation .....	15	5	6
Balance.....	48	8	0
	222	9	6

## THE GRIFFIN TESTIMONIAL AND POOR-LAW MEDICAL REFORM.

LETTER FROM RICHARD GRIFFIN, ESQ.

SIR,—Allow me space to offer my warmest thanks to the subscribers to the testimonial presented to me on the 5th instant. To have four hundred gentlemen, scattered over the length and breadth of the land, thus coming forward, is an honour which I highly prize, as it proves to me that the course I have hitherto pursued is one that is approved of by a large body of my medical brethren. To those gentlemen who are not Poor-law medical officers, I am especially indebted. To those that are, my thanks will be best proved by my devotion to the cause of Poor-law medical reform; the accomplishment of which will, I feel confident, be not only beneficial to them, but to the nation at large. To Dr. Fowler, the Honorary Treasurer and Secretary to the Testimonial Fund, I know not how sufficiently to express my thanks for all the trouble he has taken in the affair. I can only say I thank him very sincerely. To the medical press, my acknowledgments must ever be due; for without their aid I could never have been placed in a position to merit the testimonial I have received. The subject of the testimonial (the Good Samaritan) is one which must ever make me feel it to be a religious duty to relieve suffering humanity. As a work of art, the testimonial is nearly perfect; the expression of the countenances of the figures cannot be better. The album of photographs of my medical friends I greatly prize, and yet hope the few gaps in the volume will be speedily filled. To all and every one my thanks are due.

I shall feel obliged by your insertion of the annexed letter to the President of the Poor-law Board.

I am, etc.,

RICHARD GRIFFIN.

The following gentlemen have forwarded their subscriptions to the funds of the Association: J. M. Green-sill (Martley), 5s.; R. N. Robson (Durham), 10s.; Jas. Hughes (Northwich), 10s.; T. T. Jones (Chesterfield), 5s.; H. M. Simmond (Newington St. Mary), 10s.; E.

G. Verenne (Witham), 10s.; Arthur Pearse (Hartismere), 5s.; T. L. Price (Wigan), 5s.; J. A. Freeman, (Hartley Wintney), 10s. 6d.; W. A. Peacock (Halifax), 10s.; John Robinson (Halifax), 10s.; T. L. P. Pugh (Halifax), 10s.

"12, Royal Terrace, Weymouth, July 9th, 1866.

"SIR,—I have the honour to inform you I have in my possession a petition from a meeting of Poor-law medical officers held at the Freemasons' Tavern on July 5th, which I shall be glad to present to you, as President of the Poor-law Board, whenever it will be convenient for you to receive it. It is signed by the chairman only, on behalf of the meeting; but if you desire other signatures, I will quickly procure them. In order that you may at once know its contents, I send you a printed copy.

"I beg to forward you a summary of the proceedings of the Poor-law Medical Reform Association, of which I have the honour to be chairman, in order that you may know what has occurred during the last eleven years, and thus enable you at a glance to understand the question.

"I also send you a copy of a pamphlet, which has been delivered to the Poor-law Board, but which has not been, as yet, forwarded to the individual members of the House of Commons, owing to the Reform Bill obstructing almost all other business. At page 12 of the pamphlet, you will perceive a proposed Bill, which I sincerely trust the Poor-law Board will bring into Parliament. It is not a Bill for a class, although urged upon the country by medical men; it is a Bill that will benefit the entire nation. The Right Hon. T. Sotheron Estcourt, when President of the Poor-law Board, said, 'I freely and at once admit that I am of opinion that the system of medical relief throughout the country requires alteration.' The papers have of late teemed with the abuses of the present system. I respectfully urge upon you to lose no time in taking this subject into your serious consideration. I believe a Poor-law Board Continuance Bill must be brought into the House this session. I pray you to take powers in that Bill to carry out the necessary reforms. I will attend any day you may name, either alone, with three or four other medical men, or with a large deputation; but, in the latter case, I shall require ten days' notice to inform my medical brethren of it. At any rate, I trust you will allow me to ask some members of Parliament to accompany me.

"I have the honour to be, sir,

"Your most obedient servant,

"RICHARD GRIFFIN.

"The Right Hon. Gathorne Hardy, M.P., President of the Poor-law Board."

## MEDICAL MISSIONS.

LETTER FROM R. HIBBERT TAYLOR, M.D.

SIR,—The subject of medical missions has of late years acquired considerable prominence, and has engaged the attention of many persons both in and out of our profession. Having for some time past acted as secretary to a medical missionary society in Liverpool, and more recently taken part along with others in establishing a dispensary in connection with this society, I have seen a good deal of the practical working of the system, and feel persuaded that is both feasible and useful. Influenced by this conviction, I am anxious to bring the subject under the notice of the members of the British Medical Association at their annual meeting, to be held in Chester next month.

As medical missions do not belong to the range of subjects recognised by the Association, and cannot therefore be included in the programme of its proceedings, I propose to give a short address, entitled, "Medical Missions in their Foreign and Home Aspects," at which



the members of the Association will be respectfully invited to be present.

The address will be delivered on an early day of the meetings, and in some convenient locality, of which due notice will be given at the time.

I am, etc., R. HIBBERT TAYLOR, M.D.

Liverpool, July 12th, 1866.

# THE TRIAL OF WIGHT *versus* FIELD.

LETTER FROM JOHN C. LANGMORE, M.B.

SIR,—I beg to enclose a copy of a letter which has been addressed to Mr. Octavius Field by some of his medical friends, expressing their sympathy with him in regard to the proceedings in the recent trial of Wight v. Field. I hope that you will find space for it in your columns this week. Had time permitted, the number of signatures thereto would have been much greater.

I am, etc., JOHN C. LANGMORE.

48, Sussex Gardens, W., July 18th, 1866.

"DEAR SIR,—We desire to offer to you the expression of our earnest sympathy in the annoyance which must have been occasioned to you by the proceedings in the recent case in which your name was made to appear in a law-court under very unpleasant circumstances. We, who have had the opportunity of knowing your blameless life and honourable career, appreciate highly the excellent qualities which you have displayed both in your professional and social relations; and we feel it a duty to say that we are fully assured that the imputations made in the course of the proceedings are really groundless, and that your conduct throughout was marked by kindness and rectitude. We hold that they leave your character stainless, and we are happy to assure you of our undiminished friendship and esteem.

(Signed)

"F. Sibson, M.D., F.R.S.; C. Handfield Jones, M.D., F.R.S.; W. H. Broadbent, M.D.; S. A. Lane; Haynes Walton; J. R. Lane; Ernest Hart; Geo. G. Gascoyen; Cundell Juler, M.D.; J. C. Langmore, M.B.; W. B. Owen; J. G. Forbes; J. Rushforth; C. A. Aikin; A. Collinson, M.D.; C. Malton; T. H. Hill; W. Smith; F. Danford; C. Miles; W. H. Gardner; J. B. Curgenven; J. Taylor; F. Cock; C. Royston; G. Gaskoin; R. D. Harling, M.D.Lond.; A. Billing, M.D.; H. Bence Jones, M.D.; Thos. Watson, M.D., Bart.; Erasmus Wilson, F.R.S.; E. H. Sieveking, M.D.; John Morgan; James Copland, M.D., F.R.S.; W. O. Markham, M.D.

"Octavius A. Field, Esq.

LETTER FROM FRANCIS SIBSON, M.D.

SIR,—As the witnesses for the defence in the case of Wight v. Wight and Field were not called, although it was Mr. Field's expressed wish that they should appear, I feel desirous to state through your columns what I was prepared to say in court in Mr. Field's favour.

In October 1861, I saw Mrs. Wight several times in consultation with Mr. Field, when she was affected with insanity. Dr. Wight, the brother-in-law of Mrs. Wight, and the uncle of her husband, took part in some of our deliberations; and he it was who placed her in an asylum, on the certificate of myself and Mr. Hill.

During my attendance, Mr. Field treated his patient with the most perfect delicacy and propriety; and the conduct of Mrs. Wight towards him was marked by confidence and esteem, and that at a time when, owing to her disease, all restraints of deception were impossible. That lady's cousin, Mrs. Field, was in attendance upon her night and day during her illness; and I need scarcely suggest that, if there had been any

reason on Mr. Field's part to conceal from Mrs. Field the character of his intercourse with Mrs. Wight, he would not have placed his own wife so unreservedly in contact with that lady. To those who, like myself and the whole profession in his immediate neighbourhood, have acquired a knowledge of the high and gentlemanlike tone of Mr. Field, the evidence in his favour which I am able to afford is not needed; but I am happy to give it through your channel to others who have not had the opportunity of marking the honourable tenour of his whole life.

I am, etc.,

FRANCIS SIBSON.

40, Brook Street, Grosvenor Square, July 18th, 1866.

# THE TREATMENT OF CHOLERA.

LETTER FROM JOHN FIRTH, Esq.

SIR,—I send you my mite in aid of the inquiry, "How shall we treat cholera?" Until we know more of the nature of these zymotic poisons, I do not think we are in a position to treat cholera or choleraic diarrhœa otherwise than as practical experience shall direct us. No two cases can be safely dealt with alike. Idiosyncrasy, amount of poison taken, etc., must have their influence; and while one person may require opium and astringents alone, another may need castor oil or grey powder and rhubarb, followed by the former remedies. In those cases of algid cholera where neither sickness nor purging obtain, and where, according to the views of Drs. Johnson and Parkes, spasm of the pulmonary arteries exist, we should expect relief from those means which are known to be so valuable in asthma and spasm, such as chloroform, ether, opium, etc.

From my own experience in 1832 and in 1849, and when I saw a large amount of choleraic diarrhœa, and from the experience of other practitioners of whom I have made inquiries, I must say that chalk mixture with opium, sulphuric acid with opium, preceded or followed by occasional aperients, were the drugs the use of which appeared to give the greatest amount of satisfaction; while in dysentery, castor oil, or sulphate of magnesia and rhubarb, with opium, are almost specific (conjoined with diluents, warmth and counterirritation) in my own practice.

I am, etc.,

JNO. FIRTH.

Macclesfield, July 1866.

# PROFESSIONAL ETIQUETTE.

LETTER FROM HENRY DICK, M.D.

SIR,—On Friday, July 13th, one of my patients gave unmistakable signs of derangement of his brain, and I thought it prudent and necessary to put him under some gentle restraint. I called upon Dr. Forbes Winslow, but this gentleman was out of town. The friends of my patient were anxious to put him in some safe place, to prevent any accident. As the signatures of two medical men are required to do so, I suggested to the friends of my patient to call in Mr. Haffenden, their own medical man. Mr. Haffenden was willing to sign the paper; but, at his second visit to the house, he told me he would rather wait a day, and see a little more of the patient before signing the paper. I respected these scruples; and we agreed that Mr. Haffenden should let me know the next day the time we should meet again. I heard nothing the next day of my patient; but on the second day one of his friends called upon me, informing me that Mr. Haffenden had called in Dr. Tukey, and my patient was placed in his hands. OÙ allons nous?

I am, etc.,

HENRY DICK.

59, Wimpole Street, W., July 19th, 1866.



# Medical News.

**ROYAL COLLEGE OF PHYSICIANS OF LONDON.** At a general meeting of the Fellows, held on Wednesday, July 18th, 1866, the following gentlemen, having undergone the necessary examination, and satisfied the College of their proficiency in the science and practice of medicine, surgery, and midwifery, were duly admitted to practise physic as Licentiates of the College:—

Bateman, Francis, Canterbury  
Clothier, Henry, 2, Wilmington Square  
Gill, John, Guy's Hospital  
Grosjean, J. Keith Jeanneret, 11, Sheffield Gardens, Kensington  
Horton, Henry James, Wrentham  
Kenyon, George Arthur, 30, Soho Square  
Leonard, Frederick Lewis, Royal Navy  
Low, Alexander James, 137, St. John Street Road  
Ransford, Gifford, St. George's Hospital  
Stevens, George Jesse Barnabas, 9, Trigon Road, Clapham Road  
Tayler, George Christopher, St. Bartholomew's Hospital

At the same meeting, it was reported by the examiners that the following had passed their *primary examination* for the Licence of the College:—

Amsden, George, King's College  
Bennett, William James, Guy's Hospital  
Havard, David, University College  
Laking, Frank Henry, St. George's Hospital  
Lewis, William Bevan, Guy's Hospital  
Lloyd, John, University College  
McConnell, James Frederick Parry, St. George's Hospital  
Minter, Edward Withers, University College  
Rootes, George, Guy's Hospital  
Sells, Charles John, Guy's Hospital  
Stokell, George, Guy's Hospital  
Taylor, James Mare, Wednesbury  
Walker, Benjamin, Guy's Hospital

**APOTHECARIES' HALL.** On July 12th, 1866, the following Licentiates were admitted:—

Read, Arthur Walter, Arden Lodge, Coventry  
Simpson, John Henry, Fore Street, Cripplegate  
Thomas, Owen Roberts, Liverpool

At the same Court, the following passed the first examination:—

Havard, David, University College  
Kipling, William, University College  
Lloyd, John, University College  
Loy, Thomas Richardson, University College  
Minter, Edward Withers, University College

## APPOINTMENTS.

BAYLIS, C. O., M.D., appointed Medical Officer of Health for Birkenhead.  
\*HARRISON, Charles, M.D., appointed Medical Officer to the City of Lincoln Local Board of Health.

## ARMY.

ANDREW, Staff-Assistant-Surgeon G., M.B., to be Assistant-Surgeon 6th Foot, vice C. Ratray, M.D.  
BEALE, Assistant-Surgeon R. H., 53rd Foot, to be Assistant-Surgeon 1st Foot, vice W. S. Hedley, M.D.  
BINDON, Staff-Surgeon H. V., M.D., to be Surgeon 25th Foot, vice D. W. Lawlor.  
FERGUSON, Staff-Assistant-Surgeon J., to be Assistant-Surgeon 3rd Foot.  
HOOPER, Staff-Assistant-Surgeon A., to be Staff-Surgeon, vice Staff-Surgeon-Major W. C. Seaman, M.D.  
HEDLEY, Assistant-Surgeon W. S., 1st Foot, to be Assistant-Surgeon 53rd Foot, vice R. H. Beale.  
HIFERNAN, Assistant-Surgeon E. L., 5th Foot, to be Staff-Surgeon, vice D. Hauley, M.D.  
HOPKINS, Assistant-Surgeon E., 71st Foot, to be Assistant-Surgeon 2nd Foot.  
MC CARTHY, Staff-Assistant-Surgeon J. J., M.D., to be Assistant-Surgeon 5th Foot.  
O'REILLY, Staff-Assistant-Surgeon J. J., to be Assistant-Surgeon 71st Foot, vice E. Hopkins.  
POPE, Assistant-Surgeon J. J., Royal Artillery, to be Staff-Assistant-Surgeon, vice C. E. Smith, M.D.  
POWELL, Staff-Assistant-Surgeon F., to be Assistant-Surg. 1st Foot.  
RATRAY, Assistant-Surgeon C., M.D., 6th Foot, to be Assistant-Surgeon 37th Foot.  
RUITLEDGE, Staff-Assistant-Surgeon W. F., to be Assistant-Surgeon 5th Foot, vice E. L. Hifernan.

SEAMAN, Staff-Surgeon-Major W. C., M.D., retiring on half-pay, to have the honorary rank of Deputy Inspector-General of Hospitals.  
SMITH, Staff-Assistant-Surgeon C. E., M.D., to be Surgeon 11th Hussars.  
TARRANT, Assistant-Surgeon T., M.D., Royal Artillery, to be Staff-Surgeon, vice H. V. Bindon, M.D.

## ROYAL NAVY.

DAVIDSON, J., M.D., to be Deputy Inspector-General of Hospitals and Fleets.  
ORD, Christopher K., M.D., Surgeon, to the *Fiagard*.  
PIERCY, Frederick, Esq., Surgeon, to the *Wiweri*.  
SECCOMBE, Thomas, M.D., Surgeon, to the *Pembroke*.

## BIRTHS.

ADAMS. On July 6th, at Maidstone, the wife of \*Matthew A. Adams, Esq., of a daughter.  
WATERS. On July 15th, at 1, Southampton Street, Bloomsbury Square, the wife of John Waters, Esq., Surgeon, of a daughter.

## MARRIAGES.

\*DODGSON, Henry, M.D., of Cockermouth, to Frances, eldest daughter of the late Edward HUGHES, Esq., of the Royal Naval School, Greenwich, on July 17.  
FOWLER, George, Esq., L.R.C.P., of Kennington Park, to Jane, youngest daughter of the late John CULLEN, Esq., of Dublin, at St. Pancras Church, on July 14.  
GATCOMBE, Henry Ruscomb, Esq., of Ashfield, North Petherton, Somerset, to Emily Sophia, second surviving daughter of Joseph Myers JACKSON, Esq., Deputy Inspector-General of Hospitals, Bellary, Madras, at East Duleigh, Devon, on July 14.

## DEATHS.

CLINTON-MARTIN, Henry, Esq., Staff-Surgeon H.M.S., half-pay, at Adelaide, South Australia, on May 14.  
LUKE. On July 15th, at Southend, aged 8 months, Joseph Henry Ridsdale, only son of Joseph Luke, L.R.C.P.Ed., of Claremont Square, Pentonville.  
M'KECHNIE, Alexander, M.D., Inspector-General of Hospitals and Fleets, at Southsea, aged 63, on July 12.  
\*OKE, William S., M.D., at Southampton, aged 81, on July 14.  
PRESTON, David, M.D., half-pay 13th Dragoons, at The Grange, Michael's Grove, Brompton, aged 78, on July 14.  
STIVEN, W. S., M.D., late Physician-General Bengal Army, at Pitlochrie, Perthshire, aged 79, on July 13.  
STRONG. On July 11th, at Croydon, aged 3 years and 9 months, Oswald Henry Baber, only son of \*Henry J. Strong, M.D.

DR. RUTHERFORD HALDANE has resigned his position as editor of the *Edinburgh Medical Journal*, and will be succeeded by Dr. Sanders.

DR. RICHARDSON'S ETHER-SPRAY APPARATUS, says the *Medical Record*, is in successful use in New York. Professor Gouley used it in the University Medical College, in two cases of tumours of the scalp.

AMERICAN MEDICO-BIOGRAPHICAL DICTIONARY. Dr. Toner of Washington proposes to issue a biographical dictionary of all deceased American physicians. The collection is to embrace some ten thousand names, so as to give a national character to the work.

THE MEDICAL ACTS. A deputation from the General Council of Medical Education and Registration, consisting of Dr. Burrows, president of the Council; Dr. Andrew Wood, of Edinburgh, and Dr. Aquilla Smith, of Dublin, members of the Council; and Dr. Francis Hawkins, registrar, had an interview with the Right Hon. S. H. Walpole, at the Home Office, on the 17th inst., on the subject of the bill for the amendment of the Medical Acts.

KIDNAPPING. The Austrians try to kidnap Prussian surgeons. Thus Dr. Friedländer, of Breslau, was carried off by them from the field of Oswiecim, when actually attending a wounded Austrian. Great efforts have been made to obtain his liberation, but all in vain. The Prussian military authorities offered to give Count Lippe, an Austrian officer, in exchange for Dr. Friedländer. The offer was rejected. Another surgeon, Dr. Zucker, has also been carried off under similar circumstances by the Austrians, with a grievous wound inflicted upon him in the neck by those who captured him.



**THE BROMPTON HOSPITAL.** The following are the results of the first year's operations of the Madeira Sanatorium. Of the 20 male patients sent out last year, 18 have returned, one being still under treatment in the island. Of the whole 20, 12 have improved considerably; six of them so much, as to be restored to their several occupations; four others may be considered as stationary; three are not so well as they were six months ago; and one died suddenly, after great improvement, from hæmoptysis.

**DOCTORS FOR THE PRUSSIAN ARMY.** Applications having been made to the Prussian Embassy by English gentlemen wishing to enter the Prussian army, and by physicians, surgeons, and other medical men, offering their services for the duration of the present war, it is made known by the Prussian Embassy in London, that the admission of physicians, surgeons, and medical men in general, is a matter for the consideration of the General Staff Physician of the army, to whom applications are to be made at Berlin.

**UNIVERSITY COLLEGE HOSPITAL.** The hospital has received from the executors of Mr. F. Goldsmid £1491 : 4 : 9 in payment of legacies, one of £50, and the other of such further sum as, with the gift in his lifetime for the like purpose, would be sufficient to purchase £2,000 Consols to be invested, the income to be applied permanently to the maintenance of one bed in the hospital. Donations of fifty guineas by Wm. Fowler, Esq., and £25 by Colonel Long, have been reported. Notice has also been received of a bequest of £300 Consols by the late Mr. William Bull.

**TESTIMONIAL TO MR. E. CANTON.** The students of Charing Cross Hospital have just united to show their respect for the above distinguished member of the medical profession, by presenting him with a testimonial, on his retirement from the office of Lecturer on Anatomy. The testimonial consisted of one of Ross's best microscopes. Mr. Canton, in returning thanks for the gift, dwelt, amongst other things, upon the vast improvement in the manners, habits, and dress of medical students since the days when they were described by the late Albert Smith.

**THE ALKALI ACT.** Dr. Angus Smith has a satisfactory report on the Alkali Act of 1863. The escape of muriatic acid gas averages only 1·0839 over the kingdom; five hundred tons of the gas are evolved per day, and five tons escape, above thirty tons of dry acid per week, equal to rather more than three times that weight of liquid acid as sold. In 1864 the amount of escape was forty-three tons per week. In many works the condensation is complete. There has been no prosecution under the Act. At Oldbury the gardens suffered, and an individual brought an action, but no unlawful escape of muriatic acid could be detected.

**HIPPOPHAGIC BANQUET.** A banquet in honour of the introduction of horseflesh in Paris as an article of food, took place last week, M. de Quatrefages in the chair. One hundred and eighty-two guests sat down, and declared the dinner, of which the principal dishes were formed of horse, excellent. The soup, made from bouillon de cheval, the saucisson de cheval, horseflesh à la mode, and lastly, the filet rôti, were all eaten with great gusto, and pronounced most palatable. A number of the ordinary meats produced at a choice dinner were also served up; but the company found the horseflesh so savoury and agreeable that they remained faithful to it. M. de La Bédollière sang two new songs composed for the occasion; one *C'est le cheval qu'est le bœuf*, and the other *Enfants, n'y touchez pas*.

**THE QUEEN'S UNIVERSITY IN IRELAND.** A new Charter has been granted to this body, conferring similar powers to those of the London University—namely, that of admitting to Arts Degrees without study in Colleges; and to Medical Degrees, if lectures are attended in any recognised school. At the same time, the Senate is to be increased to twenty-four, one place to be filled by Convocation. Of the twenty-three present members, but three are medical men; while in the analogous body—London University—of the thirty-three members of Senate, fifteen belong to our profession.

**THE CHOLERA.** A supplement to the *London Gazette* of Friday week, contains an Order in Council directing that the provisions contained in the "Diseases Prevention Act, 1855" (23rd and 24th of Victoria), for the prevention of diseases, shall, from and after the 14th instant, be put in force within the whole of England. Thirteen deaths have been reported from the cholera ward at the Liverpool work-house. Nine cholera patients remain, and two at least cannot be expected to live. The select vestry have determined upon a house-to-house medical visitation of the poorer districts, and the isolation of families in which the cholera had appeared, as well as the removal of actual sufferers beyond the town. They have, with this purpose, renewed their occupation of the Bank Hall warehouses, which will hold from three hundred to four hundred persons. The preparations will be completed in a few days, and then all persons stricken by cholera, all members of families in which it has appeared, and all persons whose removal is rendered necessary by the want of new sanitary arrangements in their houses, can be removed to Bank Hall. We regret to hear that the cholera is rife at Southampton. Up to a few days ago forty deaths had occurred. We believe that injudicious attempts are made to keep the fact quiet.

**THE SOCIAL EVIL.** The system of licensing houses of ill-fame has frequently been urged on this side of the Atlantic, although it has as often been been severely denounced on grave moral grounds. The following will explain itself. "Headquarters, Charleston. In order to check the amount of venereal disease now so prevalent among the troops in this city, the following regulations will be at once established. A competent medical officer will be designated to attend to the following duties. 1. To register all houses of ill-fame in the city. 2. To enter in his record the exact location of such houses, the names of the keeper thereof, and the number of the inmates. 3. To establish a careful and minute inspection of each female inmate every three days, and to furnish no certificate of freedom from communicable disease, excepting to such as are absolutely free from such disease: this certificate must always be ready for presentation when called for. These are the duties of the inspecting officer; but, to carry out perfectly the design intended by this system of inspection, it is also ordered that, should any person contract venereal disease in a house regularly inspected, the keeper or recognised manager of such house, will be liable to a fine of \$100.00, to be collected by the Provost Marshal. The licence to be paid monthly in advance by the keeper of a house of ill-fame will be \$50.00. The fee to be paid by the inmates for the medical examination will be \$2.00. And the fund so accruing will be accurately accounted for, and expended for the benefit of the military hospitals, and for such sanitary purposes as shall be designated by the Medical Director of the Department. By command of Major-General SICKLES. A. K. SMITH, Surgeon and Bvt. Lt.-Col. U.S.A., Medical Director." (*Philad. Med. Rep.*)



**ROYAL COLLEGE OF SURGEONS.** Mr. Hancock has been re-elected Professor of Human Anatomy and Surgery, and Mr. Huxley, F.R.S., Hunterian Professor of Comparative Anatomy and Physiology.

**THE HEALTHFULNESS OF WET SEASONS.** The highest death-rate of twelve years, 23.9, occurred with the smallest rainfall of 16.7 inches, in 1864, and the lowest rate, 21.2, in 1860, with the heaviest rainfall, of 32 inches, in 1860. This may doubtless be accounted for principally by the cleansing influence of the rain. (*Builder.*)

**BOSTON MILK.** A Boston paper reports that the Assessors of Ward Seven recently examined a large milk establishment, and finding four large casks, investigated the contents of one of them. It was filled with refined whiting, and on taking a sample for experiment, they found that mixing it with water gave a very good imitation of milk.

**DEATH FROM EATING LABURNUM SEEDS.** An inquest was held a few days ago at Stonehouse, on a girl, aged 3. She complained of being sick, but her mother thought it was only a bilious attack. The next day, however, she was no better, and told her mother she had been eating "sweet peas," a name applied by children to laburnum seeds. On the following day she died. Mr. Pearse made a *post mortem* examination, and found in the stomach of the deceased a green fluid, such as would be produced by laburnum seeds. The jury returned a verdict in accordance with the evidence. (*Western Morning News.*)

**ALCOHOL AND THE DOCTORS.** The French physicians are running a furious tilt against tobacco. Meanwhile the English, and not a few American physicians, are recklessly carrying alcohol in the opposite direction, and reinstating it in the position of a universal preservative of health and remedy for disease, which it gained centuries ago as *aqua vita*. We say they are doing so; rather let us say, have been; for some are already on the back track, and we find in our medical journals, both domestic and foreign, proofs that the profession begin to regard with suspicion and alarm the universal alcoholic medication of the past decade. We hope to see some of our prominent leaders, particularly in Great Britain, opening their eyes to the weighty truth that they have sown the germs of a ghastly crop, when, under the authority of medical science, they restored intoxicating beverages to their fatal supremacy in social and domestic life. (*Pacific Medical and Surgical Journal.*)

**MR. WEBBER.** An application was on Saturday last made in the Court of Bankruptcy, for the release from custody of Mr. William Webber, a surgeon practising at Tunbridge Wells. The detaining creditor was Mr. Charles Trustram, surgeon in the same town. Mr. Trustram had obtained an award against the bankrupt in an action for libel arising out of statements made by him in connexion with the sanitary condition of Tunbridge Wells, in which he charged Mr. Trustram with having made an improper use of his position of a member of the Tunbridge Local Board. The debts were returned at £577, of which a sum of £193 was due to the detaining creditor. It was contended that the Court had no power to grant the release of a person who was in custody for damages in action for libel. On behalf of the bankrupt it was said that further incarceration might endanger his life, and certificates of several medical gentlemen were produced to that effect. His Honour (Mr. Commissioner Goulburn) said that the bankrupt being in custody for damages in an action for libel, he had no power to interfere. The application was refused.

**MORTALITY IN THE METROPOLIS.** The return for the week shows an increase in deaths over the previous week of 248. The deaths in the metropolis from cholera in the last three weeks have been six, fourteen, and thirty-two, but of the latter, nearly one half are stated to have been choleraic diarrhoea or summer cholera, and only seventeen of the severer type.

**A CHANGED FLORA.** The Flora of Pennsylvania is found to have undergone remarkable changes, plants that were formerly rare being now quite abundant. This effect is attributed to the spread of railways. Some botanists think the "foreign" Flora will supplant the native. The valley of the Susquehanna has already been taken possession of by the invaders.

**MEDICAL OFFICERS AND WORKHOUSE SCHOOLS (IRELAND).** Sir H. Bruce, a few days ago, asked the Chancellor of the Exchequer whether he proposed to relieve the Irish poor-rates from the payment of medical officers. The Chancellor of the Exchequer said that, having been in favour of the motion, he should certainly be ready to take all the steps that were necessary to afford the relief which appeared to be justly required.

**POOR-LAW REFORM.** In the House of Commons, on Tuesday last, Mr. G. Hardy said that Her Majesty's Government did not intend to propose during the present session any legislative measure on the subject. He admitted the present evil condition of the infirmaries throughout London. With these evils he proposed to deal under the powers, which he believed sufficient, now possessed by the Poor-law Board. He trusted that the Board would not be obliged to ask the legislature to confer powers which had not hitherto been used. It might be necessary that he should ask the House to give him power to compel the alteration and enlargement of workhouses when required. The Poor-law Board had the right to seek for sufficient accommodation, to regulate the numbers to be accommodated in the workhouses, to prescribe how many beds should be in a room, and what amount of space should be afforded for each bed. If the asylums of the poor should be filled up to the highest point, it was then necessary for the guardians to find additional accommodation, or to give relief to the persons for whom they had not accommodation out of doors upon a scale appropriate to the evils and sufferings of these poor people. It was in the power of the Poor-law Board to take care that there was efficient and sufficient medical superintendence, and that the salaries of the medical officers should be fixed at a proper sum. It was also in the power of the Poor-law Board to take care that there was sufficient nursing by providing that there should be a suitable number of nurses, and also that proper salaries should be given to them. He (Mr. Hardy) thought these powers had not been put in force, and that he ought not to ask the House to legislate until he had tried them. He looked forward to the future; and his endeavour would be to bring the sick-wards in the metropolitan workhouses into a proper condition. In the next session of Parliament, he would be prepared to state what course he might think proper to recommend with respect to any new legislation.

**THE ARTISANS' DWELLINGS AND PUBLIC HEALTH BILLS.** Last week Mr. Walpole received a deputation in reference to the above Bills, from the Vestry of St. Marylebone. Mr. Chubb observed that by some clauses the whole authority was vested in the Metropolitan Board of Works, while the vestries, who were called upon to incur the odium of raising the rates, were to have no authority. The medical



officer's report would enable the Metropolitan Board to erect dwellings and pay the expense by taxing the ratepayers another threepence in the pound. No time had been afforded the metropolis for considering the scheme. The Vestry regarded the Bill as subversive of the principles of local self-government, and as placing the power in a central Board. He asked that the measure might be postponed to next session. Dr. Richardson drew attention to the Public Health Bill, the general principles of which the vestry much approved, and stated there were several most beneficial clauses introduced in it, but there were two to which the vestry took very strong exception. The 20th gave authority to the police to take cognisance of nuisances as well as the local authorities. The vestry were of opinion that the conflict of jurisdiction which would arise, would be very detrimental to the public interest. The medical officers of health would be the most competent authorities in the metropolis to take cognisance of nuisances. The 27th clause provided that local authorities might be subject to costs in case they neglected their duty by not attending to nuisances complained of. That he considered unnecessary, as it was already provided by the amended Nuisances' Removal Act, that any person complaining of a nuisance not attended to, might obtain an order from a magistrate for its removal. Mr. Taverner condemned the principle of admitting policemen to private houses without a previous warrant having been obtained. Mr. Walpole said that, however well the present system had worked in some places in the metropolis, there were instances in which the local authorities were unable to cope with nuisances. It might, therefore, require some remedy, so that nuisances might be dealt with where local authorities neglected to perform their duty. Mr. Greenwell, the vestry clerk, explained that in the metropolis, only the local authorities appointed medical officers of health, and it was proposed that one of the clauses of the Bill should be altered by substituting the officer of health in the metropolis for the chief officer of the police, but in other places where no medical officers were appointed, to leave a concurrent jurisdiction to the chief officer of the police. Mr. Harvey Lewis, M.P., said that at this late period of the session it would be hardly possible to pass the Artisans' Dwelling Bill. Mr. Walpole said he would not be prepared to give any decided opinion on the subject that had been brought before him, but it should receive his best attention.

#### OPERATION DAYS AT THE HOSPITALS.

**MONDAY.....**Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

**TUESDAY....** Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

**WEDNESDAY...**St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.

**THURSDAY....**St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

**FRIDAY.....**Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

**SATURDAY....**St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

#### TO CORRESPONDENTS.

\*.\* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

**COMMUNICATIONS.**—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

**CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.**

**MR. TRUSTRAM'S ADDRESS.**—We have received letters from Mr. Trustram, Mr. Henning, and Mr. Blaxland, expressing more than surprise that Mr. Trustram's Presidential Address had not yet appeared in the JOURNAL. Authors of papers are apt to forget that there are other writers who have a claim upon the pages of the JOURNAL besides themselves; they forget also that all the doings of all the Branches in the country cannot appear in one number of the JOURNAL; and they also forget that this is a time of the year when many Branch meetings are held; and that papers are supplied at irregular intervals, whilst the JOURNAL appears regularly every week. If either of the above gentlemen would try his hand at managing the JOURNAL for a few weeks, he would find that, to do justice to all, it is impossible, as a rule, to publish lengthy papers until several weeks after their reception. In the present case, to meet the express wishes (as we understood) of the South-Eastern Branch, we arranged for an early publication of Mr. Trustram's address; and beg to say that it is entirely owing to Mr. Trustram and the nature of his paper that it was not published a fortnight ago. We found, on receiving his address from Dr. Holman, that it contained *first*, that, which in our opinion, might possibly have been treated as libelous; and *secondly*, that, however well it might have read in delivery, it had in it things which would not read well in print. We thereupon informed Dr. Holman that we could not publish it in its present form unless the Branch would assume the responsibility; and begged him to ask Mr. Trustram to alter it. Mr. Trustram eventually, in consequence of our request, adopted some, though not all, of the suggestions of alterations made by us. Of course, all this correspondence, etc., necessitated a delay, both in the printing and publishing of the address; for which, as every reasonable person will see, we are in no way responsible. We are responsible only for having done our editorial duty to the Association. It appears to us that Mr. Trustram, so far from having any cause of complaint, is, on the contrary, much indebted to us for the trouble we took in pointing out to him those parts of his address which seemed to us to require amendment or omission. Mr. Blaxland says inferentially, what no doubt he thoroughly believes, that the JOURNAL is not used for Association purposes. "I with other members, think that the Association JOURNAL should be used for Association purposes." But, inasmuch as almost every paper in the JOURNAL is written by associates, and as all the proceedings of the Association are recorded in its pages, his inferential assertion seems scarcely borne out by facts. His other statement, that "not a word of the address was mentioned" in the report of the meeting, leads us to think that Mr. Blaxland is rather a lax reader of the JOURNAL. Mr. Henning politely hopes that the address will appear in the present number. Thus, then, stands the matter. The address, as published to-day, appears as early as, with justice to other members of the Association, it should appear; but, in compliance with the wish of the Branch, expressed through their Secretary, it would have appeared, nevertheless, a fortnight ago, except for the causes above given—causes for which Mr. Trustram and his address, and not we, are accountable. EDITOR.

**DEATH FROM SUNSTROKE.**—SIR: We often see in the papers accounts like the following.

"Deaths through Sunstroke.—Two deaths through sunstroke occurred on Thursday and Friday last near Nottingham. A labouring man, named Eyre, aged 60, was making hay in a field at Codnor, on Thursday, when he was observed to fall, and died almost immediately. On Friday afternoon, a man, named Smith, while at work in the hayfield at Calverton, was sunstruck. He was conveyed home instantly, but died the same evening."

Will you let me ask those of my medical brethren, who have had to do with such cases, what is the exact pathological condition of the body under which death is produced?

I am, etc., F. P.



**THE RICHARDSON TESTIMONIAL.**—SIR: I have read with great pleasure in the current number of the JOURNAL the letter of a Physician, on the subject of presenting a substantial testimonial to Dr. Richardson, in proof of our estimation of his valuable services to medical science.

Dr. Richardson's claims are of no ordinary character. They are very briefly but clearly indicated in the letter to which I have alluded; and, I feel assured, the proposal therein suggested is one that will be highly approved, and, when once set in motion, will be widely supported by the profession at large. I shall be glad, to the best of my ability, to assist in its accomplishment. In the hope that the Council, or other members of the Metropolitan Counties Branch of the British Medical Association, with the author of the letter, will forthwith form themselves into a committee on the subject. I am, etc.,

31, Norfolk Street, July 16th, 1866. R. DUNN.

SIR: I was very much pleased on reading a letter signed "Physician", in the last number of our JOURNAL, suggesting the propriety of presenting to Dr. Richardson some testimonial from the members of our profession, as a token of their appreciation of his generous and indefatigable labours to promote the advancement and uphold the honour of our profession. We must be aware that, in conducting his multiplied experiments, he must have expended a considerable sum of money; and this not for himself, but for the good of the practitioner, and of the public at large.

Dr. Richardson has on all occasions been most kind and courteous in explaining how and in what cases his local anaesthesia may be employed. I shall be most happy to subscribe £2:2 for the above object, and to forward it to any gentleman who may be appointed as Treasurer. I am, etc.,

Rochester, July 17, 1866. ADAM MARTIN, M.D.

SIR: It was with much satisfaction that I read the letter of "A Physician" in your last number, from agreeing fully with him that we owe to Dr. Richardson a substantial testimonial for the means he has supplied us with for producing local anaesthesia, which, since the discovery of inhalation of ether and chloroform, is the most valuable addition to practical medicine and surgery. To the physician, Dr. Richardson's spray-producer affords a ready and safe means of immediately allaying neuralgic pains from numerous diseases; whilst it enables the surgeon immediately to operate in a host of minor surgical complaints, the chief hindrances having often been, on the patient's part, the fear of pain; whilst it relieves the operator himself from doubt as to possible danger, which he must always feel in giving chloroform. And to those who have to undergo operations (universally as it will be used when all fully understand its marvellous effects), it will relieve an incalculable amount of misery. And Dr. Richardson has thrown open his instrument to all without a patent.

Such original and inventive minds are rare. We reap immediately the benefit of their hard mental toil, of their time, and care, and anxiety lavished in experiments, of the large expense which these entail; and it is simply a just debt we owe them, to testify in this way our gratitude. I am, etc.,

Southampton, July 18, 1866. JOSEPH BULLAR, M.D.

SIR: In the JOURNAL of the 14th, I perceive there is a letter from a "Physician", advocating the desirability of presenting a suitable testimonial to Dr. Richardson, for his many valuable discoveries. I fully agree with all therein stated, and shall be happy to do all in my power for the furtherance of so praiseworthy an object. Debarred as we are from making profit of, or patenting, our hardly-achieved inventions, it is but just that we, as a profession, should recognise in some tangible form the great benefit conferred by one of our most hard-working and disinterested discoverers. I am, etc.,

Lincoln, July 16, 1866. SEPTIMUS LOWE.

SIR: I doubt not that the feeling in favour of giving Dr. Richardson a testimonial, as suggested by a "Physician" in your last impression, will be largely responded to by members of the Association, by the profession generally, and also by the intelligent public; and this for the simple reason that his researches have reached all these sections of the community. It is hardly necessary for me, under these circumstances, to write a line; but, as many years of friendship have existed between us, I feel that I cannot let the opportunity slip, of saying how heartily I second the proposal of giving him a testimonial which he shall be really complimented in accepting, and which the profession will consider worthy of offering to him.

For these reasons I support the suggestion, and shall be willing to contribute my quota; but this must be a stipulation—that the thing is done handsomely, and, on the part of the profession, distinctly.

Camberwell House, S., July 19, 1866. J. H. PAUL.

SIR: In the last number of the BRITISH MEDICAL JOURNAL, I see with much satisfaction the suggestion of a "Physician" to set on foot a testimonial to Dr. B. W. Richardson, as a recognition of his eminent services to the cause of medical science and literature. I have not the slightest doubt that a most enthusiastic response will be rendered to this proposal, both on the part of the public and the profession. Most fully do I endorse all that "a Physician" so ably expresses; and I would say, in addition, that a more unselfish, disinterested, and genial man of science, it has never been my good fortune to meet with. This I know to be the feeling of numbers, who, with myself, hail with great satisfaction

the opportunity of testifying in a public manner the esteem and admiration with which we regard our distinguished brother. I trust that a committee will at once be formed for raising the testimonial, to which I shall gladly contribute in every way that lies in my power. I am, etc., M.D.

P.S. I enclose my card.

SIR: If, as Cicero has it, "*Hominem ad deos nulla re propius accedunt quam salutem hominibus dando*", with all its toiling days and laborious nights, anxious hours and restless years, our vocation must be a noble one indeed. Isolated from the great world of social recreation, we

Toil, toil, toil,  
From morn till night, and then  
Toil, toil, toil

Till daylight comes again:  
Regardless of self, unbiased by gain,  
We toil for the toilers; in pain relieve pain.

But still we are not gods, for there is a dash of humanity in us—  
And like other mortals, and like other sinners,  
We all have our wants, and we all want our dinners.

And, sir, you know we cannot get those said dinners unless we pay for them.

In the commercial world, every advantage is taken of every original thought, and a man no sooner makes a discovery than he makes a fortune, and, with his *otium cum*, enjoys it; but our divinity forbids this mundane arrangement, and, scorning the Patent Office, offers the fruit of our brain to every suffering being!

These lines were suggested by reading the letter of the anonymous "Physician", who, in the JOURNAL of Saturday last, so eloquently advocated a just and righteous cause, and so liberally promised to support it with material aid. Dr. B. W. Richardson has done enough to provoke the admiration and merit the gratitude of every thinking and ailing man. I cordially agree with the suggestion of "Physician", and will gladly add my mite to whatever sum may be collected for the accomplishment of his object. All men have not got such well-lined purses as "Physician", but all might give a little, and especially the opulent laity, who will certainly profit by the works of this great benefactor. I am, etc., D. MACKINDER, M.D.

Gainsborough, July 17, 1866.

**CHLOROFORM IN DYING.**—SIR: In connection with the interesting paper of Dr. Bullar, inserted in the JOURNAL of July 7th, will you allow me to suggest the use of chloroethine instead of chloroform. Chloroethine is prepared by mixing one part of rectified eau de Cologne (i.e., eau de Cologne distilled from rectified spirit) with two parts of chloroform. The result is a clear liquid of specific gravity 1.152.

I first used it for cases of labour where I wished to give something that would not produce unconsciousness, but would obviate or lessen the pain of parturition. (*Obstetrical Transactions*, vol. vii, p. 208.) I have since used it in numerous cases of tooth extraction, painful vaginal and other examinations, uterine and urethral stricture. In the latter it is extremely beneficial, as it at once allays the nervous spasm, often extreme, which is always induced at the approach of an instrument in such cases.

I do not say that carried to excess it would not produce unconsciousness, but I believe there is very much less risk in using such a dilution than in chloroform *pur et simple*, which, in unprofessional hands, has so often proved fatal.

The eau de Cologne is pleasant and gently stimulating; but is not supposed by myself to have any other special advantage over plain spirits of wine.

I may, nevertheless, mention that my friend Dr. De Wees, of New York, thought that the atoms of oil present therein might prevent the too quick elimination of the chloroform from its less evaporable diluent. I am, etc., I. B. BROWN, JUN.

14, Cambridge Street, Hyde Park, July 9th, 1866.

WE are much obliged to Dr. Bullar for his communication.

COMMUNICATIONS have been received from:—Dr. JAMES RUSSELL; Mr. G. B. MEAD; Mr. BIRCHENALL; Mr. A. BRACEY; Dr. MITCHINSON; Mr. C. HOLTHOUSE; Mr. PAGET; Mr. HUGH NORRIS; Mr. DREW; Mr. C. THURSTAM; Mr. DUNN; Dr. ROBERT FOWLER; Mr. J. FIRTH; Dr. THOMAS SHAPTER; Mr. REGINALD HARRISON; Mr. D. THOMPSON; Dr. G. JOHNSON; Mr. WILLIAM COPNEY; Dr. SIBSON; Dr. LANGMORE; Dr. J. BULLAR; Mr. M. A. ADAMS; Dr. M. PERRY; Dr. MACKINDER; Mr. S. W. NORTH; THE HON. SECRETARIES OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY; Dr. D. A. REID; Dr. SARGANT; Mr. S. LOWE; Dr. ADAM MARTIN; Dr. C. HARRISON; Dr. DUDFIELD; Mr. T. SYMPSON; and THE REGISTRAR OF THE MEDICAL COUNCIL.

## BOOKS RECEIVED.

1. Idiocy; and its Treatment by the Physiological Method. By Edward Seguin, M.D. New York: 1866.
2. Sore-Throat, its Nature, Varieties, and Treatment; including the Use of the Laryngoscope as an Aid in Diagnosis. By M. Prosser James, M.D. Second Edition, illustrated. London: 1866.



# Clinical Lectures

DELIVERED AT

CHARING CROSS HOSPITAL.

BY

HYDE SALTER, M.D., F.R.S.,

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS; LECTURER ON  
MEDICINE AT CHARING CROSS HOSPITAL MEDICAL SCHOOL;  
AND PHYSICIAN TO THE HOSPITAL.

## LECTURE X.

*History of Case. Cardiac Nature of apparently Pulmonary Symptoms. Points of Distinction between Cardiac and Asthmatic Dyspnoea. Steps of the Diagnosis, and the Reasons for them. Epistaxis as a Symptom in Heart-Disease. Termination of Case. Post Mortem Examination. Treatment.*

GENTLEMEN,—I wish to-day to offer you some clinical remarks on a case of heart-disease that was admitted into the hospital a fortnight ago, and that terminated fatally yesterday. Its fatal termination has just enabled me to verify the diagnosis; and its clinical history presents us with certain incidents, the value and teaching of which, especially in relation to *diagnosis*, I am anxious to impress upon you.

The patient was brought to the hospital suffering with extreme shortness of breath; he was only able to speak in short and broken sentences; had a mingled expression of anxiety and exhaustion; and a certain sallown, almost jaundiced, tinge in his skin. He gave us with some difficulty (partly from his breathlessness, partly from his drowsiness and exhaustion) the following history.

Robert Lunt, aged 35, single, by occupation a sailor, has enjoyed unbroken health up to fifteen or eighteen months ago, when he had rheumatic fever; it affected every joint in his body, and confined him to his bed for three weeks. During the attack, he suffered, for the first time in his life, from great palpitation of his heart, severe pain in the præcordial region, and dyspnoea. His heart beat so strongly that he could hear it as he lay. When the attack came on he was on board ship, outward bound on a voyage to Australia. After he got into warm latitudes he convalesced pretty quickly, and was gradually able to resume his duties. At Bombay, four months after, he was again attacked with palpitation; which, however, lasted only an hour. Up to three months ago, on the voyage home, his breath was pretty good, and he was able to climb the rigging without inconvenience; but since he has been home it has failed, and he has suffered from loss of appetite and languor. About six weeks ago shortness of breath came on, and has never left him since. The difficulty of breathing renders it impossible for him to lie down: as soon as he attempts to his breath is gone, he feels choked, and is obliged immediately to sit up. It also prevents all sleep, even in the erect posture. For the last week, he states that he has not had a wink of sleep, day or night; and his friends corroborate his statement. He feels drowsy and sleepy—overwhelmed with sleep, in fact; but he cannot get a moment's slumber, on account of the dreadful breathlessness that immediately attacks him. Just as he is dozing off, he "chokes", as he

expresses it, and is wide awake in a moment. The slightest exertion, too, aggravates the dyspnoea so much that it is insupportable; he cannot cross the room, cannot even get out of bed or into it, without assistance. The breathing is worse after food, proportionately to the quantity eaten. He has had no cough. A day or two after the shortness of breath came on he began to spit blood; the blood was clotted, black, and in pellets, unmixed with phlegm, and not frothy. He would spit it a dozen times, perhaps, in the twenty-four hours. Appetite bad; bowels confined; urine scanty, high coloured, and not albuminous.

On examining the chest we found crepitant rhonchus in patches here and there, especially in the upper part of the right side in front. Breath-sounds in other respects perfectly natural. Heart-sounds natural, except that the first sound was dull and defective. Pulse 84; respirations 30.

Now, before going any further, let us just stop to inquire what diagnosis could be constructed out of these materials, and what diagnosis actually *was* arrived at. The elements for diagnosis which we find here are, hæmoptysis, moist breath-sounds, dyspnoea, and an absence of cardiac *bruits*. Now, if any one were to give you these four points, and ask you to make a diagnosis out of them, you would no doubt say, and you would be perfectly justified in saying, that they pointed to pulmonary rather than cardiac disease. And yet we decided, on the strength of them, that the case was cardiac, and not pulmonary. You might say that this was a verdict "contrary to the evidence"; but I would submit that it was in strict accordance with the evidence—not the superficial and *primâ facie* evidence, but with the evidence fairly sifted and intelligently interpreted. For, in order to shew me that the symptoms I have enumerated assert a pulmonary diagnosis and negate a cardiac one, you must shew me that lung-mischief does give rise to them, and that heart-mischief does *not*; and, moreover, that lung-disease gives rise to that particular variety and form of them that we find in this case; and that, I think, would puzzle you very much. Let us take them in their order.

Does hæmoptysis necessarily point to lung-disease, to the exclusion of heart-disease? Has it necessarily and exclusively a pulmonary significance? We know perfectly well that it has not. We know that hæmoptysis is a characteristic and recognised incident in cases of heart-disease. I have seen it in a great many cases, and have known it fatal in two. I remember a case in King's College Hospital, under the care of Dr. Todd, some sixteen years ago, which terminated fatally in a little more than twenty-four hours: the man actually bled to death from his lungs. He had been suffering from heart-disease for some time. The hæmorrhage was slight at first, but it soon became considerable, and he was admitted into the hospital on account of it: it resisted all means to arrest it; and, in twenty-four hours after his admission, he sank under it. On examination after death, the mitral orifice was found greatly narrowed, and the lungs full of what are called pulmonary apoplexies, but otherwise not diseased. Another case somewhat similar occurred under my own care in this hospital about eight years ago. The patient was a boy about twelve years old; he had had rheumatic fever some few months previously, which had left his heart affected. The state of the heart went from bad to worse, and he became œde-



matous. His dyspnoea and other symptoms became very urgent, and one day I was told that he was spitting blood. Means were adopted to arrest it, with partial success; but the next day I was informed that he was dead. The hæmorrhage had returned, had resisted all efforts to check it, and had become so profuse that he rapidly sank under it. The lungs were healthy, except that they were full of blood. The disease in this case, too, was mitral.

We see, then, that not only is hæmoptysis not necessarily a pulmonary symptom, but that a form of it, the most profuse and fatal, may be of cardiac origin. I think, too, that we can distinguish the one form of hæmoptysis from the other by its own peculiar characteristics, independent of the general symptoms. I think, if I were shewn some bloody sputum due to cardiac obstruction, I should at once recognise it; and I think its appearance alone would enable me to diagnose its cause. The blood is always black, in pellets and clotted, reminding one of black currant jelly; it is not frothy, and not intermixed much with mucus. Its great characteristic is the blue-blackness of its colour, which is quite peculiar, and speaks of that imperfect arterialisation of the blood which the impediment to the pulmonary circulation to which it is due inevitably produces.

Then how about the *crepitation*? Are we to say that a man's disorder is pulmonary because we find crepitant rhonchus in one of his lungs? All we can say is, that there is some fluid material in the air-tubes which there ought not to be, giving rise to the moist sound. But, if blood in the air-tubes may be caused by heart-disease, then crepitation may be caused by heart-disease, because the crepitation may be caused by the blood, and, I believe, in this case *was* caused by the blood, and *exclusively* by the blood.

Then with regard to the *dyspnoea*. I need not remind you that dyspnoea may point as much to heart as to lung disease. If, then, we want to know what is its significance, we must go, not to the *fact* of dyspnoea, but to the *kind* of dyspnoea. Now, the kind of dyspnoea in this case was eminently cardiac. It had the three intolerances so characteristic of cardiac dyspnoea—intolerance of exertion, intolerance of the recumbent posture, and intolerance of sleep. The moment the patient moved, his breath was gone; the moment he lay down, his breath was gone; the moment he slept, his breath was gone. His dyspnoea was, in fact, that particular form of dyspnoea which is called orthopnoea, and pointed directly to heart-disease. Thus you see the hæmoptysis, the moist breath-sounds, and the dyspnoea, instead of pointing to pulmonary disease, pointed directly to cardiac.

When at the bedside of this patient one day, I asked an intelligent student of this school, who was standing by, what his diagnosis of the case would be; and he said, after thinking a minute or two, "Asthma". Now this was not a bad diagnosis; it was a *wrong* one, but it was a *reasonable* one. In asthma the paroxysms are generally nocturnal; so they were here. In asthma the dyspnoea is aggravated by exertion; so it was here. In the asthmatic paroxysm there is an inability to lie down; so there was here. Even the hæmoptysis is compatible with both; for it is not very rare to find cases of asthma in which blood-spitting occurs in the severe paroxysms, from the rupture of the congested vessels,

and sometimes to a considerable extent. So that the guess of your fellow-student, if I may call that a guess for which there was so much reason, was not a bad one. There are, however, some points of distinction between dyspnoea of cardiac origin and asthmatic dyspnoea, very clear and certain, which are worth your attention.

In the first place, walking will not *bring on* asthma as its immediate result; nor will lying down. If the asthma exist, they will aggravate it; but they will not *bring it on*, if no trace of it exist at the time. But in this case, let the man be breathing ever so tranquilly, the slightest exertion threw him into a paroxysm of breathlessness; so did any attempt to lie down—immediately. So also sleep will not at once induce asthma; it may do so in an hour or two. But here the man had hardly forgotten himself when the struggle for breath awoke him. His constant cry was, "Do give me sleep; pray give me sleep; I am dying for want of sleep." But no power on earth could give him sleep; for the moment he dozed, his enemy appeared and woke him up.

Then, again, the subsidence of the dyspnoea was too quick for asthma: if movement brought it on, rest immediately relieved it; if lying down brought it on, sitting up immediately relieved it; if momentary sleep brought it on, it subsided in a few seconds after waking. Now this is not the case with asthma: once set the paroxysm going, and it is an affair of time, and often of very long time, to subdue it.

Again, in asthma, the dyspnoea is, from the very nature of its cause, almost sure to be accompanied with wheezing—in this case there was none. On listening to the chest, too, the respiratory murmur in asthma is universally or partially lost; but in cardiac dyspnoea, as in this case, the chest inflation is free, and the respiratory murmur exaggerated, especially during the paroxysms, which is the very time when in asthma it is lost.

Thus you see that in many ways, in spite of their points of resemblance, the two forms of dyspnoea, asthmatic and cardiac, may be easily distinguished from each other.

Having then arrived at this general diagnosis—having determined that the case was cardiac—what was our more precise diagnosis? what special form of heart-mischief did we think we had to deal with? Now here we were met by the fact—rare in such a case as this—that there was *no adventitious heart-murmur*; the diagnosis turned very much upon this, as you will see.

In the first place, we came to the conclusion that the heart was hypertrophied. Its action was heaving, the distribution of its impulse was extended, and the area of cardiac dulness was too wide; at the same time the first sound was dull and obscure; and this fact had all the more significance from the other facts—from the defective sound being associated with so strong an impulse and with a full pulse.

In the second place, we came to the conclusion that there *was* some valvular mischief, in spite of the absence of any *bruit*. And why did we come to this conclusion? Simply because the symptoms appeared all to start from rheumatic fever. The great value and indicativeness of this fact cannot be over-estimated. The man had the first attacks of shortness of breath that he had ever had in his life during the rheumatic fever; there can be no doubt from the symptoms he suffered from—precordial pain and



palpitation—that his heart was then affected. Since that time he has suffered from repeated attacks of palpitation, and now he has manifest symptoms of hypertrophy. Now, taking those two points—rheumatic fever as the cause and hypertrophy of the heart as the result—what is the *tertium quid* that connects them? If rheumatic fever produces hypertrophy of the heart, by what agency does it do so? The only way that I can conceive is by organically damaging the heart's valves and orifices. Unless the rheumatic fever leaves some organic trace behind it, one does not see why, or how, it should ultimately give rise to cardiac hypertrophy—the mere fact of rheumatic fever having occurred could not produce it. Taking for granted, therefore, that the hypertrophy of the heart was primarily due to the rheumatic fever, I could not but conceive that thereby valvular disease was inevitably implied. What, then, did this bring us to? Valvular disease without a *bruit*.

And this brings me to the third point in our gradual narrowing of the diagnosis; namely, What particular valvular disease was that most likely to exist here? what valvular disease would be most compatible with absence of *bruit*, and with the other symptoms of the case? We concluded it to be *mitral narrowing*. There can be no doubt that mitral narrowing often does exist to a considerable extent without giving rise to a murmur, if the narrowing be unaccompanied with irregularities or asperities of orifice; and this is probably due to the feebleness of the force by which the blood is impelled (auricular systole) and its consequent feeble murmur-generating power. There can be no doubt, too, I think, that mitral narrowing has a greater tendency than any other valvular lesion to give rise to hæmoptysis, also a feature of this case.

My diagnosis, then, was some smooth narrowing of the mitral orifice, sufficient to give rise to considerable obstruction to the transit of blood through the left side of the heart, but not sufficient to generate a *bruit*.

Now, gentlemen, I have been at pains to give you the steps of my diagnosis and my reasons for them; for I do believe that it is only in this way—by examples, by shewing you individual instances of the application of its rules—that the art of diagnosis can be taught.

Before I tell you what the *post mortem* examination revealed, let me just finish the history of the case, which may be done in a few words.

After his admission into the hospital, no mitigation took place in the patient's symptoms. The urgent dyspnoea, especially on attempting to lie down, to sleep, or to move, continued. Day after day and night after night, he got no sleep, though begging and praying for it. To his sleeplessness was added now increasing restlessness, which greatly aggravated his distress. He would not remain in the same position two minutes together. At one moment he was in bed, the next out of bed, the next in bed again. As this restlessness increased, his drowsiness became exchanged for an apparent incapacity for sleep, and his manner had something the aspect of that of a patient suffering from incipient *delirium tremens*. Indeed, I have no doubt that his condition did approach to that of delirium tremens, and that his restlessness and vigilance were due to extreme exhaustion produced by the many exhausting influences that were telling upon him. There was the

exhaustion of his sufferings, the exhaustion of his sleeplessness, the exhaustion of want of food (for he took nothing), and the exhaustion of the hæmoptysis. And to these was added a much more potent source of exhaustion, that I have not yet mentioned to you. After he had been in the hospital two or three days, he was attacked with profuse bleeding of the nose, which was so profuse and so ungovernable that, after many remedies had been tried and failed, both nostrils were obliged to be plugged. In spite of this he lost blood largely every day, and became quite blanched and anæmic. You must all of you remember the ghastly appearance of the man, with his haggard expression, his white face, his plugged nostrils, and blood-bedabbled linen. The nostrils remained plugged up to the time of his death, for every day the bleeding burst out afresh.

Now, what was the meaning of this profuse and persistent epistaxis? I am inclined to think that it bore the same interpretation as the hæmoptysis—that it was due to the giving way of vessels that had become congested and distended in consequence of the impediment at the heart retrograding upon them. You know how surely heart mischief in this way ultimately produces systemic venous stasis; indeed, that this and its attendant results constitute some of the most marked symptoms towards the close of cardiac cases. That the heart mischief had produced this result in our patient the cedema of his legs showed; and that the epistaxis, although due to the same cause as the hæmoptysis, did not supervene till some time after it, is quite explicable by the relative position in the circulation which the two seats of hæmorrhage occupied; for it would take some time for the impediment first felt at the pulmonary vessels to retrograde as far as the systemic venules. It is very possible that the tendency of the vessels to give way under the increased pressure of their contents might have been in this case assisted by a hæmorrhagic tendency, which I have over and over again seen associated with the rheumatic diathesis. I do not say that the hæmorrhage was positively caused in the way that I suggest, but I think it extremely probable. Indeed, considering how easily the venous plexuses of the nasal mucous membrane give way, and what conspicuous evidence we often see of venous turgescence in heart-cases, it seems to me more remarkable that epistaxis should not oftener occur in such cases than that it ever should. I do not know, however, that I have ever seen bleeding of the nose mentioned as a recognised occurrence in the course of cardiac cases. If this man's epistaxis really depended on the impediment to the circulation that the heart-disease offered, it would explain why it so resisted all attempts to stop it, because it was the result of a persistent and constantly acting cause.

The closing scene of the case was in this wise. The night before last (having been thirteen days in the hospital), the man was seized, without having appeared worse on the previous day than usual, except that he was weaker, with a more violent paroxysm of dyspnoea than he had before experienced; he felt as if he was dying. Similar paroxysms recurred throughout the night, getting more and more severe; and at length in one of them he died.

On making the *post mortem* examination just now, we found one of the largest hearts I ever saw; it might truly be called a "bovine" heart. It reminded one more of the ox-hearts we see hung up in but-



chers' shops than of anything human. The wall of the left ventricle was one inch and three-eighths thick; I measured it myself. The right ventricle was half an inch thick; and the auricles proportionately thickened. So far we found what we expected—the heart was, as we diagnosed, greatly hypertrophied. We then cut into it to see the valvular disease on which all this hypertrophy probably depended; and what did we find? *Every valve of the heart perfectly healthy!* There was nothing but a slight patch of opacity on one of the curtains of the mitral valve, that could never have interfered with its action. Now here was a strange thing!—perfectly compatible with the absence of *bruit*, and so far satisfactory, but subversive of our hypothetical diagnosis, and leaving the hypertrophy utterly unexplained. Here was a case of enormous hypertrophy without valve-disease, without lung-disease (the lungs were perfectly healthy), and without kidney-disease. I may mention too that the pericardium showed no trace of disease. Such cases are not common, but we sometimes see them, and they are among the puzzles of pathology. Perhaps the most curious thing is that, although the heart-symptoms that ended in this hypertrophy commenced with rheumatic fever, there should be no evidence of the ordinary agency by which rheumatic fever generates hypertrophy of the heart. Could it be that the patch of slight opacity on the mitral valve could be the remains and indication of a former valvular lesion sufficient when recent to have started the deranged action which gave rise to the hypertrophy? I cannot think it. The mind is baffled in seeking an intelligible solution of so difficult a problem.

In the way of treatment, there was little to be done. The great means of alleviating the cardiac embarrassment in cases of this kind—hydragogue catharsis—was in this case inadmissible from the man's exhaustion and the many weakening influences to which he was subjected. If we had dared to give him twenty grains of compound scammony powder every morning, and had thus draughted away from his bowels six or eight abundant watery stools, we should for the time being have reduced the volume of the blood to be circulated and so disembarrassed his heart.

The only thing to be done, besides using every means to stop the hæmorrhage, was to endeavour to keep him up in every way—by food and stimulants, especially alcoholic. Food we had the greatest difficulty in getting him to take. The condition of his circulation and respiration prevented our employing sedatives to procure him rest. Thus our hands were tied in every way, and there was little left for us to do, but to stand by and watch the inevitable and fatal issue.

**HEALTH OF PHILADELPHIA.** Previously to every epidemic of cholera which has prevailed in this city an epidemic constitution of the atmosphere has always manifested itself in an increase of deaths from bowel affections. No such condition of things seems to exist at the present moment. The whole number of deaths from cholera infantum, diarrhoea, and dysentery, for the week ending May 26th, was only six, in a mortality from all diseases of two hundred and eighty-eight. (*Medical News and Library*.)

## Original Communications.

### ON A CASE OF LOSS OF POWER OF EXPRESSION;

INABILITY TO TALK, TO WRITE, AND TO READ  
CORRECTLY AFTER CONVULSIVE ATTACKS.

By J. HUGHLINGS JACKSON, M.D., Assistant-Physician  
to the National Hospital for Epilepsy and  
Paralysis; and to The London  
Hospital.

In the year 1863, a healthy looking man came under my care at the National Hospital for Epilepsy and Paralysis, for epileptiform seizures. He had then had four attacks. Each had affected, so far as he knew, the left side of his body only; but his speech was not disordered after them, and he was able to continue at his duties as a clerk. He continued to attend till early this year (1865). He then had a series of attacks; and these, his friends said, affected his right side. I now saw him at home with Dr. Roberts, of Lamb's Conduit Street, and with Dr. Roberts's assistant, Mr. Brown. After these attacks, the patient could talk, but he made mistakes in talking. There was, however, so much incoherence with this particular defect, that I did not then come to any positive conclusion as to how far his bad talking was to be classed in the same category with what has been described under the names of aphemia, aphasia, and many others. Of course, the proper thing would have been to have described the defects without any reference to such names, as the relations of defects of speech to actual incoherence are most important. I had no opportunity for doing this. I have already observed that defects of speech, or as I have called them more generally defects of expression, occur with paralysis on the right, and very rarely with paralysis on the left. I need scarcely remark that this has been previously pointed out by M. Broca and others.

This patient had no paralysis; but it is not to my mind without significance that he had no defect of talking, etc., after the first fits, when he was, as his friends said, convulsed on the left, and that there were the defects to be presently described after the attacks on the right. I do not, however, put the case forward as having much importance as a fact towards settling the question as to the side of the brain involved in disorders of speech, as probably both sides have been affected, although at different times. Moreover, many medical men would not agree with me in thinking that unilateral convulsions are frequently due, as I believe they were in this case, to disease of the hemispheres.

Besides, since the whole of this paper was first written, the patient has had attacks of a very curious sort, which I shall afterwards describe. They have resemblances to choreal movements; and thus to my thinking they have much importance, as shewing, with the other defects I am about to mention, the continuity of movement, actions, talking, and those conditions of nerve-tissue which do not necessarily result in outward movement; e.g., subjective talking. It is important to add, that this patient had had rheumatic fever thirteen years ago. I think it most probable that the nutrition of parts of his hemi-



spheres has been interfered with by embolism of small vessels.

I have had no hospital patient under my care for defect of speech whom I know to have been well educated except this one. He had performed the duties of an important government office requiring good education and intelligence.

Before I relate my case, let me draw attention to an important case, which in some respects resembles the following, related by Dr. Banks of Dublin, in a valuable communication to the *Dublin Quarterly Journal of Medicine*. Another case, with an autopsy, has been published by Dr. Russell of Birmingham. That case is a very complete one, and is of extreme value. Dr. Sanders's excellent case, in which inability to write was a marked symptom, has recently been published in this JOURNAL. More recently, Dr. Gairdner has published a very interesting and valuable paper in the *Transactions of the Philosophical Society of Glasgow*.

I met my patient in the street a few weeks after my visit to him just mentioned. He was then, to superficial appearance, as well as ever. I observed that he spoke quite well, and this throughout rather a long conversation. If he had made the slightest mistake of any sort, I should have caught it at once. I congratulated him upon being able to speak well again. He replied, however, that he was often at a loss for a word; and his father told me that his son frequently made mistakes in names. On my remarking that I had not detected any defect of speech, the patient said that his speech was imperfect most "when anything came on him suddenly," or when he was not thinking particularly of what he was saying. His greatest trouble, however, was in writing. He had no difficulty in penmanship; on the contrary, it was beautiful. His trouble was that he could not readily find the proper words, and those he wrote he often spelled incorrectly. He shewed me something he had just written; namely, words on a plan. For "box" he had written "gox"; for "silver", "cilver"; and again I saw that, after crossing out this mistake, he had written "silves". I was extremely interested in his mistakes; for there was mind enough to give them relation to proper speaking and writing. I asked him to collect for me all the mistakes he had made in writing, and in a week he brought me several letters. He said he could generally manage to write a tolerably correct letter, if he made a copy first and then looked over it. He brought me, also, a bundle of letters written before he was ill; I could find no mistakes of any kind in them. They were chiefly on business, but some also on simple family matters.

The following is the first copy of one of his letters. In this, as in all the others except where it is expressly mentioned, the address, date, and signature, are correct. The words in the square brackets are corrections written by the patient; those in the curved brackets are written by myself.

"I glad to say that I am going on all right, and I hope [hope] to continue to do so. I daly [daly] take a long walk, and do not find the configue [fatigue] as I formerly did. I am aglie agissue agligere (obliged?) to stop and think what ("what" is crossed out) how spell (crossed out) the wors [words] are spelt. I can ver ger generly (altered to generally) go on verly well in may making the second copy."

The following is the second copy he speaks of; but it will be seen that several words are still spelled wrongly.

"I am glad to say that I am going on all right, and I hope to continue to do so. I daly take a long walk, and do not find the fatigue as I formerly did. I am oblige to stop and think as to how as to how the words are spell. I can generally go on

verly ("verly" crossed out) very well in making the second copy."

When I saw the patient, I asked him to spell daily; and he did it quickly and correctly. The next day he could not spell it, and seemed to think "daly" must be correct.

The following is another letter.

"I do not find any improm (crossed out, and "improvement" substituted) in by leth [my health] this dalt [last] few days. Bodily I seem about the same with the exempt- except that I ave, av have had indejection [indigestion]. I can recofect things for years past very well, but I am pusseld [puzzled] to find how to spell, and cannot do so with (without?) thinding [thinking] first. I seem to av have got on better this (crossed out) with this better (letter?) than I some thim (crossed out) times can."

Another letter.

"My dear Sir,—I am glad to say I an soing [going] on fulvidloury (crossed out) favourably and op hope to leave London in a fue [few] days for gänge [change] of eair [air]. I have had a long and levar (crossed out) severe adact [attack]. The the (crossed out) only thing I can see the mater [matter] with me it [is] the wand (crossed out) want of writing and corep coretur coker (three abortive attempts to write correspondence?)

"I am dy (crossed out) my dear sir, etc."

I was surprised to find how badly he read, after hearing him talk glibly and well. I asked him to read the following extract from the test-types used at the Royal London Ophthalmic Hospital (No. 1 of Jäger). It will be convenient, however, to give it first as he copied it, although this came afterwards. I mention the type, as I think that probably the trifling errors in his copy are due to carelessness in reading small type, and perhaps somewhat to nervousness. The additions in the brackets are my corrections.

"The place of our retreat was in a little neighbourhood consisting of farmers who tilled their our [own] grounds, and were equal strangers to opulence and poverty. As they had almost all the convenience [s] of life within themselves, they seldom visited towns or cities in search of superfluities. Remote from the polite, they still retain [ed] the primæval simplicity of manners; and frugal by habit, they scarce knew that temperance was a virtue. They wrought with cheerfulness on days of labour."

He read very slowly, and made, as nearly as I could estimate from the sound, the following mistakes, many of which he corrected. Red, round, hand, for neighbourhood; standers for strangers; opulus for opulence; possery, popery, for poverty; visit for visit; sepperitition, sepperist, sepperit, sepperistis—abortive efforts to say superfluities (he could not say it after me until I said it very carefully and slowly for him); remake, remoke, remote, for remote; polites for polite; primavel for primæval; mimpiety for simplicity; menners for manners; fruel for frugal; themperance for temperance; cheerlessness for cheerfulness; lady for labour.

It may be that such mistakes as "polites", "fruel", are due to carelessness; but he pronounced these mistakes very clearly, and corrected them sometimes. Nor were the mistakes due to a permanent difficulty in articulation. He could say any word I asked him to say. He could repeat without the slightest slip the following difficult lines.

"Around the rugged rocks the ragged rascal ran the rural race."

"Up a high hill he heaved a huge round stone."

"Frue!" is perhaps the way in which a drunken man would shorten the word "frugal"; but there was at that time no such thickness about the patient's talk.



It must be observed that these last-mentioned trials are rather specimens of what he could do by care and by attending to what he was doing, and not of what he could say when talking loosely. As he still said that he made mistakes at home, I asked him to collect them for me. The following is the result.

"Intending to say the following words, I said, for case, clase; for sister, sisper; for stomach, spomach; for that, sthat; for never learnt, never lant, never tant; for to wear, to pear; for plate, s-s-s-plate; for three, th-th-ree; for pig, prig; for bedstead, beekstead; for Emma, Enna; for go to bed, go to ded; for reid [read], leid; for coat, sloat; for turn his toes out, turn his nose out; for later in the day, laer in the day; for answer as a tung [tongue], answer as a tooth; for how is your tooth? how is your hand—your tongue—your feet? for mistake or two, mistalabal; for to such extent, to such an expemut; for going to wear, going to vell; for sticking plaster, picking plaster; for sight, fight; for blood, brod; for beat, bread; for going right, going rike; for you need not wet it, you need not wat it; for you have a little cold, you have a little clean; for the sun is at its hight, the sun is at the moon; for you want some more meat to eat with them, you want some more meat to drink with them; for meat, bread; for knife, eggs; for wall, floor; for walk a mile, take a mile; for of meat, of mead; for not been my doing, not been ny doing; for nise [nice], nite; for tight, trite; for of a boy, of a dog; for alf [half] a sleep [sleep], alf a sleass; for travel, traverk; for he is knocked [knocked] up, he is locked up; for to school on Saturday, to school on Skatterday; for people coming from church, people coming from searck; for one stair, one floor; for all the week, all the sweet; for you had better save them, you had better ceave them; for its all mussell, its all mujile; for custard, tustard; for showes as bright, showes as shite; for table, tadle; for the fastest train, the largest train."

I called on him one day, and asked him to spell several words. For plough he gave plow; for cough, coff; for dough, first dough, then dowe; for daily, daly; for generally, he began several times j, and when I told him it began by g, he could not proceed; for laugh he gave lauf (he pronounced the word something like this). For picturesque, at the first trial, piethuress; at the second trial, pickthuressk; at the third trial, he said, "No, that's not right", and deliberately spelled "esque".

I then dictated the following from an article in the *Saturday Review*. His mistakes are in brackets.

"The man [mand] whose [woos] mind [minds] is entirely taken up [out] with small [sall] details [detales], fancies [sances] he has a right to sneer [seen] at every one gifted [gisted] with less [lest] minute knowledge [knowledge]. Because [Begase], and again Begause] he can [gan] grease [crease] the wheels [weels] and tighten [bighten] the screws [schreus] of machinery [masheenery] he fancies [sances] himself an authority on the laws [laus] of motion [mosien]."

I then asked him to spell the word whose, aspiring it strongly. He wrote "hose". Small, he spelled "sall", as in the text; but quickly remarked, "No, that's not it; that's sall." He then hesitatingly spelled it rightly. Sneer he spelled sneer; because, becaus; and laws, lass. I said no. He then spelled "lause". I again said no. He said interrogatively, "There is a laws spelled l a s s?" I said, "That is lass, not laws." He replied, "So it is"; but still could not spell the word correctly.

[To be continued.]

## A FEW REMARKS ON CANCER.

By R. H. MEADE, F.R.C.S., Consulting Surgeon to the Bradford Infirmary.

HAVING been a great deal interested last year at Leamington, by hearing Mr. Moore's paper on Cancer, with the discussion which followed it, I venture to hope that the same subject may be revived at Chester, this summer, and that Mr. Moore may be able to report the acquisition of some valuable information in answer to the statistical inquiries which he made of the profession respecting the antecedents of cancer.

In Mr. Moore's paper, (which he afterwards published in a more extended form, and a copy of which he kindly sent me) there were many interesting remarks upon the pathology and treatment of this frightful disease; but several points were very open to criticism; and it is upon one or two of these that I venture to make a few observations. First, as to the constitutional nature of cancer; Mr. Moore is of opinion that it is purely local in the first instance, and independent of any morbid taint in the body. Now it would be very gratifying to be convinced that this hypothesis is strictly true, but I fear that we cannot at present come to that conclusion; there being so many facts which militate against it. The exceeding difficulty of preventing the recurrence of cancer after operation, is a strong argument in favour of its constitutional origin. How is it that a patient sometimes remains well for one or more years, and the disease then returns? If its return depend upon its incomplete extirpation, one would expect it to show itself quickly.

If cancer be not constitutional, how can we explain the fact of the comparative frequency of the occurrence of what are called recurrent tumours, "in the descendants or near relatives of those who are or who have been cancerous?" The distinguished surgeon and pathologist (Mr. Paget) whose words I have quoted, adds, "It is as if their growth" (that of recurrent tumours) "were due to some diathesis, through which the cancerous, in some instances, fades away into health, or is in some gradually developed."

Mr. Moore is obliged to admit that cancer is in some measure hereditary; but here he will not allow that any constitutional affection is transmitted; but says that, in his opinion, the inherited peculiarity is clearly a local one, and arises from the same kind of parental influence as may determine the production of deformities, or peculiarities of external form.

Mr. Moore suggests that, if cancer were in the blood, it might be found by chemistry, or the microscope. Can these means detect tubercle there, in patients predisposed to consumption? And yet will not Mr. Moore admit that phthisis is constitutional?

There can be no doubt of the hereditary nature of cancer, though, as in all other hereditary complaints, its descent cannot always be traced, and parents or other near relatives of a cancerous patient may have died of the same complaint in some internal form, without its nature having been known. I think that many old people die of cancer of the liver, or of some other internal organ, in whom the disease is not recognised during life. Believing, however, that cancer is both hereditary and constitutional, I admit that, as in other diseases of the same class, the diathesis may often originate *de novo* in the individual whom it attacks.

As in scrofula and tuberculosis, so in cancer, the constitutional taint varies greatly in intensity, so that the disease may appear sometimes to be strictly local. In scrofula we often see a single joint affected;



and, when this is removed by operation, the health of the patient is restored, and he may live to old age, without shewing any further symptoms of the complaint. No pathologist, however, would say that the affection in this case had been a purely local one.

The deposit of cancer differs no doubt from that of tubercle, or struma, in possessing a much greater degree of vitality, and thus spreading more easily to neighbouring, and, through the absorbents, to distant parts. Still, I think, it is sometimes possible to remove the local disease in cancer, with a prospect of success, if an operation be performed sufficiently early; for the cancerous predisposition may exist in a very slight degree, and the local affection may have been excited by a blow, or some other external cause of irritation.

There seems to be a great difference in respect to the liability to return, or rather in the difficulty of complete extirpation, between cancer in one part of the body and in another, even with respect to the same form of the disease. Thus, while the chances of success by an operation are greater in the epithelial than in any other form of cancer (except perhaps, the melanoid) when it is seated in the skin or lip; on the contrary, when it attacks the tongue, no form is so malignant. It appears to me that cancer is peculiarly liable, also, to return after extirpation in the female breast; and, unfortunately, the surgeon is more frequently called upon to operate here than in any other locality.

In my own experience, the most favourable cases for operation are those in which the disease occurs in an organ or part which is separated from the other tissues by some distinct capsule or coat, and can thus be more completely extirpated; so, in the testis, if the organ can be removed before the morbid growth has penetrated through the tunica albuginea, or extended up the cord, we may hope for success. In one case in which I removed the testis of a gentleman, whose brother had previously died of cancer of the same organ, where the characters of malignancy, both before and after the operation, were very well marked (though the disease was in an early stage), the patient lived for fourteen or fifteen years afterwards, and then died of apoplexy. Four years ago I removed another testis, affected in a very similar manner, from a middle aged gentleman, who is now in good health. I am sorry to say that these are the only two successful cases of the kind that I can record; but I am convinced that one great cause of failure is the postponement of an operation until the disease has proceeded so far that its complete removal is impossible.

The eyeball is another organ in which cancer on its first occurrence is sometimes entirely confined to the limits of the globe; and, if extirpation be performed, as soon as the nature of the disease is clearly apparent, success may be hoped for.

I removed an eye affected with cancer a good many years ago, from a girl 14 or 15 years of age, and she remained well at the end of six years, when I lost sight of her. The form of disease usually affecting both the testis and eyeball, is the encephaloid; and though, under many circumstances, this is usually the most rapid and malignant of any variety of cancer, yet it has been noticed by many surgeons that sometimes it bears removal better than others. The results of my own limited experience support this statement; and I could bring forward several instances where persons remained well for a considerable time after the removal of tumours of the encephaloid or medullary class. I remember one instance in which I excised a large tumour from the side of a man's neck (it extended from the lower jaw

to the clavicle), which had been growing for many years; before the operation, I hoped the tumour was of an innocent character, as there were no signs of cancerous cachexia; but its structure was decidedly malignant. This man remained well for upwards of two years, when the disease returned in the neck, grew to an enormous size, and killed him.

I cannot agree with Mr. Moore, that cancer is eminently a disease of healthy persons; it may sometimes appear to be so, but I have noticed that, where it has occurred in members of families, whose history I have had an opportunity of knowing for many years, there has mostly been an unhealthy (generally a scrofulous or consumptive) tendency. Another point which I have observed, is, that patients affected with cancer are generally prematurely grey. Again, cancer is eminently a disease of the aged; as the vital powers diminish in strength, and the different structures become enfeebled and less capable of resisting degeneration, they seem more liable to cancer.

I have already said that I believe the internal forms of cancer to be more commonly the cause of death than is usually supposed. Old people often sink under chronic jaundice. I have no doubt that this is mostly produced by cancer of the liver. At other times the stomach is the failing organ, and the patient dies with symptoms of chronic dyspepsia. I think there is often cancer of the stomach or pancreas in these cases, though the pylorus may not be affected; and therefore the usual symptoms of cancer of that part are absent. I attended one old lady, who died at the age of 73, with symptoms of disease of the stomach, the nature of which I should have been at a loss to determine without a *post mortem* examination, except for the fact, that I had assisted in the removal of a cancerous tumour from her breast four years before.

In concluding these few remarks, I should feel it necessary to apologise for bringing facts and opinions forward which have been often promulgated before, if I did not feel the necessity of keeping the subject of cancer before the profession, with the hope that something may ultimately be found which will point to the cause, or arrest the progress, of this terrible malady.

EDINBURGH UNIVERSITY ATHLETIC CLUB GAMES. The first annual public competition of this flourishing club took place last week. Many professors and distinguished members of the medical profession were present. Mr. J. W. Moir, son of the late distinguished Dr. Moir (Delta), acquitted himself splendidly. The ease and grace with which he succeeded in clearing a bar five feet seven inches in height, called forth the admiration of all the spectators. Numerous prizes were presented to the successful candidates by the president, Lord Neaves.

THE DEAF AND DUMB. England, with its deaf and dumb population of 12,236, supports eleven institutions for their education, containing about 1,000 pupils; Scotland supports five with about 240 inmates; and Ireland seven, with about 400 inmates: making in all twenty-three schools, with accommodation for about 1,640 pupils; about one twelfth of a class of unfortunate beings who have been described as "deficient in the sense most important to the intellectual and spiritual nature of man," whose need of education is most urgent, and whose claims upon our pity are both powerful and just. There are, therefore, 18,671 deaf mutes, out of the 20,311 in this country, for whom no recognised means of instruction are provided. In the metropolis there are 1819 deaf mutes.



## Transactions of Branches.

### CAMBRIDGE AND HUNTINGDON BRANCH.

#### PRESIDENT'S ADDRESS.

By J. J. EVANS, Esq., St. Neot's.

[Delivered June 26th, 1866.]

GENTLEMEN,—In taking possession of the Chair as your President on this occasion, my first duty is to thank you for the high professional compliment you have paid me in selecting me to fill a post of so much honour. I should be vain indeed, were I not to feel that a great responsibility rests with me in connexion with the duties of to-day; and I have, therefore, to ask for a large share of forbearance on your parts whilst I humbly endeavour to do my best towards the proper fulfilment of those duties.

My professional brethren of this town and neighbourhood will also, I doubt not, feel complimented by your having fixed on the comparatively insignificant town of St. Neot's as the place wherein to hold the annual meeting of the Cambridge and Huntingdon Branch of the British Medical Association—an Association whose gross numbers now amount to upwards of 2,500 members (amongst whom are many of the most eminent physicians and surgeons of the day), and the ramifications of which Society, if we keep in view the distinguished foreigners who have joined our ranks, spread not only through every county in the United Kingdom, but may be traced wherever the character and skill of the English physician or surgeon have made themselves known. That an Association so extensive and so numerous should prove a bond of union to the professional brotherhood, is at once self-evident; and, though it may require the numerical strength of its general meetings to substantiate the fact, you will not, I am sure, deny that these smaller gatherings play an important part in the advancement of that harmonious and social feeling which is both an ornament as well as an advantage to each individual member of our profession.

The proportion that the Cambridge and Huntingdon Branch bears to many others is indeed small; but let it be remembered that the two counties are in themselves small and of a purely agricultural character, and therefore deficient in that professional element more profusely supplied by the demands of a manufacturing population. It has, however, the high honour of inclosing within its circuit one of our universities, from which it not only acquires many excellent members, but those of a superior order to the general body of country practitioners, since their academic position demands a larger amount of scientific attainment, to enable them to teach those departments of science of which they themselves are the professors.

It would be lost time to enter upon a minute description of this town and neighbourhood, or to describe the disorders which may have been deemed indigenous to this locality, but which have long since, through an improved system of agriculture, become almost unknown to the present generation of medical men. Still, although these disorders may have become almost extinct, and the face of the country so changed that, if revisited by an octogenarian, the scenes of his youth would no longer be recognised, the little town of St. Neot's, with its noble church and tower, its capacious market-square, and its softly

flowing river, still remain, as if to remind him that he alone bears the impress of time.

As a parochial structure, the Tower of St. Neot's is not exceeded in elegant proportion and unity of design by any other tower in the kingdom; and, as it occupies a commanding position in reference to the country around it, it was selected as one of the angular points in the great trigonometrical survey of England. The Market-square is also, with two or three exceptions, one of the largest, and has an historical interest attached to it; viz., that, in the disturbed period which marked the latter part of the reign of Charles the First, a battle was here fought between the Royalist and Parliamentary troops, in which the former were totally routed, many having been drowned in their attempt to defend the bridge against the entrance of the Parliamentary troops.

It has been, however, only within, or slightly in advance of, my own time (1830), that the town has been efficiently drained, and its streets and houses lighted with gas. These and similar changes have produced a wholesome effect upon the town and its inhabitants; and I may add that, during a residence of nearly thirty-six years in it, this town has never been visited with the more severe outbreaks of epidemic disease which have too often darkened the history of other towns.

If, in my attempt to describe the agricultural improvements throughout the country north of St. Neot's, I should occupy a few moments, I should not be introducing irrelevant matter, since those improvements have had much to do with the present more healthy condition of this immediate neighbourhood.

It is only a few years since that an excursion to Whittlesea Mere, and a sail on its waters, formed one of the seasonable holidays of the people of this neighbourhood. Now, the Great Northern Railway carries its iron paths over the very spot whereon I myself have sailed. The vast system of drainage, also, which is carried out in the contiguous fens of Cambridgeshire (amidst which, as recounted by a modern writer, Kingsley, lay the scenes of the conflicts and chivalric excursions of Hereward the Saxon, when surrounded and at length overcome by the conquering Norman), has effectively changed the face of the whole country north and north-eastward of St. Neot's. No longer, except in isolated spots, does ague linger amongst us; and even then its attacks are less severe than formerly. Although many other causes, amongst which may be reckoned more wholesome food and better house-accommodation, may have so far improved the condition of the labouring population, yet I believe that *drainage*, and drainage only, has been the extirpator of ague. The last cases I witnessed occurred in the year 1850, when a body of navvies were engaged in a deep cutting for the Great Northern Railway. Some thirty feet below the surface of a hill of Kimmeridge clay, south of the town, a bed of coarse limestone, about a foot in thickness, very similar to the cornbrash of the lower oolite, but differing from it in the absence of its usual characteristic fossils, was penetrated, and from beneath the stratum a copious supply of apparently very pure water flowed. The weather being extremely hot, the navvies drank freely of this water, and were individually attacked with ague. Having had the medical charge of these men, all the cases came under my observation, and I had the greatest difficulty in curing them. Even the larger doses of quinine were unavailing, and I was obliged to fall back upon the liquor potassæ arsenitis, which speedily relieved them.

Now, whence came this ague-poison, for the spot was not of a fenny character? Was it from a subtle



*miasmatic aura*, which might have been set free from crevices in the clay? from the large imbibition of cold water when the body was over-heated and exhausted? or from the soluble matter contained in the water? I believe the latter; as, from an examination of the locality by Mr. Seely, of the Woodwardian Museum at Cambridge, this stratum of stone is found to extend through the Tempsford Marshes to the base of the clay underlying the Sandy Hills; and, I have no doubt, is penetrated by the stagnant waters of the marsh, which must contain a large amount of *soluble organic matter*, the *fons et origo mali*.

Having alluded to the rarity of ague as the result of drainage, it is with regret that I have to admit that another disorder, typhoid fever, has taken its place, and may, I believe, be traced to the very cause which has removed ague from amongst us.

I am not intending to advocate the doctrine of the change of type in disease, but rather to prove to you the fact, that, when a new cause is introduced, a new disease will show itself. Now the improved system of agriculture necessitated by the close competition, not so much of an increased population, as of the more easy transmission of the produce of the land, to the manufacturing districts, demands a more frequent rotation of crops, as well as an increased quantity of produce. To obtain these, a large amount of powerfully stimulating manures are consumed. Of these, one of the most effective is night soil, and it is now extensively used by most farmers in this neighbourhood.

That this is becoming a source of great evil, will be evident from the cases I shall now report. During the last year, more than twenty deaths (I believe I am correct in this statement) occurred in an adjoining parish, in which the population is purely agricultural. As far as I have been able to learn, many of these cases originated in some farm cottages, situated in a valley, through which runs a small brook supplying their inmates with water for every purpose of life. This brook takes its rise in a woodland district about three miles distant, and, passing by a succession of well cultivated farms, it receives the drainage of not less than eight farmyards, with the house sewers attached, as well as the whole of the land drainage. Now on all these farms tiles are, I believe, exclusively used, as the most effectual and cheapest mode of draining. It is therefore evident that the better the drain the more rapidly is the water carried away, and with it, the soluble matter of the soil. In addition to the unwholesomeness of the water, its *scarcity* is most severely felt during the summer months, and I can bear witness that brooks which a few years ago ran freely during that season of the year, are now (at the present date, June 26th,) grown up with the rankest of herbage. Farmers also are already driven to the necessity of excavating ponds, as reservoirs of water for the use of their flocks. We have, therefore, not far to look for a cause all powerful in the production of fever.

The character of the fever in those cases which came under my observation, was usually typhoid, but in some instances the nervous system was especially depressed, and the debility extreme. One characteristic of this fever was great yellowness of the skin, with the clay coloured evacuation, and scanty urine. In other cases the fever was the less part of the illness, whilst the nervous depression with jaundice was the greater. Six cases of jaundice occurred amongst the children of one family, and two of another, both families belonging to the most respectable class of farmers. That the fever cases were the result of the drinking of bad water, I have no doubt, but I attribute the nervous depression, with jaundice, to the lowness, and exceeding damp-

ness of the locality, which, combined with impure water, is, I believe, one of the most powerful causes of typhoid fever.

It would be interesting to know, from the experience of others, how far I may be borne out in these remarks; as the use of night soil as a manure is becoming very general throughout the country. Should this opinion be correct, what a dismal prospect for the inhabitants of the south-eastern part of England, when the drainage of the metropolis is completed!

I believe that I should not be introducing a novel style of address, if, instead of giving you an epitome of the general doings of the medical world, and of the proceedings in which this association takes its part, I should continue to make further observations in connexion with the subject I have so far discussed. I will, therefore, with your permission, pass on to speak of some of the modes by which deleterious matters enter the system, and of the effects they produce upon the living body.

The three principal inlets to the human body, may be said to be: the trachea, with its ramifications, the œsophagus, with its stomach and alimentary canal, and the skin. I have named them in this order because I consider that they bear this relative position each one to the other. It will not be necessary to describe their functions, as they are already well known, and may be said to belong properly to a state of health, into which it is not my object to inquire. I would not, however, pass them wholly by. Now, although these three inlets differ in many respects the one from the other, in one point they resemble each other; viz., in the fact that they each represent both secreting and absorbing surfaces. In these functions, too, they may be said to be involuntary agents, ever acting during life and ceasing only in death. The purpose for which respiration, or lung-absorption, is ordained, is so intimately connected with life, that life is wholly dependant upon it, and cannot be supported for even a few moments without its means. This very intimate relationship is perhaps one of the most perfect in the human economy, yet in its very perfection lies its imperfection, since the slightest interruption in its relationship is sufficient to produce a speedy death. Its function of absorption, so long as it is confined to what is intended for it; viz., the absorption of oxygen, is purely vital, as also is its exhalation of carbonic acid. Thus, on one hand, we have the absorption of oxygen, and (after its chemical union with the effete carbon of the blood) its excretion, under the form of carbonic acid, no longer a necessary and healthy constituent, but one that is injurious and destructive to life. Again, we have the absorption of nutritive matter by the alimentary canal, and (after its chemical and vital union with the blood) its exit from the body under various forms; all of them, if retained, being more or less injurious to life. So, also, in the function of the skin, we observe the ready absorption, under certain circumstances, of matters applied to it, and their return under a new form, that of perspiration.

Now, in the healthy condition of the body, all these functions are carried on imperceptibly. No disturbance is observed; and the various excretions pass away, each one possessing its specific natural character. On the other hand, when the matters absorbed are not essential to life, their entrance into, and combination with, the blood, give rise to various disturbances in the system, which constitute the ailments or functional disorders of ill-health. If, under these conditions, the further ingress of these deleterious matters be allowed, new compounds are formed, which are not only not carried out of the system, but are positively retained; some of them destructive to



life immediately, whilst others act more slowly, continuing to worry out the nervous sensibility, until, through this very depression, combined with the deleterious compounds retained in the system, the individual succumbs to that condition from which neither the *ars physica* nor the *ars medica* can relieve him.

There are other conditions under which a more speedy—yea, even a sudden—interruption of the vitality of the system may be observed: the inhalation of poisonous vapours or of gases which will not support life; the swallowing of narcotic, irritant, or corrosive poisons; the application to the skin of destructive agents, such as fire, boiling water, etc. These and many other causes will destroy life, but in a different way to that described; some act locally, whilst others act indirectly. Now, how is this latter action to be comprehended? If parts which are essential to life lose their integrity—in other words, are destroyed—it needs no stretch of intellect to understand why death should occur. But if, on examination, no trace of injury be discovered, and yet that the person an instant before should have been in perfect health, it may be ignorant of the fate that awaited him, is it not a mystery to us how a change from health, from activity, both of mind and body, shall have passed so suddenly into one of silence and of death? Life, gentlemen, is a mystery; death a mystery. Any effort to solve this difficulty only perplexes and confounds him that attempts it.

Yet, though we cannot solve the problem before us, we are able to understand enough for the purposes required of us.

Now, the action of the brain and nervous system will partially explain this wonderful mystery; for mystery it must remain until the mode by which thought and sensation are transmitted is better understood.

We see numerous instances in which death occurs instantaneously, in which no organic lesion can be detected, and in which science fails to explain the why or wherefore that invisible thread, which in life connects the material with the immaterial, should be so suddenly broken. I find no difficulty, therefore, in applying this mysterious doctrine to the action of morbid matter in the living and healthy body; to the production of disease and death.

There is ever an antagonistic action in progress, whereby the animal body is ever exerting itself to the preservation of health, whilst the subtle influence of the *materies morbi* is as insidiously at work to destroy it. To keep this in view should be the aim and end of both medicine and surgery.

I shall not trespass much further on your time and patience, as there are those present who have many interesting subjects to introduce. I cannot, however, close my address without some allusion to the great medical topic of the season; viz., cholera.

I shall state as succinctly as possible what I consider to be the nature and cause of the disease, and how it may be most successfully treated and avoided.

I would class cholera amongst those disorders which are purely of an atonic character; viz., ague, remittent fever, typhoid fever, typhus fever, yellow fever, and plague. It may, therefore, be said to be a fever, and, as such, is so recognised in some of its stages. It is probably produced by some of the causes that produce those diseases; and, I believe, is most successfully treated by the adoption of those measures which may be strictly called preservative.

We all know that the neglect of sanitary laws, exposure to cold and malarious influences, unwholesome food, atmospheric changes both of temperature and of humidity, electrical variations both of the at-

mosphere and of the earth, and lastly depression or impairment of nervous tone, are all of them powerful causes that operate either for or against that well balanced adjustment of the vital forces which constitute health. We see, on the one side, that nervous exhaustion, coupled with impure air, with neglect of cleanliness, both of the person and of the different kinds of food, is soon followed by typhus; on the other, that the ingestion of effete excreta is followed by typhoid fever; and exposure to malaria, when the body is exhausted, by ague; and, I would add, similar exposures render the person a ready recipient of the contagion of scarlatina, erysipelas, etc.

Seeing, therefore, that the *materies morbi*, under whatever phase it may show itself, is so powerful an agent in the production of disease, need we doubt that a combination of some or other of its phases is sufficient to produce even what is usually named cholera? Experience has convinced me that, in some seasons and under certain conditions, ordinary diarrhoea may go on into cholera. In saying this, I do not imply that cholera must necessarily be preceded by diarrhoea; for I have seen cases of cholera, or I would rather say blood-poisoning, prove rapidly fatal without even an evacuation. That a strong similarity exists between the collapse of cholera and the rigor of incipient fever, I am certain of; and I therefore fearlessly ask you the question, whether the cold stage of an ague, the severe rigor which occasionally ushers in an attack of fever (and in which state I have seen patients die outright, without even an opportunity for reaction), the utter prostration of persons mortally wounded, the collapse of cholera, and the last stage of the dying, are not one and the same condition, varying only in degree, and being an actual failing of the vital energy of the brain and nervous system. Of the *modus operandi* of the brain and nervous system we know but little; but we do know that even sudden mental alarm will produce not only diarrhoea, but fatal syncope, giving no time for collapse. I think, therefore, that to lay down special rules for the treatment of cholera is not only unsafe, but positively injurious; for, in the treatment of disease, is it not our duty to examine carefully into the symptoms, condition, age, and sex of our patient, before we venture to prescribe? And is it not an equal duty so to prescribe as that the experience of past years, gained not so much from books and the dogmas of our schools as from clinical observation and study, shall be brought into operation? “*Experiendo, magis quam discendo cognoscere.*”

As cholera cases may be met with of every degree, so must our treatment vary. Who would think of giving opium to a patient complaining of sickness and slight purging, where the tongue was furred, and where there was evidence of accumulated and vitiated secretions? Or who would give a purgative to, or bleed, a collapsed patient, who might be said to be in *articulo mortis*? Between these two extremes, both opium, blood-letting (?), and purgatives are admissible. The doctrine of purgation in diarrhoea is not new, and, if adopted sufficiently early, is often beneficial; but what I do strongly object to is the having any doctrine at all. If I have found any remedy to be of benefit in the severer forms of diarrhoea, when sickness and purging, with cramps of the extremities, are hazarding the life of the patient, I have found none equal to frequent doses of creasote with chloric ether, in common with the external application of mustard. But in the perfectly collapsed patient, when the skin is covered with a glutinous exudation (for perspiration is no longer an applicable term), the surface of the body cold, the eyes sunken and glassy, and the skin of a leaden



hue, then, I fear, succour is too late, and we have only to witness the speedy approach of death.

I have no hesitation in saying that mental depression has much effect in producing the collapse of cholera; and that it behoves medical men to be careful not to pronounce severe cases of diarrhoea to be cholera, either before the patient or his more timid relatives.

Gentlemen, enough has been said to provoke remark amongst you, whom I am addressing. If, therefore, by so doing, I may have been the humble means of dispersing some of the clouds which now hover over our zenith, I shall sit down with a feeling of the utmost satisfaction.

#### NORTHERN BRANCH.

A CASE OF AORTIC AND FEMORAL ANEURISM, WITH EMBOLISM OF THE SPLENIC ARTERY.

By G. C. GILCHRIST, Esq.

[Read June 22nd, 1866.]

GEORGE R., a navvy, aged 40, was admitted into the Newcastle Infirmary, on June 22nd, 1865, under the care of Dr. Heath, by whose permission the case is reported.

He stated that about a month previously, while confined to bed with anasarca of the lower extremities, he experienced sudden pain in the upper part of the right thigh, and for the first time perceived a lump about the size of a walnut. The swelling and pain gradually increased, and at the time of his admission a tumour was visible in Scarpa's triangle. It was found to extend from Ponpart's ligament three inches down the thigh, and to measure two and a half inches across. Pulsation, synchronous with the heart's impulse and readily controlled by compression of the external iliac artery, was well marked. On auscultation, a *bruit* was heard in the tumour, and, with the first sound of the heart, a murmur louder at the base than the apex. The tumour being considered aneurismal, the patient was ordered to lie in the supine position, with the leg flexed at the hip and knee, a horse-shoe tourniquet to be applied to the external iliac artery, and acetate of lead in two-grain doses to be taken three times a day.

The compression occasioning discomfort, necessitated the removal of the tourniquet on the second day, when no perceptible change was noticed in the size, solidity, or pulsation of the tumour.

During the evening of July 13th, he was suddenly seized with very severe pain in the bowels, followed by great depression; the pulse being very feeble, the lips dusky, and the extremities cold. Stimulants and an opiate were administered, with some relief to the pain; the prostration, however, increased, and he died early on the 14th.

The *post mortem* examination was made by Dr. Philipson twenty hours after death. The rigor mortis was well marked; the subcutaneous tissue devoid of fat. The pleurae were non-adherent; at the apex of the right lung there was an old cicatrix, but no appearance of recent tubercle; anteriorly slight emphysema. The heart was large and flabby; the right ventricle somewhat dilated; the tricuspid and pulmonary valves healthy; the left ventricle was hypertrophied and dilated; the mitral valves rigid and considerably thickened; the aorta inflexible and covered with vegetations, some of them loose and waving. The cavities of the heart contained no coagula. The transverse portion of the aorta was considerably dilated, the cavity being globular and fully five inches across; the coats of the vessel were intact. The spleen was enlarged, and on section dis-

played from above downwards three different appearances, limited by distinct lines of demarcation: the upper third firm, and of a reddish-brown colour, the middle almost black, and the lower portion of a claretty hue and pulpy. The splenic artery was distended with a coagulum, firm and distinctly laminated transversely. The branches of the artery to the pancreas and left extremity of the stomach were patent. The femoral aneurism was situated half an inch above the origin of the profunda femoris. It was about the size of an orange, lateral, sacculated, of the compound variety, the sac being formed by the outer and middle coat, the inner one being wanting. It contained neither coagulum nor laminated fibrine. The liver and kidneys were fatty.

REMARKS. The rapid increase of the femoral aneurism and the almost sudden extinction of life were unusual, and probably dependent upon the condition of the heart and the general textural changes throughout the body—the vitiated state of the blood fully accounting for the absence of any deposited fibrine. Considering the condition of the aortic valves and the appearances presented by the spleen, we may fairly infer that some of the vegetations had become washed into the circulation and carried onwards, until arrested in the branches of the splenic artery; a foundation being thus laid for a coagulum, which, by successive additions, finally obliterated the vessel. The transverse lamination in the splenic artery renders this supposition the more probable, as the changes in the structure and consistence of the spleen would be produced by a deprivation of blood; and the three dissimilar appearances in the consistence and colour by the blocking up, first, of a chief branch mainly distributed to the lower portion, then of others more central, and finally of the trunk itself.

THE PRUSSIAN MEDICAL SERVICE. The Prussian medical service seems to have proved equal to the exigencies of the campaign. The moment the fight has ceased, the wounded are rescued by the "sick-bearers," who scour the battle fields, carrying stretchers, and performing the dangerous duties of their office according to certain rules. A little to the rear, but still within cannon range, the wounds are slightly dressed by a senior surgeon, attended by junior assistants. Thence the sufferers are conveyed in carriages to a *Lechtes Feld-Lazareth*, temporarily established in some neighbouring village. There the most necessary operations are performed, and the dressings renewed, after which all the patients, capable of being transported, are at once removed either to a *Schweres Feld-Lazareth* in some populous town in the vicinity, or, if they can bear the journey, to a hospital in Prussia. Convinced of the evils of crowding, the Prussians have opened a large number of hospitals in every part of the country. It is by no means rare to find a man who received a ball in Bohemia having his wound tended at Dantsic or some other place on the far away Baltic. All over Silesia, Brandenburg, Posen, Pomerania, and Prussian Saxony, branch hospitals have been opened, and afford every comfort. Of physicians there is no lack. The senior surgeons are salaried by the Government, and many of them hold permanent appointments in the army; while nearly all the juniors are young men fresh from the universities, who are made free of military duty in the army in consideration of their surgical services. Students of divinity, who are liable to conscription, though actually never called out, have been requested to enter the army as "sick-bearers." An overwhelming majority of Austrians is noticeable in the hospitals of the Prussians.



*We are requested to remind members of the Association that the Annual Subscriptions became due on the 1st of January. They can be paid either to the Secretaries of the Branches; or to the General Secretary, T. Watkin Williams, Esq., 13, Newhall Street, Birmingham.*

## British Medical Journal.

SATURDAY, JULY 28TH, 1866.

### METROPOLITAN WORKHOUSE INFIRMARIES.

BOTH Dr. E. Smith's and Mr. Farnall's Reports on the Metropolitan Workhouse Infirmaries confirm generally the statements as to their defective condition made by the Association for the Improvement of the Metropolitan Workhouse Infirmaries. The necessity for immediate and extensive reformation of the present state of things is fully admitted by both inspectors. They nevertheless have addressed to the Poor-law Board separate Reports; and their divergence of opinion rests on the fact that their proposed methods of cure of the admitted evils are radically opposed. Mr. Farnall goes for an entire upsetting of the present system: he accepts the recommendations of the Association referred to. He considers that the present metropolitan workhouse infirmaries can never be made effective recipients of sick paupers; and suggests, therefore, that separate hospitals, "wholly apart from the workhouses," should be built for their reception, and maintained by a general rate. His main reasons are: 1. That, in the present workhouses, the allotment of 1,000 cubic feet of air to each patient, which he holds to be absolutely requisite, is impossible; and 2. That the Poor-law Board has not sufficient power to compel recalcitrant boards of guardians to provide properly for their sick paupers.

Dr. E. Smith accepts neither of these conclusions. He affirms that, with a properly managed ventilation, 500 cubic feet of air are sufficient for each patient; and that such an amount of space and such ventilation may be provided by reconstruction and extension *in situ* of the present workhouses. He holds, moreover, that, under due supervision, sick paupers may be properly provided for in the workhouse infirmaries.

Now, on this point we may observe that, as far as we can judge, most if not all of the evils (to use a mild term) which have been brought before the public by the *Lancet* Commissioners and by the Association referred to, are traceable in the main to a want of proper government and supervision. It does not appear that these evils are necessarily in-

herent in the present system, but rather that they have sprung up under lax management and a very defective and incapable inspection. We cannot close our eyes to this fact. The *Times* (as it seemed to us, very justly) called the Poor-law Board and its staff of inspectors to account for the existence of the evils referred to. That journal asked, How could these things have possibly been, if the Board had done its duty? No answer has been given to this question; and Mr. Farnall's implied condemnation of the present system has consequently been interpreted as in some sense an admission of his own incapacity, or of the negligence of the Poor-law Board. How is it possible, any one might ask, that a system like this Poor-law, involving wide and complicated relations, could work satisfactorily, unless effectively and rigorously superintended? Have we not the proof of its defective supervision in the existence of the abuses which have been discovered by non-official inspectors, by the *Lancet* Commission, and by the "Association"? If the casual inspection of non-official persons could have brought to light these things, why were they invisible to the officials whose very business and duty it was to note and remedy them? The *Times* has been hard on Mr. Farnall in this point of dereliction of duty; but its strictures, as applied to him and the Poor-law Board, are not undeserved. If the Poor-law Board had done its duty, if its superintendence and inspection had been full and effective, and if it had taken action in accordance with the recommendations of an effective supervision, the Association for the Improvement of Metropolitan Workhouse Infirmaries would never have been heard of. The grounds—i. e., the abuses—which justified the existence of that Association, would have been wanting.

What, indeed, is the tale told by these very Reports—inspectorial Reports issued under the pressure of public indignation—but an entire condemnation of the inspection and conduct of the Poor-law management of the sick? All the many serious defects detailed by the Reports—defects whose existence is admittedly inexcusable—could they have been in existence at the present moment, if Mr. Farnall and his associates had done their duty? Why was it left to medical men, to the *Lancet* and its Commissioners, to discover the existence of all the evils inferred in the suggestions and recommendations made in these Reports?

We have often pointed out in these pages what seems to us a manifest and radical error in the constitution of the Poor-law Board and of its inspectorial staff—we mean the exclusion from it of medical men. We hail Dr. Smith's recent appointment, therefore, as an indication of a truer appreciation of the necessities of the case. As corroborative of this view, it is worthy of note, that every one of the scandals connected with workhouse management, which have



during past years excited public anger and called for special inquiry, have been associated with the ill-treatment of the sick—have, in fact, been brought about by defective medical management. Moreover, we might ask, what is in the main the nature of the many abuses brought to light by the Association referred to, but abuses connected with the treatment of the sick? Is it unfair, then, with such facts before us, to infer that much of these scandals and abuses has been occasioned solely through the absence of a proper *medical supervision*? The very evils, in truth, which have of late excited such indignation, and given birth to the powerful Association, were brought to light by medical men, casual visitors to the workhouse infirmaries, not by the Board's own inspectors. Unpaid medical philanthropists saw abuses which were invisible to the non-professional Poor-law inspector! Why is it that Mr. Farnall has only now discovered that, in many sick-wards, "patients do not get sufficient air and light"; that the "atmosphere of wards and corridors is impure"; that the "water-closets are ill-placed, some even in the sick-wards"; that the "medical officers' salaries are inadequate"; that drugs and dispensing should be provided by the guardians; that "pauper nursing should be wholly abolished, and a sufficient staff of paid nurses appointed"; that "he is obliged to confess that no satisfactory treatment of the sick poor can be made" in, at all events, eight workhouses, whose names he gives?

Is it reasonable, indeed, to expect that he who has not been trained to deal with the sick and to direct their management, who has not by long and special study made himself master of their requirements, can be fitted to act as their supervisor? It seems to us as reasonable to suppose that John Gilpin could efficiently inspect a brigade of cavalry, as that a man of law should be capable of deciding whether or not Lazarus was duly cared for in his lazaret. Surely it must be as necessary for an infirmary inspector to have a knowledge of diseases and their treatment, as it is for a cavalry inspector to be bred up to his business, to understand military evolutions and the details of regimental duties.

It is not possible for us to decide, without a wider knowledge of facts, whether or not evils of the kind alluded to are inherent in the workhouse system. But this much we may safely say (supposing them to be capable of remedy), that the Poor-law Board has not gone the way either to prevent or cure them.

Dr. E. Smith seems to consider that they are remediable, without resorting to the radical measures accepted by Mr. Farnall. And in favour of his view, it must be admitted, as we have said, that most of the abuses which have been brought under the notice of an indignant public could scarcely have existed had the Poor-law inspectors been efficient inspectors, and had the Poor-law Board done its duty.

And this, indeed, would appear to be the opinion of Mr. Gathorne Hardy. He told the House of Commons that, in his opinion, the existing evils were capable of remedy by a more complete and extended exercise of its powers by the Poor-law Board; and we conclude that he means, at all events, to attempt their remedy by a more efficient government and supervision.

Dr. Smith gives full detail in his account of the evils which exist, and his proposals for the cure of them. He opposes, as needless and impracticable, the separate hospital scheme which Mr. Farnall accepts. Workhouses, he tells us, are now for the most part filled with the aged and the infirm, and "with a certain kind of sick". Acute diseases are comparatively rare. Lunatics are sent to asylums. Children are removed to other establishments. Fever and small-pox patients are passed to special hospitals; and venereal diseases to the Lock. Hence the infirmary of the workhouse contains, in the main, only the aged sick and the chronic cases of disease—those which require nursing rather than active medical treatment. They are a class of sick differing essentially from the cases met with in ordinary hospitals. But many of the workhouses, Dr. Smith admits, require entire reconstruction.

With regard to one essential particular of construction, Dr. Smith holds views opposed to modern authorities; 500 cubic feet of air—not less—are, in his opinion, sufficient for each sick patient, if a proper method of ventilation be adopted. Mr. Farnall takes 1000 cubic feet as the minimum of requisite space. Dr. Smith enters into elaborate details to show, by experimental proof, that 500 cubic feet are sufficient; but assuredly he will not persuade the profession and the public to agree with him in this. One fact, doubtless, he may safely affirm, that the very largest space—even 2000 feet—to each hospital patient, is of little avail in warding off pernicious diseases unless due ventilation is at the same time provided for. Difference of opinion between sanitary doctors on so essential a point will occasion Mr. Gathorne Hardy no little trouble. If he go to the study of documents for enlightenment as to the *plus* or *minus* of cubic feet of air which sick paupers need, all we can say is, we wish him a happy delivery in his decision. We may, however, note that the old-fashioned mode of ventilating—viz., opening the windows—has lived down a vast many highly scientific and "infallible" processes. In every part of the country, public buildings may be heard of, which, after indulgence, at a heavy cost, in scientific ventilation, have fallen back upon the old-fashioned plan of window-opening. Probably, therefore, reflecting on the many past failures of artificial ventilating processes, Mr. Hardy, in the dilemma of reconstructions, will decide that, at all events, to hold to at least 1000 cubic feet will be safer than to err on



the side of 500 cubic feet. If the 500 feet and Dr. Smith's ventilation fail, buildings constructed on that scale must be irreparable errors. But, as the major includes the minor, the 1000 feet building will swallow up the error of the 500, and, even from Dr. Smith's point of view, can only be an error of luxury, and always leave room, as the Yankees say, for shrinking. Nothing less than 1000 feet will satisfy the medical profession.

Dr. Smith's proposed ventilation may be excellent, but we cannot have faith sufficient in it to believe it a substitute for space. Besides we must remember that we are dealing with metropolitan infirmaries. If Dr. Parkes and other high authorities consider 1000 cubic feet the least space required in country hospitals, it might be fairly said that 2000 cubic feet are required in the heart of an enormous city with its heavily laden atmosphere. There is something, also, too restricted in the definite quantity of 500. Why 500? Surely 500 feet of Strand air are not equal in life-giving force to 500 feet of Clapham Common air. And, after all, why should these infirmaries be constructed on the smallest possible scale compatible with what may be calculated as scientifically sufficient for existence? Why should not the metropolitan pauper have metropolitan air and light in abundance—and enough, at all events, to satisfy the demands of modern hygienists? Why cramp him in those prime necessities which Providence supplies without cost or labour? If the profession, guided by its authorities, have fallen into an error in the 1000 cubic feet as a minimum, it is happily an error which, if it does slightly hurt the pockets of ratepayers, can only be a providential blessing to unfortunate paupers.

Dr. Smith gives excellent advice as to the reforms needed in these infirmaries, pointing out their defects and the remedies required. He lays down minute directions as to bedding and furniture, utensils, etc. He demands paid nurses. He holds that every workhouse should have the efficient services of a chaplain; the present arrangements in respect of the chaplain being, in his opinion, most defective. He would have a resident chaplain. The medical officer, also, should reside within the workhouse when the number of sick is great, and always near the workhouse if not in it. He should not be allowed to do his work by deputy. Guardians should supply drugs; and a dispenser should distribute them. The medical officer should be properly and much better remunerated than he now is; and, on this head, he suggests that "the salary should be calculated at the rate of ten shillings per adult on the average maximum number of inmates in the workhouse at one time." As regards supervision, Dr. Smith distinctly says that the present amount of inspection is insufficient, and the kind of inspection faulty. What is required is a system similar to that adopted by the

Lunacy Commission; viz., inspectors of two classes, those having professional and scientific knowledge of sanitary science, and those who have the knowledge and training of the lawyer. Dr. Smith says that he believes that, if such a mixture in the Poor-law Commission of men of medical and legal acquirements had long ago been adopted, existing evils would have been long ago removed; in fact, we suppose, would never have been heard of.

Summarily, we may say of these reports, that both Dr. Smith and Mr. Farnall admit great existing evils; that Mr. Farnall goes for a radical upsetting of the present system of dealing with the sick pauper—the taking him out of the hands of the guardians; and that Dr. Smith goes for a reformation only of the present system. Mr. Farnall's Report is a Bill of Indictment against the Poor-law System of Treating the Sick, and we suppose we must therefore add, a tacit condemnation of himself and of all those who have for so many years and so very quietly taken an active part in carrying out a system which he admits to be so scandalous in its operations. Dr. E. Smith, as we understand him, reports that the system is good in itself, but has failed because those who were entrusted with the carrying of it out were unequal to the performance of their duty. He therefore endorses Mr. Farnall's bill of indictment, in so far as to accept the implied condemnation passed on himself and his masters by Mr. Farnall. Mr. Gathorne Hardy's duty it is to satisfy this great divergence of opinion—"tantas componere lites."

### HOT INJECTIONS IN CHOLERA.

THE sum of our experience in the treatment of the collapse-stage of cholera appears to be, that heroic medicinal interference is useless, and worse than useless. A rational treatment such as described by Dr. Johnson is simply this. The patient is to be kept recumbent; to be well supplied with air and water; the escape of the morbid secretions from his bowels being facilitated by diluent drinks and gentle evacuants.

But are we to stop here? Have we exhausted all the rational therapeutical resources which scientific medicine places at our disposal—so exhausted them as to be justified in saying, This palliative treatment is all that our art can offer? We venture to answer no; and to suggest that we have in the article of injections into the veins a reasonable remedy, whose real value has never yet been fully and fairly tested.

Dr. Parkes says, as the summary of his experience, that his only hope of finding a remedy for this stage of cholera lies in some injection into the veins. We have already (see BRITISH MEDICAL JOURNAL, May 19th, 1866) brought this subject under the notice of the profession; and at this critical moment of cholera-infection venture to do so again.



A careful consideration of the history of injections into the circulation in cholera-collapse justifies us in saying that their failure has not yet been demonstrated. Far from it. Encouragement to the use of the possible remedy is very great. Whatever way the hot injection acts, its effects are for the time positively marvellous; and, if they could be for a time sustained, might prove life-preserving, by carrying the patient through this dread passage of the disease.

Of the cause of failure of the injections, as heretofore employed, so far as they have failed, we have reasonable explanation in the nature of the agents employed. Modern physiological knowledge would *à priori* condemn them as destructive. Their fluidity and warmth may produce immediate and striking benefits, by freeing the arrested pulmonary circulation; but their chemical composition must necessarily tend to corrupt and poison the blood, and so possibly to aid in the destruction of life. No man in health could bear with impunity the injection of large quantity of saline fluids into his veins; and the albuminous fluids injected must, as Brown-Séquard has shown, have been the injection of matters worse than useless as elements of nutrition. Raw albumen thrown into the blood, acts only as a foreign body, and is got rid of, as a poison, through the kidneys, producing uræmia and other serious disorders.

The destructive action of large quantities of aqueous and saline fluids on the blood-globules is evident enough. That may be seen under the microscope. But, if this be so, have we exhausted all that science can suggest as, in this wise, rationally worthy of experiment? We answer unhesitatingly, no. The immediate benefit of hot fluid injections is undoubted. This no one denies. And may not, for reasons above given, the cause of their ultimate failure (as hitherto employed), be rationally ascribed to their poisonous and destructive nature? If this be admitted, the deduction is evident. We must then ask, Is it impossible to find a fluid which, while it conveys warmth and produces a sort of resurrection from impending death, may form on the one hand a healthy pabulum of nourishment, and on the other exercise no destructive influence either on the blood or the vital organs of the body?

Such a fluid in its most perfect form is human blood; and no one, we apprehend, would hesitate to inject human blood, properly prepared by whipping (*i. e.*, defibrinated and oxygenated), into the veins of a cholera-patient in collapse. But such a fluid is not readily to be had.\*

Might not a substitute for it be found in sheep's or bullock's blood? Surely the thing is worthy of trial in such a desperate emergency. In such blood,

properly defibrinated and oxygenated and duly heated,\* we have an albuminous saline fluid, which has undergone digestion—been vitalised—and which, while it renovates equally as the hot saline and other injections hitherto used, might perchance have no pernicious influence on the elements of the patient's blood or on any of his vital organs. If, by such a means, life could be preserved for a few hours, it might perchance be altogether saved.

We have already, in the last volume of the JOURNAL, given a summary of Panum's experiments; and in those details will be found an account of the precautions, etc., which must be taken in order to perform successfully the operation of injection of blood. In those very precautions, we may observe, will be found another explanation of much of the ill success which attended previous efforts in this direction. We press this remedy, let it be understood, not from any profound faith in its efficacy, but because, in the absence of other means of cure, it appears to us to be a most reasonable one, and, to say the least of it, well worthy of a serious trial.

AN attempt has been made by some members of the Board of Guardians of the Strand Union to get rid of Dr. Rogers, their most efficient and energetic medical officer. The main crime laid to his charge was, that he was a member of the Association for the Improvement of Metropolitan Workhouse Infirmarys, and had told some unpleasant truths about the state of the Strand Union before the Poor-law Commissioners. One Mr. Chapman, after giving what he called "the facts", wound up his resolution as follows.

"In consideration of the above facts, the Board consider their medical officer has been guilty of gross dereliction of duty; and, having lost their confidence in Dr. Rogers, they deem him unworthy to hold so important an office as the medical officer of the Strand Union."

To the credit of Englishmen, even a metropolitan Board of Guardians could not swallow such an unjust accusation. For years past, Dr. Rogers has laboured unceasingly in behalf of the sick poor of the Strand Union, and has effected in their behalf great and essential improvements; and this he has done, thwarted at every turn by the dead-weight antagonism of the Board of Guardians. To the proposal of Mr. Chapman was offered an amendment by Mr. Storr:

"That this Board is of opinion that the evidence given by Dr. Rogers at the late inquiry was a fair statement of facts; and we desire to thank him for it, and for his faithful and earnest services to the sick poor in his career during the past ten years."

It was found, when a division took place, that the

\* Doubtless, many a devoted relative would gladly shed his own blood on such an occasion to save his dying friend; but we are speaking of a proposal for hospital trial.

\* In addition to this, as Panum has shewn, exceeding care must be taken to inject slowly, so as not to overload the heart; also, if much fluid is injected, blood should be allowed to escape from another vein, and for a similar purpose.



voting was equal, the number for and against the amendment being eight. Of course, however, the fact of such an amendment being proposed and not lost is proof enough of the correctness of the terms in which Dr. Rogers is therein spoken of. The sympathy of the profession and of the public is wholly with that gentleman.

It might be matter of very fair discussion whether or not our medical charities ought to make extensive and costly preparations for the reception of cholera patients. The Privy Council, on the 21st instant, issued an order of the most imperative nature, calling upon boards and vestries to make full and complete provision for cholera patients. The vestry or board is ordered to provide, immediately and without stint, everything which is requisite for the care and cure of the cholera patient. In every cholera district they are to meet daily. The Medical Officer of Health is to report to them daily. They are to appoint medical visitors, etc., to report. They are to provide dispensary stations, to be open day and night. They are to supply medical aid to poor cholera patients, nurses, hospitals, good water; to separate the sick from the healthy; to disinfect, bury, etc. In a word, by this Order in Council, the board or vestry is ordered to do everything that can be done for cholera patients. We therefore suggest this question, Why should hospitals supported by voluntary contributions do the work whose performance is so plainly and especially and fully provided for by Council order? Why, again, should medical officers of hospitals do gratuitously the very work for whose performance parishes are ordered to provide paid medical men?

MR. WALPOLE, in answer to the Medical Council Deputation, readily admitted that the Medical Act requires amendment; but he feared it would be impossible to pass a new Bill during the present session. He would go into the subject during the autumn, and would himself undertake the charge of the amended Bill in the next session of Parliament.

THE profession will read with satisfaction the official announcement of the acceptance by the Government of the recommendations of the Admiralty Committee.

"Colonel North asked the Secretary of State for War whether he would object to lay before the House the Report of the Committee presided over by Vice-Admiral Sir Alexander Milne relative to the medical officers of the army and navy; and whether it was intended to adopt the recommendations of the Commission in favour of the medical officers of the army. General Peel said that there could be no objection to lay the Report of the Committee on the table. It had been moved for that very evening, and granted as an unopposed return. It was not only the intention of the Government to adopt the recommendations of the Commission in favour of the medical

officers, but to go beyond them. There would be no additional pay given this year, as it had not been provided for in the Estimates. It would not be necessary to publish a warrant in order to introduce the new regulations."

THE profession will be glad to hear that Mr. G. Hardy, on the 26th inst., said to a deputation from the Association for Improving Workhouse Infirmaries, among other things, that he would do his very best to bring about a proper and fitting remuneration of Poor-law medical officers.

PROFESSOR KLOB informed the Medical Society of Vienna that the production of the *Pharmacopœia* must be delayed until the end of the war, as most of the members of the Committee were engaged in treating the wounded. What excuse has the British Pharmacopœia Committee to make for its delay?

MR. HUSSEY of Oxford has issued a second edition of an useful lecture delivered by him at Oxford to Volunteer Rifle Companies. It tells all riflemen how to act in cases of emergency.

In the *Edinburgh Medical Journal* of July, Dr. A. Smith of the Artillery gives his experience of pneumonia. Of 108 cases, all soldiers, three died. Dr. Smith lays great stress on the value of blood-letting as a remedy. It shortens, he affirms, the duration of the disease, and renders convalescence satisfactory.

The June number of the *Edinburgh Medical Journal* contains Dr. Douglas's Harveian Discourse on the Life and Character of the late Dr. Alison. Dr. Warburton Begbie has an interesting paper on Paracentesis Thoracis in Pleuritic Effusions. He thinks it a very useful means of cure.

THE cholera has reappeared in Paris; but, says *Gaz. Méd.*, as authority perseveres in its system of secrecy, in order not to frighten the people, we must refrain from giving even an approximative idea of the number of cases which have occurred in hospitals.

The *Wiener Medizin. Wochenschr.* says that, up to the present time, the Austrian army has lost eighteen medical men, killed or taken prisoners. It attributes this loss to the fact that Austria did not accept the Geneva Convention.

Professor Hebra, in *Wiener Medizin. Wochenschr.*, makes an earnest appeal to medical officers in the Prussian army to give him news of his son, a cadet of the Austrian army. He is believed to have been wounded and taken prisoner. Professor Pitha has issued a similar notice. His son, he says, 18 years old, lieutenant in the 4th Cuirassiers, was seriously wounded, but was not found on the field at Skalitz after the battle. He therefore concludes that he has been taken prisoner by the Prussians; and earnestly begs his Prussian medical brethren to assist him in his inquiry.



# Special Correspondence.

## LIVERPOOL.

[FROM OUR OWN CORRESPONDENT.]

CHOLERA has once more made its appearance in Liverpool; and, judging from past experience and present appearances, there is but too much reason to fear that we are on the eve of a general outbreak of that epidemic. The first undoubted appearance of the disease occurred in the workhouse, under circumstances which render it difficult to trace its origin either to contagion or to any of the ordinary alleged causes, unless perhaps it is to be attributed to some special atmospheric condition.

Almost immediately after the first attacks amongst the inmates of the workhouse, cases occurred in one of the low parts of the town; and, up to the present time (July 23rd), about a week from the commencement, there have been fifty cases in all; of which twenty originated within the walls of the workhouse, and thirty were admitted from various parts of the town, of which every one was from localities which are recognised as infected districts, and which are invariably sources of any particular form of epidemic which may be prevailing in the town. There have been up to this time twenty-nine deaths; nine are convalescent, two are still in danger, one discharged cured, and the remainder in a fair way of recovery.

The authorities of the town have adopted prompt and efficient measures for dealing with the epidemic with which they are confronted. At the suggestion of the Mayor, based on Dr. Trench's report of five deaths from cholera in the town, occurring almost contemporaneously with the appearance of those in the workhouse, the Select Vestry at once applied to the Home Office to put in operation the Diseases Prevention Act, which confers powers upon the local authorities to incur expenditure and to carry out provisions which, without this sanction, might be difficult or impossible to accomplish.

Every parochial medical district, either infected or suspected, has been subdivided, and each subdistrict placed under the charge of a supernumerary medical officer, who is made responsible for house to house visitation, and instructed to take charge of all cases of sudden illness, and to report daily to the Committee the fresh attacks, and also any nuisances or sanitary neglect that may come under his notice.

Additional dispensaries have been opened in various localities, where medical men are on duty day and night, to attend to all urgent cases, and where applications for medical assistance will be at once attended to, without the usual official routine of requiring an order from the relieving-officer. Ample provision is also made for the purification of courts, houses, middens, clothes, etc., and the free use of carbolic acid or other disinfectants. These measures, thus promptly taken, even if they fail to stamp out the epidemic at once, may reasonably be expected to

exert a beneficial influence in mitigating its severity and extension. Irrespective, moreover, of the results as regards cholera, much good will be effected by the thorough sanitary inspection which will thus be carried on under competent medical authority in all the worst parts of the town.

The origin of this invasion cannot, as on former occasions, be traced to foreign emigrants, but appears to have arisen simultaneously with outbreaks in various distant parts of the country. Nor, thus far, has there appeared any very decided manifestation of the contagious nature of the disease. In some instances, two consecutive cases have occurred in the same family or household; but, taking into consideration the conditions under which attacks have occurred and run a fatal course in some of the most crowded parts of the town, it is remarkable that the disease has shown so little disposition to spread. This fortunate circumstance may to some extent, or perhaps altogether, depend upon the early precautions which have been taken to guard against the extension of the disease.

On the question of treatment, the same difficulty and difference of opinion that has hitherto existed appears still to remain. The general views of the profession, so far as we can gather, may be classed under two principal theories, one of which suggests the immediate control of what is called premonitory diarrhoea by astringents, the other being more or less closely analogous to the eliminative doctrine propounded by Dr. Johnson.

With regard to the castor-oil treatment, some practitioners, who have had experience in former epidemics, appear much disposed to regard it with favour; and probably, if the epidemic goes on, useful practical results may be obtained from future observation. The weak point in Dr. Johnson's proposition seems to be, that he has not yet been able to bring forward a sufficiently extended record of clinical experience on this particular point of practice to secure for it the confidence of those who have to deal with the disease on a large scale.

A formula for popular use has been published by Dr. Trench, the medical officer of health, intended only to be used when it is impossible to obtain the attendance of a physician; the composition being based upon the theory of checking the premonitory diarrhoea. It is as follows.

R Pulv. comp. opii, pulv. confect. aromat., aa ʒi; cretæ precipit. ʒss; pulv. acaciæ ʒss; carb. ammon. ʒij; olei menth. pip. 60 drops. M. Dose, from a teaspoonful to a desertspoonful.

The next few days will probably determine whether the present invasion of cholera is only one of those partial visitations attributable to a hot dry summer, or whether it is to assume the proportions of a formidable epidemic. It may further prove an interesting and instructive lesson in sanitary science, as a test of how far the extension of the disease is really within the control of hygienic proportions. Whatever the result may prove shall be duly reported for the information of your readers.



# Association Intelligence.

## BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

THE Thirty-fourth Annual Meeting of the British Medical Association will be held at Chester, on Tuesday, Wednesday, Thursday, and Friday, the 7th, 8th, 9th, and 10th days of August next.

*All the Meetings will be held in the Music Hall.*

*President*—S. J. JEAFFRESON, M.D. Cantab.

*President-elect*—EDWARD WATERS, M.D. Edin.

TUESDAY, August 7th.

2 P.M. Meeting of Directors of Medical Provident Society.

3 P.M. Meeting of Committee of Council.

4 P.M. Meeting of General Council.

8 P.M. First General Meeting.

The retiring President (Dr. Jeaffreson) will resign his office.

The new President (Dr. Waters) will deliver his Inaugural Address.

The Council's Report will be read, and discussion taken thereon.

Election of General Secretary.

Report of Medical Provident Society will be presented.

Election of Chairman and Vice-Chairman of the Medical Provident Society.

WEDNESDAY, August 8th.

8.30 A.M. Public Breakfast in the Corn Exchange. Tickets, 2s. 6d. each.

10 A.M. Meeting of New Council.

11 A.M. Second General Meeting.

Dr. SIBSON, F.R.S., and Mr. HOLMES. What is the influence of Hospitals on Health and Mortality? with discussion thereon.

Papers and Cases on *Medical* subjects.

Adjourn at One o'clock for Luncheon.

2 P.M. Third General Meeting.

Presentation of Hastings Medal.

Address in Medicine by Professor BENNETT, M.D.

4 P.M. Full Cathedral Service, by permission of the Dean, in the Cathedral; and a Sermon by the Rev. Canon McNeil, D.D.

Papers and Cases on *Medical* subjects.

Adjourn at 5 P.M.

THURSDAY, August 9th.

9 A.M. Meeting of New Directors of Medical Provident Society.

10 A.M. Fourth General Meeting.

Report of Medical Benevolent Fund will be presented.

Dr. STEWART: Is the Expectant Treatment to be relied upon in any form of Acute Disease? with discussion thereon.

Mr. ALFRED BAKER: Are there any trustworthy Facts as to the Origin of Pyæmia? with discussion thereon.

Adjourn at One o'clock for Luncheon.

2 P.M. Fifth General Meeting.

Report from Medical Witnesses Committee will be presented.

Address in Surgery by WILLIAM BOWMAN, Esq., F.R.S.

Papers and Cases on *Surgical* subjects.

Adjourn at 5 P.M.

9 P.M. *Soirée*, by invitation of the President.

FRIDAY, August 10th.

10 A.M. Sixth General Meeting.

Professor CHRISTISON, M.D.: Observations on the Register of Deaths in Scotland; with discussion thereon.

Papers on *Medical, Surgical, and Obstetric* subjects. Adjourn at One o'clock for Luncheon.

2 P.M. Seventh General Meeting.

Papers on *Medical, Surgical, and Obstetric* subjects.

3 P.M. Mr. SPENCER WELLS will perform Ovariectomy in Chester Infirmary, in illustration of a communication.

6 P.M. Public Dinner at the Grosvenor Hotel. Tickets, One Guinea each. Gentleman intending to be present at the Dinner are requested to give notice to the Hon. Local Secretary, JOHN HARRISON, Esq., 55, Nicholas Street, Chester.

Members are requested, immediately on their arrival, to enter their names and addresses in the Reception-Room, at the Music Hall, when cards will be supplied which will secure admission to all the proceedings.

A Clerk will be in attendance at the Reception-Room, and will give information respecting Private Lodgings, Hotels, etc.

To facilitate Excursions in the neighbourhood, the Clerk in attendance will be prepared to receive the names of gentlemen wishing to make such Excursions, and to arrange for the same.

Members who may wish for information previous to the meeting, may communicate with JOHN HARRISON, Esq., the Honorary Local Secretary.

The public will be admitted, on application to the President, to attend the discussion on Scientific and State Medicine.

*Notices of Motion.* Mr. WATKIN WILLIAMS: To alter Law VIII, by inserting the word "Treasurer" after the words "President of the Council."

Dr. MACKESY will move: "That a favourable opportunity now presents for soliciting the attention of the Government, the public, and the members of our profession, to the question of granting Parliamentary Representation to the Medical Profession in its collective capacity; that with a view to the accomplishment of this important object, the Council be empowered to take such measures as they may consider judicious to promote its success, by presenting memorials to the Government, petitions to both Houses of Parliament, and by communicating with the Medical Universities, Colleges, and Associations, to urge their zealous cooperation."

Dr. MARSH will bring forward the subject of the New Sydenham Club.

*Papers* have been promised by

A. B. STEELE, Esq. (Liverpool): On the Present State of Public Vaccination in England.

B. W. FOSTER, M.D. (Birmingham): Illustrations of the Use of the Sphygmograph.

JOHN BIRKETT, Esq. (London): The Results attending the Removal of the First Growth of Cancer.

J. Z. LAURENCE, Esq. (London): On Removal of the Lacrymal Gland—a Radical Cure of Inveterate Cases of Lacrymal Abscess.

THOMAS NUNNELEY, Esq. (Leeds): On Reduction of Dislocations by Manipulation; On Removal of the Entire Tongue.

THOMAS SKINNER, M.D. (Liverpool): The Philosophy of the Algide Condition in Cholera.

THOMAS HILLIER, M.D. (London): An Account of Cases of Pyogenic Fever cured by Large Doses of Quinine; Account of Cases of Pleurisy requiring Thoracentesis.



BALMANNO SQUIRE, M.B. (London): The Treatment of Lichenous Disease of the Skin.

W. CAMPS, M.D. (London): Is there any Evidence to show that the Par Vagus—the Pneumogastric Nerve—is concerned in the production of the Epileptic Paroxysm?

JAMES RHODES, Esq. (Glossop): The Relationship of Forces as they exist in the healthy Human Being, and the Pathological Conditions induced by their imperfect development.

T. T. GRIFFITH, Esq. (Wrexham): Three Cases of Compound Dislocation of the Astragalus, with Removal of the Bones.

W. H. BROADBENT, M.D. (London): Cancer—a New Method of Treatment, by which Malignant Tumours may be Removed with little Pain or Constitutional Disturbance.

I. BAKER BROWN, Esq. (London): On the Use of the Actual Caustery in Ovariectomy.

HENRY DICK, M.D. (London): On Loose Cartilages in the Articulations, and a New Instrument to extract them.

JAMES PAGET, F.R.S. (London): A Case of Herpes in part of the Distribution of the Right Inferior Maxillary Nerve.

ERASMUS WILSON, F.R.S. (London): On Lichen Planus; the Lichen Ruber of Hebra.

ERASMUS WILSON, F.R.S. (London): On a probable necessity for the revival of the Leper Hospitals of Great Britain.

THOMAS BALMAN, M.D. (Liverpool): On Azoturia.

J. BIRKBECK NEVINS, M.D. (Liverpool): On the Treatment of Rheumatic Fever.

In order to facilitate the business of the meeting, it is particularly requested that all Papers be sent to the General Secretary on or before the 1st of August, if possible.

T. WATKIN WILLIAMS, *General Secretary*.

13, Newhall Street, Birmingham, July 24th, 1866.

#### EAST ANGLIAN BRANCH: ANNUAL MEETING.

THE annual meeting of this Branch was held at the Museum Room, Norfolk and Norwich Hospital, on Friday June 29th; T. W. CROSSE, Esq., President. There were present: Drs. Chevallier, Copeman, Dalrymple, Durrant, Eade, Elliston, Pitt, and Vores; Messrs. Adams, Allen, Cadge, Clouting, Crawford, Ebdon, Edwards, Freeman, Hutchison, Kendall, Payne, Taylor; and five visitors.

The President delivered an eloquent address.

*Report.* Dr. PITT, the Honorary Secretary for Norfolk, read a short report of Council, congratulating the members on assembling in Norwich, and on the continued success of their Branch.

*Resolutions.* The following resolutions were passed.

Moved by Dr. DURRANT (Ipswich), and seconded by Mr. CADGE (Norwich)—

"That the thanks of the meeting be given to Dr. Bartlett, the retiring President, for his services to the East Anglian Branch of the British Medical Association during his year of office."

Moved by Mr. KENDALL (Lynn), and seconded by Dr. VORES (Yarmouth)—

"That the Directors of the Medical Provident Society, and Members of the Branch Council be re-elected."

Moved by Mr. CADGE (Norwich), and seconded by Mr. S. FREEMAN (Stowmarket)—

"That the Honorary Secretaries be re-elected."

Moved by Mr. CLOUTING (Shipdham), and seconded by Dr. DALRYMPLE (Norwich)—

"That the best thanks of this meeting be given to the Members of the Council, and the Honorary Secretaries, for their services during the past year."

Moved by Dr. COPEMAN (Norwich), and seconded by Mr. CADGE (Norwich)—

"That the next annual meeting of the East Anglian Branch be held in combination with the Cambridge and Huntingdon Branch, at Lynn, and that Dr. Hawkins be elected President."

*Communications.* The following paper was read. On Melasma and Allied Affections. By P. EADE, M.D.

A discussion thereon followed, which was shared in by Mr. Crosse, Dr. Durrant, Dr. Elliston, Dr. Copeman, Mr. Allen, and Mr. Adams.

It was determined to forward this paper to the JOURNAL.

The following case was stated *viva voce* by Mr. Cadge. Abdominal Tumour; Mistaken Diagnosis; Operation; Fibroid Tumour in Walls of Uterus; Removal of Uterus and Ovaries; Death after Thirty or Thirty-six hours. An interesting discussion took place on this case, in which Dr. Copeman, Dr. Durrant, Dr. Eade, Mr. Crowfoot, Mr. Ebdon, Mr. Allen, and Mr. Adams took part. Mr. Crowfoot believed that in all cases of long standing ovarian disease, the patient generally became thin.

*Votes of Thanks* were unanimously given to the President, Readers of Papers, and Honorary Secretaries.

*The Dinner.* The members, to the number of twenty-four, dined at half-past five, at the Royal Hotel. The President, T. W. Crosse, Esq., occupied the chair, and Dr. Pitt, the Honorary Secretary, the vice-chair. The visitors being the medical Mayor of Norwich, and five other surgeons. After the usual loyal and patriotic toasts, the health of the President was proposed, which was received with enthusiasm. The Chairman having responded, other toasts followed, and the proceedings terminated at an early hour.

#### METROPOLITAN COUNTIES BRANCH: ANNUAL MEETING.

THE fourteenth annual meeting of the Branch was held at the Crystal Palace, Sydenham, on July 18th. The chair was taken by the retiring President, E. H. SIEVEKING, M.D., who afterwards resigned it to his successor, HENRY LEE, Esq. There were also present: S. S. Alford, Esq.; J. Armstrong, M.D. (Grave-send); J. W. Barnes, Esq.; W. Bartlett, Esq.; G. Bottomley, Esq. (Croydon); A. T. Brett, M.D. (Watford); T. Buzzard, M.D.; W. Camps, M.D.; C. T. Carter, Esq. (Hadley); R. Dunn, Esq.; S. Gibbon, M.D.; E. Haward, M.D.; Charles Hawkins, Esq.; C. Heath, Esq.; A. Henry, M.D.; Graily Hewitt, M.D.; R. G. Hill, M.D.; T. Hunt, Esq.; G. A. Ibbetson, Esq.; A. O. B. Jones, Esq. (Epsom); J. C. Langmore, M.B.; T. Langston, Esq.; A. Leared, M.D.; C. F. J. Lord, Esq. (Hampstead); W. O. Markham, M.D.; W. G. Marshall, Esq. (Colney Hatch); W. Martin, Esq. (Hammersmith); H. Maudsley, M.D.; C. H. Moore, Esq.; J. R. O'Brien, M.D. (Brompton); J. H. Paul, M.D. (Camberwell); T. Pollock, M.D.; J. Probert, Esq.; E. Ray, M.D. (Dulwich); T. L. Read, Esq. (Kensington); J. D. Rendle, M.D. (Brixton); B. W. Richardson, M.D.; C. H. F. Routh, M.D.; J. Seaton, M.D. (Sunbury); E. Sercombe, Esq.; F. Sibson, M.D.; T. Heckstall Smith, Esq. (St. Mary's Cray); A. P. Stewart, M.D.; E. H. Vinen, M.D.; G. Webster, M.D. (Dulwich.) The General Secretary of the Association, T. Watkin Williams, Esq., was also present as a visitor.



The minutes of the last meeting were read and confirmed.

**New Members.** The following gentlemen were elected members of the Association and Branch: W. Thiselton Dyer, M.D., Berkeley Street; R. Gardiner Hill, L.R.C.P.Ed., Brompton; Timothy Pollock, M.D., Hatten Garden; Thomas L. Read, Esq., Kensington; and David W. Roberts, M.D., Manchester Street. As members of the Branch were elected: G. W. Callender, Esq., Queen Anne Street, and J. Hall Davis, M.D., Harley Street.

**Report of Council.** Dr. HENRY, one of the Honorary Secretaries, read the following report.

"The Council of the Metropolitan Counties Branch, in presenting the fourteenth Annual Report, are gratified in being able to congratulate the members on the increasing prosperity of the Society. At the last annual meeting, the number of members was 217. Since that date, nine members have resigned; one (Mr. Toynbee) has died; and 37 new members have been elected, making the present number of members 244.

"The Council are sure that the members of the Branch will share in the regret with which they heard, a few days ago, of the death of Mr. Toynbee. Mr. Toynbee was one of the oldest members of the Branch; and, on its organisation in 1853, was elected Treasurer. To this office he was annually appointed until 1859, when he resigned. The valuable services of Mr. Toynbee, as Treasurer of the Medical Benevolent Fund of the Association, and the liberal support which he rendered that fund, are well known to the profession, and will not soon be forgotten.

"In pursuance of resolutions passed at the last annual meeting of the Branch, and of a new law founded thereon, three ordinary meetings have been holden during the present year for the discussion of subjects connected with sanitary science and with the social and political interests of the profession. At the first of these meetings, on January 26th, Dr. Druitt read a very valuable paper on Reform in Sanitary Laws. The second meeting, which was summoned for March 23rd, but was adjourned to April 6th, was occupied with a discussion on a report of the Council of the Branch on the same subject. At the third meeting, which was held on May 25th, Dr. Richardson gave an able exposition of the difficulties attending the enforcement by law of Public Vaccination. The reading of the paper was on each occasion followed by a well sustained discussion.

"Your Council consider that the thanks of the Branch are eminently due to Drs. Druitt and Richardson for the readiness with which they agreed to furnish papers, and for the able and interesting communications which they brought forward. Your Council consider that the attempt to hold ordinary meetings of the Branch has so far proved satisfactory and encouraging; but they would suggest to the successors to consider whether a larger attendance of members would not be ensured by holding their meetings at some hour in the afternoon instead of in the evening.

"The subject of amendment of the sanitary laws, which was introduced by Dr. Druitt at the first ordinary meeting, has occupied much of the attention of the Council and of the Committee on Parliamentary Bills. On the reading of Dr. Druitt's paper, a resolution was passed by the Branch, desiring the Council to take the matter into consideration. In accordance with this resolution, the Council examined the subject with great care; and, with the aid of the Parliamentary Bills Committee, and of Dr. Burdon Sanderson, (to whom, though not of their body, they are indebted for much valuable assistance) they presented to the ordinary meeting, on March 23rd, a

series of recommendations for amendments in the Sanitary Laws, which, with some modifications, were adopted at the adjourned meeting on April 6th. As the proceedings of the meetings have been fully reported in the *BRITISH MEDICAL JOURNAL*, it is unnecessary for your Council to enter into any further details. The members of the Branch will have perceived that the main defects in our present code of sanitary legislation have appeared to be, first, the multiplicity of sanitary acts, often containing provisions contradictory of each other; and, second, the absence of provisions for the effectual carrying out of sanitary measures. A Bill for the Amendment of the Sanitary Acts has been recently introduced into Parliament, and the members will probably hear from the Committee on Parliamentary Bills, an opinion as to the extent to which those provisions which the Branch considers essential are likely to be carried out.

"The initiative in the cause of sanitary reform, taken by this Branch, has, your Council have much pleasure in observing, been followed up by the Committee of Council, and by several other branches of the Parent Association.

"Although the state of the Army and Navy Medical Services has not been brought under the direct notice of the Branch during the past year, your Council feel it their duty to refer again to the subject. As the members of the Branch are aware, a Commission appointed by the Lords of the Admiralty, the Secretary of State for War, and his Royal Highness the Commander-in-Chief, together with two representatives appointed by the Colleges of Physicians and of Surgeons, has inquired into the claims of the medical officers of the army and navy, and has presented a report embodying recommendations for improvements in the pay and position of those meritorious public servants. Your Council have reason to expect that these recommendations will be carried into effect, and they feel persuaded that, if this be done, the public service will once more be sought by the young and well qualified members of the profession, instead of being avoided, as has of late been lamentably evident, especially in the navy. Your Council cannot leave this subject without alluding, with feelings of the deepest gratification, to the appointment, by the College of Physicians, of their colleague, Dr. Markham, as a member of the Commission, inasmuch as he may be fairly considered to have been the exponent of the views, not only of the learned body which nominated him, but also of the Association, and of this Branch; whose expressed opinions, the Council feel assured, he most ably and efficiently advocated in his place as a member of the Commission.

"Your Council have noticed with deep interest the present movement to improve the condition of the sick pauper in the Metropolitan Workhouses; and they venture to hope that the result will be a marked amelioration in the condition of those important institutions, and an elevation in the position of the medical officers in whose charge they are placed.

"Your Council would recommend the Branch to petition the legislature for a removal of the liability of public hospitals to be rated by parishes; inasmuch as these institutions, supported by voluntary contributions, and distributing annually gratuitous medical relief to an enormous amount, operate directly in reducing the rates not only of the parishes in which they are situated, but also of many surrounding parishes. Viewed in this light, it seems to your Council as unjust to tax the public hospitals for the support of the poor, as it would be to tax the workhouse infirmaries themselves.



"A highly respected member of the Branch, Dr. Armstrong, of Gravesend, having been lately subjected to the annoyance of a legal action on a groundless charge of malapaxis, the members present at the ordinary meeting on May 25th, unanimously passed a resolution expressing their sympathy and their undiminished confidence in his professional character. Your Council are assured that those who were not present on that occasion accept the opinions then expressed, as their own. A letter has been received by the secretary from Dr. Armstrong, expressing, for himself and his son, their warm thanks for the resolutions.

"The report of the Committee on Parliamentary Bills will be presented by Dr. Gibbon, who has, as hitherto, ably and zealously discharged the duties of Secretary.

"Your Council have much pleasure in presenting the financial report for the year; from which it will be seen that the monetary affairs of the Branch are in a satisfactory condition."

MR. BOTTOMLEY moved, and Dr. SEATON seconded—"That the Report of Council now read be received, adopted, and published in the JOURNAL."

Dr. GIBBON objected to the paragraph which referred to the rating of hospitals. He thought that hospitals ought to be subjected to rates, and that the Branch ought not to interfere to prevent this. He moved as an amendment the omission of the paragraph in question.

Mr. LORD seconded the amendment; which, after some remarks from Dr. O'Bryen, Dr. Camps, Dr. Stewart, Mr. Martin, Mr. Heath, and Dr. Buzzard, was put to the vote and lost; 9 voting for and 11 against it.

The motion for the adoption of the Report was then carried.

*Report of the Committee on Parliamentary Bills.* Dr. GIBBON, Secretary to the Committee, read the following Report.

"The Committee on Parliamentary Bills, in presenting their third Annual Report, have to regret that, in consequence of the protracted debates on the Reform Bills, little progress has been made during the present session with matters that more immediately affect the interests of the medical profession.

"Early in February, the Council of the Branch deemed it desirable to agitate for an amendment, which is much needed, in sanitary legislation; it therefore referred the three following resolutions to your Committee.

"1. That it be referred to the Committee on Parliamentary Bills to consider the best mode in which a consolidation of the sanitary laws may be obtained.

"2. That the Parliamentary Committee be requested to consider and indicate what amendments, if any, it would be advisable to introduce into the existing sanitary legislation.

"3. That it is highly desirable that a Ministry of Health, or some central authority, be created, in order to serve as a court of control and appeal in all matters relating to the public health."

"Your Committee, after referring these important matters to a subcommittee, returned the following recommendations to the Council.

"1. That a speedy and inexpensive appeal should be provided from the decisions of local authorities; and that the body best fitted for a Court of Appeal is the Health Department of the Privy Council, with power to carry out their judgments.

"2. That the appointment of medical officers of health and of inspectors of nuisances should be made, as in the metropolis, compulsory, instead of permissive and dismissal.

"3. That the appointment of medical officers of health should be subject to the approval of the Health Department of the Privy Council.

"4. That a return should be yearly presented to Parliament of the names of the medical officers of health and inspectors of nuisances throughout the country, and salaries paid to them.

"5. That, in counties, the appointment of medical officers of health should be vested in the justices; and that they should be paid out of the county rate.

"6. That the provision of local refuges for those labouring under contagious diseases should be rendered compulsory on unions and parishes.

"7. That local authorities should be required to provide carriages for the removal of such persons, and means for disinfecting their dwellings, wearing apparel, etc."

"These the Committee believe to be some of the chief sanitary wants of the day, and the Committee hope to see them embodied in future Sanitary Acts. Indeed, a Bill to amend the Law relating to the Public Health, introduced into the House of Commons by the Right Hon. H. A. Bruce, June 6th, 1866, embodies two or three of them; and probably, if the profession exert its influence with Parliament, the other and more important provisions may be incorporated in this very measure.

"In the early part of the session, a Bill was introduced by Mr. Bruce, 'to consolidate and amend the statutes relating to Vaccination in England'. Inasmuch as the vaccination law had hitherto not fulfilled the just expectations of either the profession or the public, your Committee gave much attention and consideration to the provisions of this Bill. The conclusion at which they arrived after consulting several experienced vaccinators, was that an Act, to be thoroughly carried out in a matter like compulsory vaccination, must be simple in its provisions, so as to entail as little trouble as possible upon parents and vaccinators; and that the vaccinator should be properly paid for his time, skill, and labour. In order to carry out the first object, your Committee resolved to recommend Mr. Bruce, and the Select Committee to whom the Bill was referred, to abandon the attempt, futile as it has hitherto proved to be, of forming a complete register of all children successfully vaccinated. This register, which entails considerable trouble and expense, even if it were possible to render it complete, would, in the opinion of the Committee, be of little or no practical utility. Certainly, as yet, it has never been of the slightest use to any one. If this were given up, it would, by abating trouble and annoyance to vaccinator and parent, directly tend to stimulate vaccination; and the other provisions, especially that relating to the remuneration of the public vaccinator, could be made more effective. It was resolved, secondly, to endeavour to get the minimum fees for vaccination increased from 1s. 6d. and 2s. 6d. to 2s. 6d. and 3s. 6d. respectively, and to get a fee allowed for all infants and children vaccinated in the workhouses.

"Your Committee are happy to be able to report that Mr. Bruce and the Select Committee have adopted the last two resolutions, except that the additional shilling per case is contingent on the Privy Council's approval of the quantity and quality of the vaccination.

"The Select Committee have retained the troublesome, and, as your Committee believe, useless scheme of forming a Register of Vaccination; but there are grounds for believing that this scheme will either be much simplified or withdrawn altogether in the subsequent stages of the Bill.

"The thanks of this Committee, as well as those



of the profession at large, are due to Mr. Richard Griffin, Chairman of the Poor-law Medical Reform Association, for calling the attention of members of the House of Commons to this Vaccination Bill, and thereby getting it referred to a Select Committee. The provisions, as amended by the Select Committee, are not altogether satisfactory in a professional point of view. It is quite just that the additional shilling that is to be awarded as a gratuity for each case by the Privy Council should be paid out of the Consolidated Fund. As to its taking the form of a gratuity, there may be objections; and your Committee confess they would rather that it were given as remuneration for work and services rendered; and that the whole, rather than part of the fee, should be given, subject to the certificate of a competent medical inspector.

"As the new Ministry have expressed their intention to proceed with this as well as the Public Health Bill during the present session, your Committee will watch their progress through Parliament, and endeavour to get these amendments made—amendments which they believe will tend to make the respective Bills, should they pass, more effective.\*

"The Committee have also from time to time considered the influence of the following Bills on the profession. They have, in some instances, suggested amendments and alterations therein where it appeared to them to be desirable.

"The Cattle-Plague Bills (two) to check the spread of the cattle-plague in Great Britain.

"The Pensions Bill, to amend the law relating to the granting of pensions and superannuation allowance to persons holding offices connected with the administration of justice, and laws relating to lunacy in England.

"A Bill to amend Remedial Measures and Diseases Prevention Act (1860).

"A Bill to provide for superannuation allowances to officers of vestries and district boards within the area of the Metropolitan Local Management Act.

"Labouring Classes' Dwellings Bill, to enable the Public Works Town Commissioners to make advances towards the erection of dwellings for the labouring classes in populous places.

"A Bill to provide better dwellings for artizans and labourers.

"An amended Contagious Diseases Bill was brought into the House of Commons by Lord Clarence Paget, which, in respect of professional interest, was an improvement on the former one. Instead of making use of the unpaid services of the honorary medical officers of certain hospitals, the Government propose to properly appoint and remunerate surgeons to examine and attend the prostitutes at certain naval and military stations.

"Your Committee cannot close their report without alluding to the great want of medical representatives, or of gentlemen possessing an adequate knowledge of medical and sanitary science, in Parliament. Of the five members of the profession who offered themselves as candidates for seats in the House of Commons at the last general election, only two secured their election. Dr. Brady and Mr. Clement of Shrewsbury have most cordially and liberally supported the efforts of the Committee to improve legislation on medical subjects. The provision of the Reform Bill which allotted a member each to the Universities of Edinburgh and London was satisfactory to your Committee, as calculated indirectly to increase the representation of the profession in Parliament."

Dr. O'BRYEN moved, Mr. BARNES seconded, and it was unanimously resolved—

"That the Report of the Committee on Parliamentary Bills be received, adopted, and published in the JOURNAL.

"That the best thanks of the Branch be given to Dr. Gibbon and the members of the Committee; and that they be reappointed and requested to continue their services."

*Officers and Council for 1866-67.* The following officers and council were unanimously elected: *President*, Henry Lee, Esq.; *President-elect*, W. O. Markham, M.D.; *Vice-Presidents*, C. F. J. Lord, Esq.; E. H. Sieveking, M.D.; *Treasurer*, R. Dunn, Esq.; *Secretaries*, A. P. Stewart, M.D.; A. Henry, M.D.; *Other Members of Council*, A. T. Brett, M.D. (Watford); J. R. Cormack, M.D.; C. Drage, M.D. (Hatfield); J. R. Gibson, Esq.; C. H. Rogers Harrison, Esq.; Graily Hewitt, M.D.; A. Leared, M.D.; J. H. Paul, M.D. (Camberwell); J. Ridge, M.D.; J. Seaton, M.D. (Sunbury); F. Sibson, M.D., F.R.S.; G. Webster, M.D. (Dulwich).

Dr. SIEVEKING then vacated the chair, which was taken by Mr. LEE.

*Vote of Thanks to the Retiring President.* Mr. HECKSTALL SMITH moved, Mr. BOTTOMLEY seconded, and it was unanimously resolved—

"That the cordial thanks of the Branch be given to Dr. Sieveking, the retiring President, for his able and courteous conduct in the chair on all occasions; and also for his liberal hospitality towards the members of the Branch."

*President's Address.* The PRESIDENT then delivered an instructive address.

Dr. STEWART moved, Mr. MARTIN seconded, and it was unanimously resolved—

"That the cordial thanks of the Branch be given to Mr. Lee for his excellent address; and that he be requested to publish it in the JOURNAL."

*Representatives in the General Council.* The following gentlemen having been duly proposed and seconded, were elected to act, together with Dr. Stewart, as representatives of the Branch in the General Council: R. Dunn, Esq.; C. H. Rogers-Harrison, Esq.; J. Hatton, M.D.; A. Henry, M.D.; H. Lee, Esq.; C. F. J. Lord, Esq.; W. O. Markham, M.D.; J. H. Paul, M.D.; B. W. Richardson, M.D.; J. Seaton, M.D.; F. Sibson, M.D., F.R.S.; and E. H. Sieveking, M.D.

*Medical Provident Society.* On the motion of Dr. RICHARDSON, the following were elected Directors of the Medical Provident Society: C. F. J. Lord, Esq.; S. W. J. Merriman, M.D.; and T. Heckstall Smith, Esq.

*Dinner.* The meeting, which was the most successful that the Branch had ever held, was terminated by a dinner, at which forty-nine were present. The chair was occupied by the President, H. Lee, Esq., supported by the President-elect (Dr. Markham), Mr. Watkin Williams, Dr. Sieveking, etc.

#### DEPUTATION TO THE PRESIDENT OF THE PRIVY COUNCIL.

A Deputation from the Parliamentary Committee of the Metropolitan Counties Branch of the Association had an interview with His Grace the Duke of Buckingham, the Lord President of the Privy Council, Tuesday, the 24th inst., on the subject of amendments in the Vaccination Bill and the Public Health Bill. The deputation consisted of C. F. J. Lord, Esq. (Vice-President); Dr. Brady, M.P.; E. Jenkins, Esq. (Barrister-at-Law); Dr. Markham; Dr. Ballard; Dr. Leared; Dr. J. Seaton; Dr. G. Webster; Dr. R.

\* Since this Report was presented, the Vaccination Bill has been withdrawn.



W. Fowler: T. Heckstall Smith, Esq.; J. R. Gibson, Esq.; Charles Hawkins, Esq.; H. W. Rumsey, Esq. (Cheltenham); and Drs. Stewart and Gibbon.

It was urged upon His Grace that Vaccination might be greatly promoted, without further legislation, by the Poor-law Board advising the guardians to give a more adequate fee for the operation, and cancelling their standing order that prohibits the payment for vaccination within the workhouses.

Dr. BRADY recommended the Government, in framing any future Bill, to take counsel of the public vaccinators, who were practically acquainted with the subject.

Dr. STEWART submitted a memorial on the Public Health Bill, and explained the various resolutions on the amendment of sanitary law agreed to at a general meeting of the Branch in April last. He was supported by Mr. Lord and Mr. Rumsey. Dr. Robert Fowler mentioned the great assistance which the Poor-law medical officers could give towards the sanitary amelioration of the country.

HIS GRACE discussed the recommendations *seriatim*, expressed his pleasure at having received them, and said that he should always be glad to have the advice and assistance of the Committee.

## Correspondence.

### POOR-LAW MEDICAL REFORM.

LETTER FROM RICHARD GRIFFIN, Esq.

SIR,—I shall feel obliged by your giving insertion to the reply to the letter I addressed to the President of the Poor-law Board on July 9th.

"Poor-law Board, Whitehall, July 10th, 1866.

"Sir,—I am directed by Mr. Gathorne Hardy to acknowledge the receipt of your letter of the 9th inst., and to thank you for the papers forwarded with it. He regrets that, as he has scarcely entered upon the duties of his office, he is unable at present to make any appointment for an interview.

"Your obedient servant, "J. STEWART HARDY."

In the House of Commons on July 17th, Mr. Hardy said—"I quite admit the present evil condition of the infirmaries throughout London. It is in the power of the Poor-law Board to take care that there is efficient and sufficient medical superintendence, and that the salaries of the medical officers should be fixed at a proper sum. It is also in the power of the Poor-law Board to take care that there is sufficient nursing. I trust that the House will allow me a little time now that I am wading through a vast mass of information; for I can assure hon. gentlemen that I am desirous to apply a remedy. I think the powers of the Poor-law Board have not been put in force; and I ought not to ask the House to legislate until I have tried them. In the next session of Parliament, I shall be prepared to state what course I may think proper to recommend in respect of any new legislation."

From the foregoing statement of the President of the Poor-law Board, I think there can be little doubt he fully intends to place the Poor-law medical relief of this country in a more satisfactory state than it is at present; and I hope the time is not far distant when the Poor-law medical officers will be fairly remunerated for their services.

Allow me here to call attention to the Report of Dr. Edward Smith, Medical Officer to the Poor-law Board, which has only just been laid before Parliament. He says (page 62)—"It should not be impossible to arrive at an agreement amongst medical men as to the sum which should be regarded as fairly sufficient. If the

recommendation already made be effected; viz., that the guardians in all cases provide drugs, and in suitable cases a dispenser—would it not be satisfactory generally for the salary to be calculated at the rate of ten shillings per adult on the average maximum number of inmates in the workhouse at one time; two children, as defined by the Poor-law—viz., persons under 16—to be considered as an adult." He also says "that extras for midwifery, etc., as allowed by the Poor-law Board, should be added; and the medical officers should sign lunacy certificates and receive the fees. This would require a considerable increase in the salaries of nearly all the medical officers, and particularly of those in the larger workhouses, and it would probably lead the guardians to appoint one or more resident medical officers to each workhouse, who would devote the whole time to the duties of the office."

Should Mr. Gathorne Hardy, after a reasonable period, fail to name a time for me to present the petition of the meeting of July 5th, I will again communicate with him; but I think it hardly fair to press him now too much, considering the statement made by him in the House of Commons, "that he is wading through a vast mass of information", but rather give him a little breathing time.

I am, etc.,

RICHARD GRIFFIN.

12, Royal Terrace, Weymouth, July 21st, 1866.

### THE TREATMENT OF CHOLERA.

LETTER FROM CHRISTOPHER JOHNSON, Esq.

SIR,—Would not the meeting of the Association at Chester afford a convenient opportunity for a discussion on the best means of arresting the spread of cholera?

Eliminating all matters of medical treatment, there are many points which demand early and careful consideration. Among them are the following.

Ought cholera hospitals to be established? or should home treatment be adopted?

If cholera hospitals are required, should they be portions of existing institutions or separate buildings?

If cholera break out in a confined district, should the sick or the healthy be removed?

If cholera cases be admitted into a hospital or workhouse, should the same medical attendants, nurses, and appliances, be provided for them and the other inmates?

Can a room that for several years has been exclusively used as a fever-ward be safely occupied by cholera-patients?

Will the use of a room as a cholera-ward unfit it for the reception of fever cases afterwards?

These are only a few of many questions which might be very profitably discussed at a meeting of the Association.

I am, etc.,

CHR. JOHNSON, Local Secretary.

Lancaster, July 22nd, 1866.

### LETTER FROM D. A. REID, M.D.

SIR,—At a time like the present, when cholera is breaking out in various parts of the world, and even touching our own shores, it behoves every one who has had any experience in the treatment of this dire malady to make it known to the profession. Let me ask you, therefore, to find space for the very few remarks I have to make on the subject.

In the years 1854 and 1855, when cholera was raging amongst the British and French troops before Sebastopol, I held the appointment of assistant-surgeon in Her Majesty's 90th Foot, and was consequently called upon to treat a very large number of cases of this disease. I regret that I have no tabulated statistics of the results of the various kinds of treatment. The life we led at that time was not conducive to the preparation of such



useful documents. But I have a vivid and ineffaceable recollection of the number of remedies employed, and of the great comparative success of large doses—ten to fifteen grains—of calomel and copious draughts of cold water. Smaller doses of calomel, combined with opium, astringents of various kinds, sulphuric acid, etc., appeared to have no effect whatever. It was too much the custom at that time to refuse cold water, although the patients invariably had a powerful craving for it—in fact, they could not in many cases be persuaded to swallow any other beverage. Believing this craving to be instinctive, and an outcry of Nature for something that the system actually required, I ordered water to be administered *ad libitum*; and the result was an immediate diminution in the mortality.

As I before mentioned, I have no statistics, and, therefore, cannot give the exact ratio of the improvement under this treatment; but I can safely say that fifty per cent. more cases recovered than when other plans were adopted.

This supports Dr. Johnson's eliminative theory. The calomel, being given in purgative doses, assisted in carrying off from the system the specific poison of the disease. If this poison is held in solution in the liquor sanguinis, it is easy to understand that large quantities of pure water taken into the stomach, and, becoming absorbed, would supply to the blood the fluid it had lost in the process of elimination, and prevent that thickening of the blood so forcibly described by Mr. Bottomley in your JOURNAL of the 14th instant. A pure fluid would be supplied in place of the poisoned one eliminated, and thus the healthy condition of the blood restored.

It seems to me most unreasonable to lock up the poison in the system by astringents or remedies checking the secretions or excretions, particularly when we know that the most certainly fatal cases of cholera are those in which there is suppression of these discharges. What we want is to relieve the system of the poison that is destroying it; and, from my own experience, I decidedly come to the conclusion that this is best done by purgatives (more particularly calomel) and cold water rinsing.

No doubt convalescence may be assisted by stimulants and strong beef-tea or other nourishing diet; though I do not believe the former are useful in treating the disease itself. Very likely Dr. Hassall's flour of meal may be found serviceable in country districts, where good beef cannot be procured at a short notice, or perhaps a weak broth made from this flour of meat might in some cases be used as a substitute for water as a drink.

I am, etc., DOUGLAS A. REID.

Pembroke, South Wales, July 1866.

P.S. I omitted to mention that an improvement in the symptoms generally took place after two ten-grain doses of calomel had been given, with an interval of an hour between. I then reduced the dose to five grains every two hours, discontinuing it when danger was over.

D. A. R.

#### LETTER FROM W. F. MORGAN, ESQ.

SIR,—As a postscript to my letter on the use of sulphuric acid in choleraic diarrhoea, which you were good enough to insert in the JOURNAL of last week, I would invite attention to a communication from Dr. MacCormac of Belfast, in the *Medical Times and Gazette* of this day, wherein he speaks highly of that medicine, not only as a curative but as a prophylactic measure, and gives a striking illustration of its efficacy in its latter bearing. We prescribe quinine on this principle in malarial districts; why may not the administration of sulphuric acid in cholera localities be followed by a similar result?

I do not under-rate any of those sanitary observances

which are, indeed, a *sine qua non* in successfully grappling with cholera. These are the fundamental prophylactics. But I am strongly impressed with the belief that in sulphuric acid we have the best medicine yet discovered wherewith to meet it. I trust it will be fully and fairly tried in the impending visitation.

Due consideration being paid to the sanitary instructions laid down by the best authorities, let the acid be commenced as soon as looseness of the bowels sets in; premising, however, in certain cases, where good evidence exists of retained feces or of undigested food as a source of irritation, a dose of castor-oil or rhubarb, with a few drops of laudanum. The formula stated in my previous letter is, I believe, as good as any; in urgent attacks, increasing the frequency rather than the strength of the dose. And let those in attendance on the sick, and those who in any other way are exposed to risk, take the acid as a prophylactic, according to Dr. MacCormac's suggestion.

Perfect rest is of the first importance in the earliest stage of choleraic diarrhoea. Many have been the victims to a neglect of that precaution. During a former epidemic in this city, a worthy and estimable member of our profession thus fell a sacrifice to his self-denying zeal in the cause of the poor. The Guardians, to their honour be it mentioned, erected a costly and appropriate monument over his remains.

I am, etc.,  
W. F. MORGAN.

Bristol, July 22nd, 1866.

## Medical News.

APOTHECARIES' HALL. On July 19th, 1866, the following Licentiatees were admitted:—

Bingham, John Joseph, Staveley, Derbyshire  
Harding, Peter, Shrewsbury  
Mousley, George William, Atherton, Warwickshire  
Pattinson, Henry Beaumont, Heavitree, near Exeter

At the same Court, the following passed the first examination:—

Batt, Charles D., St. Bartholomew's Hospital  
Crowfoot, Edward Bowles, St. Bartholomew's Hospital  
Lee, Timothy Webb, St. Bartholomew's Hospital  
Sunderland, Edward, Guy's Hospital  
Webb, John, Guy's Hospital

### APPOINTMENTS.

\*JACKSON, J. Hughlings, M.D., appointed additional Demonstrator of Pathology at the London Hospital.

STURTON, Henry G., M.D., appointed additional Demonstrator of Pathology at the London Hospital.

### ARMY.

AMBROSE, Staff-Assistant-Surgeon J., M.D., to be Assistant-Surgeon 58th Foot, *vice* J. Carlow.

BURKE, Surgeon-Major A., 3rd Foot, to be Staff-Surgeon-Major, *vice* Staff-Surgeon E. Touch, M.D.

CARLOW, Assistant-Surgeon J., 58th Foot, to be Staff-Assistant-Surgeon, *vice* J. Ambrose, M.D.

CAY, Battalion-Surgeon C. V., M.D., Coldstream Guards, to be Surgeon-Major, having completed twenty years' full-pay service.

DE LISLE, Surgeon-Major R. F. V., M.D., Royal Artillery, to be Staff-Surgeon-Major, *vice* A. Guthrie, M.D.

GUTHRIE, Staff-Surgeon A., M.D., to be Surgeon Royal Artillery, *vice* Surgeon-Major R. F. V. De Lisle.

TOUCH, Staff-Surgeon E., M.D., to be Surgeon 3rd Foot, *vice* Surgeon-Major J. Burge.

### ROYAL NAVY.

DUNCAN, David, M.D., Surgeon, to the *Basilik*.

DYAS, Jacob A., Esq., Surgeon (additional), to the *Cambridge*.

FEAGAN, Henry, M.D., Surgeon (additional), to the *Damless*.

FORREST, Edward P., Esq., Surgeon (additional), to the *Lion*.

SUTHFRLAND, George W. J., Esq., Surgeon (additional), to the *Impregnable*.

VOLUNTEERS, (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

DAVIES, J., M.D., to be Honorary Assistant-Surgeon 26th Lancashire A.V.

DAWES, W., Esq., to be Honorary Assistant-Surgeon 2nd Staffordshire R.V.



GOLDSMITH, G. P., Esq., to be Honorary Assistant-Surgeon 1st Bedfordshire R.V.  
WILTON, J. P., Esq., to be Surgeon 1st Administrative Battalion Gloucestershire R.V.

## BIRTHS.

ADAMS. On July 10th, at Greenstreet, near Sittingbourne, the wife of Henry Adams, L.R.C.P.Ed., of a daughter.  
CUPISS. On July 8rd, at Great Grimsby, the wife of F. P. Cupiss, Esq., Surgeon, of a son.  
CURGENVEN. On July 23rd, at 11, Craven Hill Gardens, the wife of J. Brendon Curgenven, Esq., Surgeon, of a daughter.  
HARRISON. On July 16th, at Walsall, the wife of A. J. Harrison, M.B., of a son.  
MACK. On July 11th, at St. Paul's Road, Islington, the wife of Robert Mack, Esq., Surgeon, of a son.  
MARTYN. On July 20th, at Clifton, Bristol, the wife of \*S. Martyn, M.D., of a son.  
PAGE. On July 19th, at Queen Street, Mayfair, the wife of W. E. Page, M.D., of a son.

## MARRIAGES.

CLEMENGER, W. G. W., Esq., Surgeon-Major H.M. Indian Army, to Amelia Maria, eldest daughter of E. G. POWELL, Esq., of Coed-mawr, Carnarvon, at Llanbeblig, on July 19.  
HIND, Albert, Esq., Surgeon, Gravesend, to Minna A. M. R., youngest daughter of the late Captain William H. S. HADLEY, 68th Light Infantry, at St. Thomas's, Ryde, on July 18.  
JACKMAN, Thomas S. H., Esq., Surgeon, at Leintwardine, Herefordshire, to Sarah, eldest daughter of the late John TAYLOR, Esq., of Edgbaston, at Great Malvern, on July 13.  
\*LEWIS, Thomas, M.D., Carmarthen, to Lucy Ann, second daughter of J. B. JEFFRIES, Esq., of the same place, on July 12.  
\*WEAVER, Frederick P., M.D., of Frodsham, Cheshire, to Mary Berry, eldest daughter of Edward Abbott WRIGHT, Esq., of Oldham and Castle Park, Frodsham, on July 19.

## DEATHS.

ANSELL, Thomas, M.D., of Bow, aged 67, on July 24.  
DOHERTY. On July 24th, at Pawlish, Elizabeth, wife of Hugh Doherty, M.D., of Dulwich.  
HAWKES, Thomas C., Esq., Surgeon, at Okehampton, aged 87, on July 16.  
LANGSHAW. On June 11th, at Ootacamund, India, aged 20, John, eldest son of \*J. P. Langshaw, Esq., of Lancaster.  
MIDDLETON, W., Esq., Surgeon, at Leamington, aged 63, on July 4.  
PENNINGTON. On July 17th, at Liverpool, Jane, wife of \*Thomas Pennington, Esq.  
PRESTON, Wm. C., Esq., Surgeon, at Newcastle-on-Tyne, on June 23.  
TURNBULL, George A., Esq., many years Superintendent Surgeon Hyderabad Contingent, India, in Jersey, aged 80, on June 28.

PROFESSOR DUMREICHER has orders to prepare hospital room in Vienna for 10,000 sick.

STATUE OF BONNET. On the 1st inst., the bust of Amedée Bonnet, late of Lyons, was inaugurated at Ambrérieu.

LONDON HOSPITAL. It has been decided to abandon any ceremony in opening the new Alexandra wing of this institution, on account of the outbreak of cholera.

DONATION. Among the list of contributions last week to the Bristol Royal Infirmary was one "From a lady who takes a deep interest in the welfare of the Bristol Infirmary, £1,000."

ROYAL COLLEGE OF SURGEONS. It appears that out of seventy-two candidates who lately presented themselves for the primary examinations in anatomy and physiology, on the 18th inst., twenty-seven failed. One candidate had an additional three months, having been discovered copying from a gentleman undergoing the written examination.

VACCINATION BILL. In the House of Lords, on Monday, Lord Shaftesbury made some remarks upon the recent alarming increase of small-pox, and inquired whether the Government intended to proceed with the Bill upon that subject which had been introduced into the other House.—The Duke of Buckingham said, in consequence of numerous objections, the Bill had been withdrawn; but the attention of the Government would be given to the subject during the recess.

M. JOBERT DE LAMPALLE is reported by the journals to be hopelessly insane.

VITRIOLIC SHOWERS. Dr. Angus Smith showed some years ago that the rain water of great coal-burning towns is very acrid, and that about a thousand tons of vitriol are showered down on Manchester every year.

THE CHOLERA is very severe at Berlin. Up to the 21st, there had been 687 cases.—On the 24th instant, *L'Union Médicale* writes—"For the last two days both the number of cases of cholera and their gravity have sensibly diminished."—The *France Médicale* says—"We regret to announce the reappearance of cholera in the capital. Some cases are reported in private houses; but it is unfortunately true that among the persons admitted lately at the Hôtel-Dieu, the Lariboisière, Beaujon, Necker, and St. Louis, there were some attacked by the disease." In Marseilles it has also appeared.

VETERINARY SURGEONS BILL. In the House of Commons, on Tuesday, Mr. Newdegate moved that the House go into committee on this Bill, the object of which was to prevent any person who has not obtained the diploma of the Royal College of Veterinary Surgeons from assuming the title of veterinary surgeon. He asked from the Government an assurance that nothing should be done during the recess.—Mr. Corry, who had intended to suggest the withdrawal of the Bill, said nothing would be done during the recess, and no charter would be granted to the Scotch or any other school to give diplomas. The representations made to the Government respecting the Bill were so conflicting that it was impossible for any one not conversant with the subject to form a decided opinion upon it.—Mr. M'Laren regretted to hear the rash promise that nothing should be done during the recess, because a public spirited man had left £40,000 to establish a college for Scotland; and he characterised the Bill as one to "repeal the Union", inasmuch as it would fine and stigmatise as an impostor every man who practised as a veterinary surgeon in Scotland or Ireland, no matter what his qualifications, if he did not hold the diploma of the London College. The Bill was then withdrawn.

CHOLERA IN LONDON. In July 21st, the births registered in London and twelve other large towns of the United Kingdom were 4132; the deaths registered 3433. The annual rate of mortality was 29 per 1000 persons living. In London the births of 1008 boys and 1015 girls, in all 2023 children, were registered in the week. In the corresponding weeks of ten years, 1856-65, the average number was 1909. The deaths registered in London during the week exceed by 428 the estimated number. While epidemic cholera has been for months prevalent in several cities on the Continent, and in some cities has been extraordinarily fatal, London has hitherto remained free from its ravages. At the end of June the temperature was excessively high, and after that date cholera cases were noticed; their character was not at first grave, but in the first week of July, fourteen cases, in the second, 32 cases of cholera were registered, half of them at least of the epidemic type. In the week that ended on Saturday last 346 deaths from cholera were recorded. The mortality by the epidemic is much greater than it was in the corresponding week of 1854, but not so great as it was in the epidemic of 1849. Of the 346 fatal cases now recorded, 308 occurred in the east districts of the metropolis. Eleven deaths from cholera were registered in the west districts, six in the north, and twenty in the south. Only one death from the epidemic occurred in the central districts.



**THE LOTHIAN MEDICAL ASSOCIATION.** The medical practitioners of the villages and country districts around Edinburgh, have resolved to form themselves into an Association for the protection of the interests of country doctors. At a meeting in Edinburgh, the chairman alluded to the difficulty experienced in getting accounts collected, owing to the shifting character of the working population. He suggested that medical men should, at the end of every half year, send in their bills for attendance upon the farm labourers and their families, to the employers, with the view of having the amount deducted from the servant's half yearly wages. He likewise suggested that in the case of those who removed from one parish to the other without settling their doctor's bills, notice should be sent to the doctors in the district in which they should settle, who ought then to refuse to attend such persons, unless under circumstances of pressing need.

**CHOLERA.** The report of Mr. Simon to the Privy Council on the public health contains an interesting chapter on the cholera. Believing thoroughly in the contagiousness of the disease, Mr. Simon says:—"The doctrine on this subject, which, in my opinion, deserves, in the present state of knowledge, to be accepted as practically certain—sufficiently certain, I mean, to be made the basis for precautionary measures—may be stated in the following propositions: That when cholera is epidemic in any place, persons who are suffering from the epidemic influence, though perhaps, with only the slightest degree of diarrhoea, may, if they migrate, be the means of conveying to other places an infection of indefinite severity; that the quality of infectiveness belongs particularly, if not exclusively, to the matters which the patient discharges, by purging and vomiting, from his intestinal canal; that these matters are comparatively non-infective at the moment when they are discharged, but subsequently, while undergoing decomposition, acquire their *maximum* of infective power; that choleraic discharges, if cast away without previous disinfection, impart their own infective quality to the excremental matters with which they mingle in drains or cesspools, or wherever else they flow or soak, and to the effluvia which those matters evolve; that if the cholera contagium, by leakage or soakage from drains, or cesspools, or otherwise, gets access, even in small quantity, to wells or other sources of drinking water, it infects in the most dangerous manner very large volumes of the fluid; that in the above described ways even a single patient with slight choleraic diarrhoea may exert a powerful infective influence on masses of population among whom, perhaps, his presence is unsuspected; that things, such as bedding and clothing, which have been imbued with choleraic discharges and not afterwards fully disinfected, may long retain their infectious properties, and be the means of exciting choleraic outbreaks wherever they are sent for washing or other purposes."

**A GOOD HINT FROM GERMANY.** The system called "Trink-halles has been imported from Germany into Paris, where, at the present moment, there are twenty-two in operation. The structure consists of a covered stall, constructed of wood, open in front; in fact, a covered *buvette*, or drinking counter. Only three kinds of drinks are allowed to be sold—eau-de-Seltz pure, and the same with currant syrup, or with syrup of Seville oranges. These drinks are charged respectively two and three sous a glass. The eau-de-Seltz is made by the society itself, and confined in copper cylinders, coated inside with tin, and these are carried round in carts several times a day to the Trink-halles, which are provided with fountains and

reservoirs of ice, through which the aerated water is made to pass by means of coiled pipes, thirty feet long, so that the water is always well iced. The syrups are kept in closed porcelain vessels, which are furnished with ingenious taps that give to each glass a fixed quantity of the syrup. Each Trink-halle is attended by two women, who wear simple uniform dresses; they receive two and a half francs a day (equal to two shillings), and have in addition the value of five glasses of the beverages allowed them daily. Trink-halles are furnished with tell-tale counters, which enable the inspectors to see how many glasses of the liquid have been sold during the day. The sale is said to amount in warm days to 10,000 and 12,000 glasses between the twenty-two Trink-halles, or, on an average 500 each, but on dull or cold days the demand is almost *nil*. Under the present arrangements the Trink-halles remain closed during the winter months, but it is said to be in contemplation to allow them to sell hot coffee and tea during cold weather. There is no doubt that, whether during summer heat or wintry blasts, the Trink-halle must prove a friend to temperance, and, consequently, a friend of the poor man.

**METROPOLITAN POOR-LAW MEDICAL OFFICERS ASSOCIATION.** The first general meeting of this Association was held on Monday last, in the Council-room of the Royal Medical Benevolent College in Soho Square, and was largely attended by members—workhouse and district medical officers in almost equal proportions, and representing nearly every part of the metropolis. Dr. Rogers, the President *pro tem.*, occupied the chair. Dr. Dudfield, the Honorary Secretary *pro tem.*, having read the minutes of the preliminary meeting and the names of the members, and stated the steps that had been taken in organising the Association, Dr. Rogers addressed the meeting at considerable length, setting forth the objects of the Association, as contained in the printed rules. He dwelt more particularly upon the necessity of making a great effort to better the condition of the sick poor, and to raise the status of the Poor-law medical officers. Considerations of pecuniary remuneration, though important, should be sunk in comparison to the former objects. They were engaged in the noblest work man could be engaged in: they were men of education, and devoted to their work. What, therefore, they should ask for, was increased means of doing their duty to the sick poor. The amount of their salary, which was admitted by Mr. Farnall, the Poor-law Inspector, to be quite inadequate, they would leave to the appreciation and justice of the public. The revelations which had been made respecting the treatment of the sick poor in workhouses had excited a strong public feeling upon this subject. The Poor-law medical officers were not responsible for that treatment; on the contrary, they did what they could to obtain more liberal treatment of the sick poor. He thought that one of their objects should be to get the medicines for the poor at the expense of the State. He was glad to find that this recommendation had the support of Mr. Farnall. The objects of the Association were: 1. To obtain for the sick poor chargeable to the State the advantages enjoyed by the sick poor in hospitals, etc.; 2. To obtain life-appointments for all Poor-law medical officers, and entire payment of salaries from the Consolidated Fund; 3. To provide a basis for consultation and united action; 4. To obtain an authoritative decision upon all disputed questions relating to duties and extra medical fees; 5. To obtain from the local authorities the provision of all medicines and appliances prescribed for the sick poor, and the employment and payment by the same



of qualified dispensers; 6. To address representations to the Poor-law Board by memorial and deputation; and, if need be, to petition the legislature in such cases and circumstances as may appear to render such action necessary. These objects, having been severally discussed at length, were agreed to, as well as a number of rules for the government of the Association; and a Council of twelve members was then appointed. Besides the ordinary members, there will be a second class of members, honorary in character, and consisting of "eminent physicians and surgeons, particularly those connected with public institutions." Portions of the Report of Mr. H. B. Farnall, C.B., the Metropolitan Poor-law Inspector, relating to the duties, etc., of the workhouse medical officers, having been read, together with his recommendations for the amelioration of their position, it was unanimously resolved: "That this meeting, representing the Poor-law medical officers of the metropolitan district, cannot separate without recording their deep sense of gratification, inspired by his generous appreciation of their position and services." A copy of the resolution was ordered to be sent to the metropolitan inspector. A vote of thanks to the Council of the Royal Medical Benevolent College for the use of their room terminated the proceedings, which had been marked throughout by a strong feeling of earnestness, moderation, and unanimity. The following gentlemen were appointed officers for the ensuing year. *President:* Dr. Joseph Rogers. *Vice-Presidents:* Dr. C. Andrews; C. M. Frost, Esq. *Treasurer:* F. Goodrich, Esq. *Honorary Secretary:* Dr. T. O. Dudfield. *Other Members of the Council:* R. Bruce, Esq.; J. Clark, Esq.; Dr. T. Cotton; E. Goddard, Esq.; Dr. T. K. King; Dr. G. E. Nicholas; John Vinall, Esq.; with power to add to their number.—At a meeting of the Council of the Association held on July 24th, it was resolved unanimously: "That the Council of this Association, having taken into consideration the Report of Dr. E. Smith upon Workhouse Infirmarys, etc., desire at once, and without now entering into any detailed refutation of the various statements to which they shall subsequently refer at greater length, to reiterate their conviction that not less than one thousand feet of cubic space and eighty feet of floor-space should be allowed to each sick inmate of workhouse infirmary wards. They feel it proper to repel without delay the expressed insinuation of Dr. Smith, that the opinion of the medical officers on this subject, which was officially and urgently sought for by a printed document issued by the Poor-law Board, can be set aside as of no value, now that it proves to be contrary to that of Dr. Smith. The Council also express the pain and regret with which they have read many disparaging remarks of Dr. Smith in relation to their qualification, conduct, and position as medical officers. These they feel to be entirely undeserved, unjust, and ungenerous. The Council refer with confidence to the more just estimate formed by Mr. Farnall, who, as Poor-law inspector in the metropolis for several years, has had numerous opportunities of knowing the continuous efforts made by the medical officers to improve the condition of the sick poor, and faithfully to perform their duty." It was also determined that Dr. Rogers be requested to present a copy of the resolution to the President of the Poor-law Board.

COMMUNICATIONS have been received from:—THE REGISTRAR OF THE MEDICAL COUNCIL; Dr. GRIFFITH; Dr. MEAD; Mr. CH. JOHNSON; Dr. F. G. BROWN; Mr. TRISTRAM; Dr. PHILIPSON; Mr. GRIFFITH; Mr. W. F. MORGAN; Mr. R. S. FOWLER; Sir JOHN FIPE; Mr. A. E. LLOYD; Mr. R. H. MEADE; Mr. W. ALLISON; Dr. S. MARTYN; Mr. A. HEWILL; Mr. J. J. EVANS; Dr. JAMES RUSSELL; Mr. W. PARKER; Dr. ARTHUR LEARED; Mr. HUGHES; and Mr. STONE.

## OPERATION DAYS AT THE HOSPITALS.

MONDAY.....	Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY....	Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.
WEDNESDAY...	St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.
THURSDAY....	St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.
FRIDAY.....	Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
SATURDAY....	St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

## TO CORRESPONDENTS.

**\*\* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.**

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

THE Reports of the West-Somerset and Bath and Bristol Branches shall appear next week.

MR. TRISTRAM.—The notice in the JOURNAL about Mr. Webber was simply an extract from the *Times*.

THE ANNUAL MEETING: RAILWAY TICKETS.—Dr. Mead of Newmarket has addressed a letter to the Railway Companies in reference to the travelling of members of the Association to and from Chester; and has received answers from the Great Western, London and North-Western, and Midland, that these Companies will extend the return tickets from the 6th to the 11th of August inclusive.

S. N.—It was Dr. Taylor who set going the report that Dr. Warder was an eminent toxicologist at the School in Grosvenor Place. He was the very opposite of this, having completely failed as a Lecturer on Jurisprudence. Another incorrect assertion Dr. Taylor is reported to have made, viz., that Dr. Warder was one of the medical men who defended Palmer. He appears, on the contrary, to have taken views strongly opposed to Palmer.

STATISTICS OF CANCER.—Mr. Moore has the pleasure to acknowledge the return of "Registers for Cases of Cancer," from John Thompson, Esq., Bideford; J. S. Bartrum, Esq., Bath; and F. Hudson, Esq., Stockport.

THE ARMSTRONG FUND.—The Treasurer of the Gravesend and Milton Dispensary and Infirmary begs to acknowledge with thanks the receipt from Thomas Hunt, Esq., of the sum of seven pounds, being the balance of subscriptions after defraying the expenses incurred by Messrs. Armstrong, in the case of Rudman v. Armstrong. Gravesend, July 25th, 1866.

THE RICHARDSON TESTIMONIAL.—Sir: The letter of "A Physician," in your impression of the 14th instant, well recounts the labours of that distinguished physiologist, Dr. B. W. Richardson, and points out equally well the claims he undoubtedly has upon both professional and public gratitude.

To dilate upon the observations of your correspondent, would be to dilute them; but I cannot avoid saying, I think, apart from the recent great and important discovery of local anaesthesia, the public as well as the profession owe much to Dr. Richardson for what he has done in furtherance of scientific sanitation throughout the country.

Most thoroughly approving the suggestion of a presentation to this true and zealous worker in the field of science, I do hope no time will be lost in carrying into effect the proposition referred to, and I also trust the movement will result in something that will be calculated to show our distinguished brother, in the most unmistakable manner, the true feelings of the profession towards him, and the sense entertained of his high scientific attainments.



Let, then, the good work be at once commenced; and your correspondent must pardon me for saying, I think no one could be selected better qualified to take the initiative in a project of this kind than himself.

This gentleman has only to give his consent to the publication of his name, and I feel assured that, with your valuable assistance, the best wishes of Dr. Richardson's admirers (and their name is legion) will not only be very fully but very speedily realised.

I am, etc., A MEDICAL OFFICER OF HEALTH.

July 19th, 1866.

**SIR:** The kindness which induced you to comply with my request, and give insertion to my letter signed "A Physician," has been followed by such a happy result, that I think we have both of us good reason to be satisfied. I never for one moment doubted the suggestion being received with the most hearty approbation; but, I must confess, that I was scarcely prepared for such an almost universal approval.

Many of the letters I have received upon the occasion (and I can scarcely tell you how numerous they have been), from almost all parts of the country, and from professional brethren with whom I have never before had the pleasure of corresponding, are so full of thanks to me for having, as they say, "anticipated their wishes", that I feel constrained, although somewhat reluctantly, thus publicly to announce myself as the initiator of the movement, and, at the same time, to acknowledge through the medium of your columns, the communications I have referred to, as it would be quite out of my power to reply to all, individually, who have addressed me on the subject.

With so strong a proof as I possess of the general desire of the profession to support the movement, I think it would be unwise to delay, for any length of time, the convening a meeting for the purpose of organising a system likely to facilitate the necessary proceedings and to make the success as great and as certain as possible. London must be, I imagine, the best place for the first meeting; and I beg to suggest that the rooms of the Medical Benevolent College in Soho Square, if they can be obtained, would be suitable for the purpose. In the meantime, I shall be happy to receive communications from any one favourable to the object we are wishing to promote.

Stafford, July 24th, 1866.

I am, etc., HENRY DAX, M.D.

**SIR:** Allow me to express the pleasure with which I read in your columns a letter from "A Physician," suggesting a testimonial to Dr. Richardson. I am sure that all who have been spared either the infliction or endurance of pain by means of the process which he has introduced, ought to be glad to avail themselves of such an opportunity of expressing their gratitude to him for this and also for his other valuable services to medical science.

I trust that I shall soon see a subscription-list announced, to which I shall have great pleasure in adding my name. Enclosing my card.

I am, etc., A SURGEON.

**DIAGNOSIS OF SUSPECTED PREGNANCY.—SIR:** I have an idea that the clinical thermometer may be advantageously employed in the diagnosis of suspected pregnancy.

We country practitioners might go on making experiments for years, without having a sufficient number of cases to enable us to arrive at any positive practical conclusion.

The opportunities enjoyed by pure obstetricians in large towns, would, however, enable them ere long to determine whether the above named instrument is of any value in such cases; and if the hint I have ventured to throw out prove the means of inducing some of my more fortunate brethren to make the needful experiments, perhaps it is not too much to ask if they would kindly record the results in your columns.

I am, etc., South Petherton, Ilminster, July 12th, 1866.

HUGH NORRIS.

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# Illustrations

OF

## HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

### TAUNTON AND SOMERSET HOSPITAL.

SUCCESSFUL CASE OF OVARIOTOMY.

Under the care of H. J. ALFORD, M.B.Lond., Surgeon to the Hospital.

MARY BOARD, aged 38, a married woman, was admitted January 27th, 1866. She lives at Pitminster. She has had four children and one abortion. The eldest child is 8 years old; the youngest, 1 year and 8 months.

In general appearance, she was a dark, thin, emaciated woman, of a tranquil disposition. She had always been healthy. Last August, she first felt a pain in the left iliac region, and observed a tumour there of the size of an orange, which rapidly increased in size. She fancied that it first proceeded from a strain.

*State on Admission.* A large ovarian tumour was found filling the abdominal cavity. Its mobility was slight. The measurements of the tumour at the umbilical level were as follows. On February 2nd, 38½ inches; on February 10th, 40 inches; on February 16th, 40½ inches; on February 22nd, 41½ inches. Waves of ascitic fluid could be seen at the umbilicus and just above the pubes only. The abdominal parietes were tolerably thin; the lineæ albicantes clearly marked; and the abdominal superficial veins slightly enlarged. There was slight fluctuation in the left hypochondriac region. Impulse was felt over the whole upper part of the abdomen. No crepitus was perceived. There was tenderness over the left iliac region. The percussion-note was dull. No sounds were heard on auscultation. The lumbar sounds on percussion were tympanitic. She suffered from sickness, irritability of the bladder, and oppression of breathing—the results of pressure. The uterus was drawn upwards; its mobility was slight. The catamenia appeared every three weeks prior to admission; but since then had ceased altogether. She had no leucorrhœa. The urine was scanty, and contained a trace of albumen. The tongue was clean; appetite moderate. She slept well; had no cough or chest-symptoms. Her spirits were good. Pulse feeble; heart-sounds normal.

On examining the abdomen, it was found that the tumour consisted of two portions: a large cyst containing fluid above and a solid tumour below. She had never been tapped.

Operation was delayed for some little time, to see if the catamenia would return at their proper period; but this not being the case, ovariectomy was performed on February 26th.

*Operation.* The patient having been removed to a private ward at the top of the house, and the temperature having been raised to 75° Fahr., Mr. H. J. Alford first made an incision four inches long through the inguents, beginning about an inch and a half below the umbilicus, to about the same distance above the pubes. The tendinous structures were divided, and the peritoneum was opened and slit up on a director and then on the fingers. The upper cyst came into view, and was at once tapped with a large trochar. After the whole of the fluid (which was of a yellowish-brown colour) had been evacuated, it was found

that the solid portion of the tumour required a larger opening. The incision was, therefore, prolonged upwards to about an inch above the umbilicus. Before tapping the cyst, Mr. Alford passed his hand into the abdominal cavity; and, finding slight adhesions all over the anterior surface, broke them down with the hand. Posteriorly, the adhesions were firmer, especially to the omentum at one spot. The solid portion was drawn out through the enlarged opening; and the pedicle, which was about two inches wide and three in length, was secured by a clamp, and also transfixed and tied by a double ligature. There was slight hæmorrhage from the omentum, but it soon stopped, and also some from one of the superficial veins, which was ligatured before opening the abdominal cavity. The opposite ovary and uterus were healthy. The wound was closed by silver wire sutures, three deep through the peritoneum and three superficial. Strips of adhesive-plaster were applied about two-thirds around the abdomen, and a warm wet flannel covered with gutta percha applied externally, and she was then removed on the mattress from the table to the bed which was close by.

The only peculiarities in the operation were the adhesions, which were almost universal; the tumour springing from the right ovary instead of the left (as was imagined previous to the operation); and the considerable quantity of ascitic fluid which, stained with blood, was removed by warm flannels from the abdominal cavity.

The cyst contained about 13 lbs. of fluid, and the solid portion below (which consisted of a number of small cysts filled with semi-solid creamy matter) weighed 7 lbs.; making a total of 20 lbs.

Previously to the operation, her bowels having acted spontaneously, she was administered an enema containing one grain of acetate of morphia. She bore the chloroform remarkably well.

10.30 P.M. Pulse 88. No pain nor sickness. An injection was given containing half a grain of acetate of morphia. Beef-tea injections and warm wet flannels to the abdomen were also ordered.

Feb. 24th, 10 A.M. The catheter was passed, and a large quantity of urine drawn off. Pulse 90. No pain, sickness, or tympanitis. The patient took iced milk. She breathed well with the abdomen as well as with the thorax.

Feb. 25th, 10.30 A.M. She had had a good night. Pulse 84. She was quite easy. The catheter was used.

Feb. 26th, 10.30 A.M. She had a good night without the opiate. She passed urine voluntarily. Pulse 80. The strapping was removed, and fresh put on. The wound was looking very well. There was no pain, tenderness, or tympanitis.

9.30 P.M. She had passed urine twice since the morning. She said she "feels just as she did when well."

Feb. 27th, 10 A.M. She had been rather restless during the night. Pulse 104; skin rather hot. She had taken bread and milk. The slough beyond the pedicle was removed.

Feb. 28th, 10.30 A.M. She had a good night, and was better this morning. The bowels had acted once. The wound was looking very healthy. Pulse 96. The ligature around the pedicle was removed. The urine was natural.

March 1st, 11 A.M. She had had a good night. The bowels had acted once. Pulse 104. She had a mutton-chop. The clamp and three sutures (two deep and one superficial) were removed. There was no retraction of the pedicle. Lint dipped in Condy's fluid was applied to the stump; and warm fomentations to the abdomen. An ounce of brandy was ordered to be given every four hours.



March 2nd, 10.30 A.M. She had a very good night, slept well, and lay on her side. She ate an egg and toast for breakfast. Pulse 96. Bowels quiet.

March 3rd, 10.30 A.M. The patient had a very good night, and slept until nearly ten this morning. She had a mutton-chop for breakfast. Pulse 84; no sickness nor diarrhoea. The rest of the sutures were removed.

March 5th, 10.30 A.M. She had a good night. After having some tea at 5 A.M., she was sick, and brought up a round worm, about nine inches long. The wound was healthy. She was ordered to have sherry wine. Pulse 96. In the afternoon, she had some retching and flatulence, and was ordered to have two grains of sulphate of quinine three times a day, and a morphia injection at night.

March 7th. Pulse 84. The bowels being confined, she was ordered a simple enema. This not acting, a turpentine enema, containing castor-oil, was administered, and acted well.

March 9th. She was progressing most favourably. Pulse 78. The wound was healing rapidly.

March 11th. She slept and ate well. She was sick after her dinner, and was ordered oxide of cerium, which checked the sickness. She turned in bed with great ease.

March 15th. Pulse 68. On dressing the wound, a slight hardness was felt close to an opening left by one of the deep sutures; and, on pressure, a quantity of healthy pus escaped through this opening, and at the lower part of the wound. The cause of this small abscess was explained by the discovery of the thread of a ligature used in tying the abdominal veins, which, being cut short and left in the wall of the abdomen, acted as a foreign body, and no doubt gave rise to many of her symptoms. It was removed, and the abscess rapidly healed. The tongue, which had been preternaturally red, was now quite of a normal colour.

March 18th. She sat up to-day for half an hour in an easy chair, and walked, with the nurse's help, from the bed to the fireplace. Pulse 68. The stump of the pedicle was touched occasionally with the nitrate of silver, as the granulations were rather flabby. The bowels were slightly relaxed; so she was ordered aromatic sulphuric acid, tincture of opium, and cinnamon-water.

March 21st. There was very little discharge from the wound; it was all healed, save the pedicle and the point where the abscess discharged. She sat up every day for an hour or more, and was gaining flesh rapidly.

March 28th. She had improved very much during the past week, ate and slept well, and sat up some hours every day. She walked with comfort about the ward. The wound was all healed, except the small stump of the pedicle. She was becoming stout, and the expression of her face was quite altered.

April 6th. Her nurse left, and she was removed down stairs into a female ward. She walked down from the top of the house herself.

April 25th. She was perfectly well; the wound was quite healed. She was only kept in to improve her general health as much as possible. She was an elastic bandage.

May 12th. She was discharged cured.

June 21st. She was seen. The catamenia had appeared twice since she left the hospital, and she was in good health.

## Original Communications.

### OBSERVATIONS ON THE SOUNDS OF THE HEART:

IN REPLY TO DR. SHAPTER'S PAPER OF MAY 12TH.

By ARTHUR LEARED, M.D., M.R.C.P., Physician to the Great Northern Hospital.

UNDER the head of "Notes and Observations on Diseases of the Heart and Lungs", in the JOURNAL of May 12th, Dr. Shapter has stated in detail his views with regard to the mechanism of the sounds of the heart. After having mentioned other explanations which he considers unsatisfactory, he adds: "My own conviction is, that the sounds referred to are mainly, if not entirely, due to the natural interference with the even flow of the blood by the various mechanisms of the heart; and that they are to be referred to the ordinary laws of hydraulics, and little, if at all, to be attributed to the contracting act of the muscle of the heart, or to any vibratory motions in the substance of the valves."

In this passage, Dr. Shapter does not claim the views put forward as his own; but neither does he attribute them to their real source. Possibly he was not aware that many years ago I published a paper in which the heart's sounds were held to be caused entirely by the blood itself. I afterwards published the same views in a more developed form, as a thesis read in the University of Dublin.\* I have endeavoured to show, in this publication, that no other explanation of the sounds which emanate from the circulatory system is so comprehensive or so consistent with known principles. But there is another more important matter. I am prepared to prove that none is so compatible with the various morbid deviations from the normal sounds, or with the production of new sounds. In a practical point of view, the subject is no less interesting than important; and I only regret that other pursuits have interfered with my intention to demonstrate by a mechanical arrangement that these sounds are products of a more or less complete arrest of the blood's motion. I have expended much time and trouble in numerous hydraulic devices and experiments, and the final results are highly encouraging. The perfect imitation of the human heart-sounds has yet, however, to be achieved. The difficulties in the way, both as to material, delicacy of finish, want of comprehension and even honesty of purpose on the part of those employed in constructing the necessary apparatus, are great. In a letter of mine published in the *Medical Times and Gazette*, April 7th, 1866, it may be seen how all my pains for the formation of an India-rubber apparatus were frustrated, because the persons to whom its execution was entrusted chose to apply the principle involved to the production of a now popular enema-apparatus!

In the face of long established opinions favourable to the valvular theory of the sounds, sustained by names of eminence and the strong bias which writers on the diagnosis of diseases of the heart must inevitably entertain for the foundation upon which their views are based, I have felt that the demonstration in question requires to be complete. Sanguine

\* See pamphlet "On the Sounds caused by the Circulation of the Blood: being a Thesis read in the University of Dublin for Degree of M.D. at the Winter Commencement, 1860." Churchill: 1861.

COUPS DE SOLEIL. In New York city the heat was terribly fatal. The deaths there from *coup de soleil*, were in three days no less than fifty-one in a total of sixty-one cases. The deaths from sunstroke exceeded the number of deaths from cholera.



of success, I hope at no distant day to renew my attempts.

Although my views have not met the attention which I might have expected, this would be no excuse for apathy in the matter. Speaking with a sincere conviction of their truth, I may be pardoned in stating that this neglect will sooner or later be atoned for. Instead of a bare allusion to my explanations in the last edition of the standard work on *Physiology*, and their complete omission in some recent works on diseases of the heart, I am confident they will one day take the place to which their truth entitles them. I am glad, therefore, to find Dr. Shapter, while he points out reasons for dissatisfaction with other theories, adopting the present one. There are, however, certain conditions requisite for the production and modification of the sounds formed in the circulation, which he has not touched on, and for which I must refer him to my paper. The argument in that paper is strengthened by analogies, than which nothing short of direct proof can be more convincing. Dr. Shapter also not only employs analogy, but uses one identical with one I have given, quoting for the purpose a passage from Dr. Arnott, written without reference to the present subject, which I had not before seen.

DR. ARNOTT.

"It has long been observed, in household experience and elsewhere, that while water is running through a pipe, if a cock at the extremity be suddenly shut, a shock and noise are produced there. The reason is, that, the forward motion of the whole water contained in the pipe having been instantly arrested, and the momentum of a liquid being as great as of a solid, the water strikes the cock with the same force as a bar of metal, or a rod of wood having the same weight, and moving with the same velocity. A leaden pipe, if of great length, is often widened or burst in this experiment. . . .

"The circumstances attending the circulation of the blood through the heart will, on consideration, be found to present every condition necessary for the application and illustration of this law; there is the current of blood passing through tubes, and this current suddenly and forcibly arrested by the closure of the valves."

from a cistern, is suddenly turned, a loud jarring sound is heard. It is caused by a concussion in the water from the sudden arrest of its onward flow. The semilunar valves are here represented by the plug of the cock; and, allowing for the difference between rigid and flexible materials, the conditions are very similar, since the elastic reaction of the vessels

DR. LEARED.

"The second sound occurs during diastole, and its mechanism closely resembles the first. The blood having been driven with much force into the aorta and pulmonary artery, a portion of it recoils, but is checked in its rapid descent towards the heart by the semilunar valves. The sound is caused by the concussion thus induced; the force of which is, however, by no means sustained by the valves alone, for they are thoroughly supported by the ventricles and their contents. This is obvious, since there can be no approach to a vacuum in the heart. The valves are to be regarded as separating media, which do not themselves sustain the force of the descending blood. A valve thus supported is known in the arts as an equilibrium valve.

"An experiment at hand in most houses demonstrates the principle on which the second sound is formed. When a cock, attached to the lower end of a perpendicular pipe of some length, through which water is flowing

effects a pressure on the blood which is effected in case of the water by length of the pipe. If, then, the pipe and cistern are capable of yielding a sound which may be heard at a considerable distance, it cannot be wondered at if the heart and its vessels, on the same principles, give rise to sounds audible through a stethoscope or by direct contact with the body.

"If the cock is only turned so as to allow even a small portion of water to pass through, a rushing sound (in this case continuous) results. The change of the normal second sound into a murmur from incompetency of the valves is thus demonstrated."

Space will not allow me to place my explanation of the formation of the first sound before the reader. Let it suffice at present to say that it has nothing to do with the vibration of valves; and that, in support of this statement, very strong reasons, derived from pathology, can be adduced. One of the arguments relied on to prove the valvular origin of the first sound, was the great probability that both sounds were formed by the same kind of mechanism; and the dogma, that the second was a valve-sound, was held to be unassailable. Whether or not this is the case any longer, I must leave for others to judge; only let the matter be impartially considered. That it is more philosophical to look for a common cause for both sounds, is quite true; and that cause will be found, as already said, in the motions of the blood itself, not in such a vibration of delicate valves as would be necessary for the production of sound in a viscid fluid, and which would imply a degree of strain which, to say the least, is highly unphilosophical.

The experiments of my late colleague, Professor Halford, have for the time propped the valvular theory of the heart-sounds, and tended to divert attention from every other. But, ingenious and painstaking as these undoubtedly were, there is no one of them of any moment, which, when rightly interpreted, is contradictory of my views. One experiment was supposed by himself and by others to be conclusive as to the truth of the valvular theory. The heart of a living animal having been exposed, he cut off its supply of blood by compressing its afferent veins. No sound was then heard on applying a stethoscope to the heart, because, as he argued, there was no blood to act on the valves. It curious that I had performed the selfsame experiment some time before seeing the printed account of that by Professor Halford, and then wrote to him to that effect. It was intended alike by him as well as by myself to disprove the once generally accepted muscular theory of the first sound; but it is hardly necessary to say that, according to my explanation of its cause, this sound would be as effectually suppressed by cutting off the ventricular supply of blood, as it would be supposing the sound to be valvular.

**PUBLIC VOTES.** The following votes have been granted in the House of Commons: £5793 for the University of London; £14,867 for the Scottish Universities; £1452 for the Queen's University in Ireland; £2,250 for the Queen's Colleges in Ireland; £5,000 for vaccination inspectors and public vaccinators; £5,926 for medical officers in the Royal Navy.

**STEAM AS A DISINFECTANT.** DR. A. N. Bell, of Brooklyn, contends that steam is a far better disinfectant than chlorine, the latter remedy rotting the clothes, while the former is thoroughly efficacious, and makes not the slightest difference in the clothes, beyond the great one of disinfecting them of all disease. The apparatus used for the experiments was simply a steam boiler of three-horse power, and a force pump.



# Transactions of Branches.

## BATH AND BRISTOL BRANCH.

### PRESIDENT'S ADDRESS.

By JOHN S. BARTRUM, Esq., F.R.C.S., Bath.

[Delivered July 19th, 1866.]

GENTLEMEN,—Whenever, from the kind consideration of his friends, a member of this Branch Association is placed in the honourable position which by your favour I this day occupy, knowing that, in accordance with a laudable custom, he will be expected to address some observations to his associates, he naturally reverts either to his own past career, or to some department of medical science, on which to comment in his opening address. To this good plan this Branch has been indebted for many valuable papers, characterised by the peculiar features of each man's mind, and by his opportunities of medical practice.

Acting on this long established custom, the topic that has occupied my thoughts in reference to our meeting to day, is, Are pharmaceutical remedies of any use? and to what extent? On what grounds do we ascribe power over disease to certain drugs?

In such an assembly as this, it may sound strange to suggest such an inquiry, or even to intimate the possibility of a doubt upon the subject. Personally I have no doubt of it; but for some years past there has been a tendency to ignore the modifying power possessed by various drugs over those abnormal states of the body, which we term disease. The effects of some mineral and vegetable substances are so obvious, and when used in too large quantities are so injurious, or even destructive of life, that no doubt can be entertained of their vigorous action upon the living frame; it is when these are used in smaller quantities and variously combined, that doubts as to the good effected by the use of medicines are often expressed by certain men, whose minds require absolute and reiterated demonstration to insure conviction. We are conscious that, as men advance in years, and profit by experience, they become more simple in their aims, and in their mode of prescribing; they take broader views of cases, less localise disease, and regard the local development as due to primary constitutional causes; at the same time they take every precaution to save the functions of the suffering part, and to reduce the vital powers as little as possible. In the last generation, Abernethy was the great advocate of the constitutional origin of disease, which theory he forcibly impressed on his pupils and patients. Though his theory was correct, there can be no doubt that his practice was very rough, and often inappropriate. In the earlier stages of professional life, before men have acquired that tact and readiness, which thoughtful experience can alone give, every item in a prescription is duly considered, and to meet the varying symptoms of the case many, and often incongruous drugs, are ordered in the same prescription. In this stage of life, the disease is expected to yield to the remedies used; the principle is not then recognised, that all the physician prescribes is but an adjuvant to the natural powers, by which alone, whatever treatment is adopted, diseased actions are controlled, and the organs affected regain their usual health. The ill educated, or those possessing but a limited knowledge of the marvellous restorative powers with

which every highly organised being is endowed, ascribe great virtues to the remedies used, without any more settled principle than that they are ordered with unwavering faith, and are taken in the same spirit. This obtains most markedly among the savage tribes, whose confidence in the medicine man is unbounded. Happily for the sick the remedies are often innocuous, so that Nature is left to herself to throw off the disease. The same result is often attained when the patient recovers in spite of treatment. This faith in the use of remedies, when well guided, is a very valuable element in a physician, who without it does not inspire confidence in those under his care. This excessive reliance on drugs was very characteristic of a race of practitioners, who have now passed away: they ordered enormous quantities of medicines, and were paid in proportion to the quantity sent, even if not all swallowed. The amount of physic consumed by some patients, within my own memory, would astonish the present generation. In my early days, one old lady took regularly for years never fewer than four draughts daily, often she had six; I need not say they were very harmless, for she lived to be 92, and she paid her apothecary never less than £100 a year. I know another firm, then practising here, who, on one day, about this same period, sent out upwards of twenty-four dozen draught bottles, besides many other supplementary appliances in the form of pills, blisters, lotions, etc. Happily for the profession, as well as for the public, that system no longer exists; but, as is usually the case, the succeeding generation has gone too much into the opposite extreme.

About twenty years ago a paper was published by Dr. Forbes, in the *Brit. and For. Medical Review*, then recently started, upon the powers of Nature and Art in the cure of disease. He therein showed how little influence the remedies used in acute disease had on the number of cures, which gave the same general average, whatever treatment was adopted; the comparison being made between cases of similar type, and under similar hygienic conditions. The impression his papers gave was, that in acute cases medical art was of little use, beyond keeping the patient from hurtful influences, and that many would have had a greater chance of recovery if the natural powers had not been interfered with by ill directed, but well intentioned efforts: he did not express so decided an opinion of the inefficiency of treatment in chronic cases, which were not likely to be so heroically treated. There can be no doubt, that Dr. Forbes's criticism of the treatment of acute diseases was to a great extent just, for in those days acute pneumonia was treated by vigorous bleeding, antimony, and a strictly antiphlogistic regimen. The general type and tendency of diseases were not so carefully studied by the majority of practitioners, as they now are; the practical question now being not so much, what is the special form of disease, as how shall the patient be conducted through the attack to convalescence, with the least damage to the constitution? Dr. Forbes, while ascribing so little power to the art of medicine as then practised, by no means depreciated its beneficial influences, especially in chronic diseases, when wisely practised. He sternly reprobated the assumptions of the homœopathic practitioners, who if they honestly pursued the theories of their great authority, conducted their patients through illness solely by an influence on their minds, the acknowledged remedies being wholly inoperative. Indeed, in this respect honest homœopaths have an advantage in cases where time only is needed for recovery. Patients are not contented to be told that they have only to wait for so many weeks or months, and they will get well: unless they are more hopeful or sensible than



most men, they wish to adopt some means to shorten convalescence, for the passive waiting for recovery is rendered less irksome by doing something, however harmless, which encourages that hopefulness, which is so valuable an element in the restoration of the bodily powers.

The influence exercised over the practice of that day by arguments which I have endeavoured fairly to epitomise, was very considerable; the papers in question, as expressing the opinion of one man, would not have obtained such influence had they not embodied and brought prominently into view the judgment of many thoughtful physicians. Dr. Pring in his *Pathology*, published in Bath, in 1825, had put forward similar views; but he wrote in a provincial town, before the time when the reaction against depleting treatment had set in, though his book contains many examples of the injurious effects of the treatment then in vogue.

The natural history of disease, with its probable terminations irrespective of treatment, has from that period engaged far more attention than it did in the previous generation of practitioners, who had not the means of forming so correct a diagnosis as we have. The collateral sciences are now called more frequently to our aid, the test-tube, the thermometer, and the microscope, being now essential to diagnosis in many obscure cases, the pathological condition of which would be unknown but for their information. The end for which all these subjects are studied by physicians in practice, is to attain accuracy of diagnosis and prognosis; for we cannot treat a patient with satisfaction to ourselves unless we have endeavoured to ascertain the disease of the patient, and its tendency. This cannot always be done; but the more steadily the practitioner keeps this principle in view the more likely is he to treat it successfully. The study of the natural history of disease is an interesting employment, and may be pursued quite independently of the main purpose to which all our studies should point, the cure of those ills, the cause and termination of which form the science of medicine, in contrast with the art of medicine, one branch of which latter must now engage our special attention.

When we administer a remedy of known power, such as opium, we know what effects are to be expected; there is the primary excitement, with the subsequent torpor, and sedative influence, according to the dose, or the state of the patient. If for the first time we had given opium to a person on whom it acted as a poison, in a very small dose, and to another, in an excited maniacal state, we should be struck with the contrary effects of the remedy, and be puzzled what opinion to form of the newly tried drug. One case would show how powerful it was, the other how powerless; by degrees, experience would tell us where to give it, and where to withhold it. After a while some friend might suggest its solution being injected into the cellular tissue to allay local pain, or general restlessness in a patient who could not bear its administration by the mouth. We should then find that a very small quantity taken into the system in this manner, would induce the same symptoms which had followed its administration by the mouth. This extended experience would have convinced the student, that here he had a remedy that evidently acted through its presence in the blood, which conveyed its influence throughout the circulation; that it owed its power to some chemical compound which was indestructible for a certain period in the system.

A newly discovered country has furnished a drug there much used for certain purposes; it is tried in various complaints, and is found to produce in large doses vomiting, in smaller doses to lessen the diffi-

culty of expectoration, without nausea. Another man, from reasoning based on analogy, tries it in dysentery, and urges its general adoption in such cases. Are we to forego its use, or to mistrust it because its powder in some very susceptible persons produces difficulty of breathing, resembling spasmodic asthma? Certainly not! but endeavour by careful experience to ascertain in what cases it is most useful. In this we shall be strengthened by the knowledge that chemists have separated also from it a definite and active principle called emetine, whose effects resemble the original *ipecacuanha*.

Referring to another expectorant, squills, we find that it appears to stimulate another set of organs; though large doses will be rejected by the stomach, we learn that it also is digested, and enters the blood, for it passes off chiefly by the kidneys, though, at the same time, it stimulates the bronchial mucous membrane; it has its special alkaloid, scillitin, which also is a definite compound. An investigation into the actions of many drugs of this class would convince an impartial experimenter, that some appear to possess a special power over certain excretory organs, which are wholly uninfluenced by other drugs nevertheless having the same remedial results; thus by such careful observations we learn the special qualities of lobelia and senega contrasted with *tolu* and *copaiba*, and when and where to use the one or the other.

Our knowledge of the effects of the action of sedatives, excluding opium, has always appeared to me very unsatisfactory; one practitioner orders henbane, another conium, another belladonna or hemp, each being ordered to allay special phases of irritability. Some will ask you, Do you trust henbane? or hemp? and so with remedies of this class. Why do we order the one or the other? Experience has directed the use of these remedies, each of which is applicable to certain states of the nervous system. In large doses we know that each is an active poison, which is proved by their disagreeing in the minutest doses with some individuals. We see that one fortieth of a grain of atropine injected beneath the skin will cause dilatation of the pupil, and dryness of the fauces, and even severe constitutional disturbance, which is said to be controlled by the subcutaneous injection of morphine. This is a type of the baneful effects of the concentrated poison, which in lesser doses, and properly used, is a valuable auxiliary.

The vegetable alteratives which are said to purify the blood, form a class of drugs which need a far more careful examination than they have hitherto received. Among them I will mention taraxacum, which is reputed to act on the liver. What evidence is there that it thus acts? I know that, when its expressed juice is taken in moderate doses, it seems to be a corrective by a gentle aperient action, which continued for some time, and conjoined with cod oil, I have found very serviceable in those anomalous cases called bilious, that stumbling block of every day practice, which usually means that a larger quantity of food is taken than can be digested with comfort to the system; and patients perpetuate the mischief by taking active aperients instead of abstinence or stomachics. Nettle-juice, sarsaparilla, and the various herb-infusions constituting rural domestic pharmacy, have been of great repute in certain states of blood which need modifying, and the removal of offensive materials as well as the supply of deficient elements; this latter is, I believe, the source of much of their power. We see the same result obtained by change of food in our domestic animals; with a fresh sample of hay, or a fresh pasture, or a larger run, our horses and cows improve and fatten, though to our ken they have previously



had food of the same composition. It is by this class of remedies that so much fame is sometimes acquired by old women who, with implicit faith in their decoctions, strive to excel the professional doctor, in the treatment of anomalous cases; they occupy the mind of the patient through a prolonged period of inaction, during which active treatment would be inapplicable. We often ridicule treatment of this kind, and sometimes justly; but is there not an element of truth in it? We should endeavour to analyse its cause of success, and adopt the hints learnt by the inquiry, as often a sound and consistent theory will explain the success of purely empirical practice. Allied to this part of our inquiry is the fact, that the old fashioned infusions and decoctions are often more agreeable to the stomach, and more beneficial to the patient, than the modern concentrated forms of essences and alkaloids, which though of a known strength are wanting in that natural admixture, whereby the active principles are more readily absorbed by the stomach.

I have thus far spoken of vegetable remedies which act through absorption into the blood, and do not pass off by the bowels. Do aperients act in this mode? or do they simply pass through the alimentary canal? Taken into the mouth, they are usually presumed to pass through the canal almost without absorption; yet it is not so generally. It often happens that castor-oil or senna has had no purgative action on the mother, but has briskly purged the infant. The colouring matter of rhubarb and of santonin may be detected in the urine. These remedies, though in such constant use, have not been, as far as I know, the subject of physiological experiment, but are mingled so as to produce the least noxious effect. Nevertheless, some deserve a passing notice in relation to my theme. One drug of recent introduction, podophyllin, is supposed to act specially on the liver: has it any other claim than as a vigorous purgative, rather uncertain in its operation? Aloes are said to irritate the lower bowel, while to scammony and jalap is ascribed a greater influence on the smaller intestines. We have been so taught from our days of studentship; but does our experience confirm this general opinion? I cannot give an affirmative answer, nor can I deny it. In all such questions we adopt certain views and practice, and do not alter them unless our attention be drawn to them, and we find it needful to modify them, which gives more trouble than we are inclined to bestow on the matter.

Hitherto I have spoken only of vegetable substances, because there is so much more doubt about them than about the mineral drugs. The bases of these latter, being indestructible by any process known at present, can be traced in the various excretions and tissues. The blue line of the gums tells the physician that the system is saturated with lead, which can be recovered from the excretions; as the metallic poison is eliminated the line becomes fainter, and the muscles regain power. The swollen tongue and dribbling mouth denote the saturation of the system with mercury, the presence of which can be demonstrated in the saliva. The iodine given for the periosteal node can be detected in the urine. Arsenic and antimony are traced with equal ease. These metals having a fixed base are readily detected, whereas the alkaloids of the many vegetables I have named, being formed of very numerous equivalents, often loosely held together, cannot yet be detected in the excretions, though there is every probability that within these few years they will be demonstrated as clearly as the metals now are. We know how long strychnia remains in the system unchanged; and Dr. Bence Jones is at present examining the

blood that he may find quinine when it has been taken. Although quinine has not yet been separated from the blood, its presence in the urine of a patient of Mr. Morgan at the Bristol Infirmary was demonstrated by Dr. Herapath in 1853, and by him published in the *Pharmaceutical Journal*. Cantharidine may also be found in the urine of those affected by strangury after blisters. There can be little doubt that before long the presence in the blood of all the alkaloids will be demonstrated, as arsenic and antimony have been.

Those interested in organic chemistry are aware of its rapid development. Already it has prepared for our use in medicine valerician acid; it has formed many products usually regarded as characteristic of animal life, as urea, taurine, formic acid, and many others. Abernethy, in his *Surgical Lectures*, mentioned a case where the skin excreted a blue secretion; and in the year 1844, in this hospital, Dr. James Pring had a case presenting similar peculiarities. The legs were bandaged with wet compresses; and, after some few hours, the bandages appeared as if they had been dipped in some blue dye. The cause of this discoloration was then unknown, and gave rise to many surmises; but its solution was left to our distinguished associate, Dr. Herapath, who some years ago demonstrated to us the presence in some purulent discharges of a substance analogous to indigo. At that time, the correctness of his deduction seemed rather problematical; but now those conversant with the subject do not doubt the possibility of such a transmutation of tissues. It is probable that many of the substances frequently used in pharmacy will be made artificially; so that, should the cinchona plants not flourish on the Neilgherries or Ceylon, we may hope that their most important principle will be produced in some more dingy laboratory, where man unceasingly strives first to analyse the component parts of organic bodies, and then as zealously aims to restore them to their original state, so that the most acute observer shall be unable to say which was formed by the ordinary processes of vegetable life, and which by the chemist's careful synthesis.

But I must revert to the special topic before us. Mercury for generations has been supposed to act on the liver; and, in the days of heroic treatment, much mischief was done by this supposition. We know from accumulated experience that, in certain states of the system, in small and repeated doses, it promotes absorption; and so its use for this purpose is continued, happily, far less than it was. In larger doses, its aperient action is obvious, and accompanied by yellow mucous stools, whereby both patient and doctor are satisfied. But does this prove any special action on the liver or the mouth of the gall duct? Undoubtedly, its mode of action differs from other aperients, as the effect of one vegetable aperient differs from that of another. We know that it acts through the blood, which is well illustrated by its poisonous effects on some persons peculiarly intolerant of the smallest dose. Other persons are equally intolerant of iodine, which, in the smallest quantity, induces in them coryza and dryness of throat. The power of iron in restoring the colour and improving the tone of the system is notorious; yet some patients cannot bear it in any form. I have two ladies whose blanched and languid frames denote the absence of its due proportion in their tissues, yet they cannot bear it even in so diluted a shape as a grain of sugared iron with their food, or a small quantity of our Bath waters; yet both of them, when in this state, are rapidly benefited by zinc. Such cases prove as incontestably as an experiment in the laboratory, that certain substances have a pecu-



liar power over certain states of the body; and, when used with discretion, can so modify the vital functions that they acquire the name of medicines; and, as such, their mode of action is worthy the close observation of those whose duty it is to use them in the treatment of disease. We may go further, and say that universal experience forbids us to doubt that certain medicinal substances have a special influence on certain organs. While morphine closes the pupil, atropine dilates it; strychnine acts on the spinal cord; opium on the brain; while emetine acts primarily on the stomach. Of this local action, ergoted rye is a marked example. Although so freely employed by some practitioners, others, using it more scrupulously, have doubted its power over the uterine muscles. One of the highest living authorities on such subjects, Dr. West, states in his last edition that he had disbelieved this power, but further experience had shown him that the general opinion of its efficacy to excite uterine action was correct. This power is the more singular, because it does not appear to affect any other part of the muscular system, though, like all other remedies, it must exert its influence through the blood.

As the earliest stages of all those pursuits which aim at attaining the rank of sciences are based on broadly marked facts, the position long enjoyed by medicine was that of an art, not a science. In his first chapter, Celsus most graphically describes the contests in his day between the empirical and the rational school of medicine. This difference still continues, though not expressed in so many words. One man will fully explain and dilate on the pathology of a case, or be most accurate in his diagnosis, and be equally deficient in the treatment; whereas another man, who has taken a general view of the patient's condition, but is not so clear in his views of the morbid changes, will treat the sufferer far more satisfactorily. In our every day life, though wishing to prescribe on some sound theory, we continually do so only empirically, gladly availing ourselves of the experience of those around us. We welcome each man who with enthusiasm advocates the use of one remedy, perhaps for one disease; he tries it extensively, and induces others to follow his example. Occasionally, some valuable remedy thus obtains general adoption, and holds its ground; far more often it fails in its expected effects, and is soon lost to view. Without such men, we should go on in the same routine, and not aim at increasing the efficiency of our remedies. This fashion in physic, and the employment of one remedy for many phases of disease, is a supplementary argument in favour of the inefficacy of drugs in the treatment of disease; yet it is not fair to argue against the right use of anything from its abuse. It moreover proves how paramount are the restorative powers of Nature in the greater number of cases under treatment. Were our friends, who are more interested in the pharmaceutical novelties than in those of older date, to see the collections on the druggists' small shelves, they would be reminded of many former friends, whose acquaintance they have dropped for others with harder names and more outward refinement, but often not possessing more substantial excellence. What a contrast does such physicking present to Brodie's excellent description of the apothecary with whom he learnt pharmacy, who cured his patients chiefly by the modification of four stock bottles. The prescriptions in the mediæval period are marvels of admixture, and many were as efficacious for the treatment of disease as the contents of the witch's cauldron. The greater the number of drugs, and the longer the time occupied in the manufacture, the more valuable were they thought; whereas now, if prin-

ciples of treatment are clearly seen as men advance in life and gain experience, the number of remedies will be fewer, but there will be greater aptitude in their skilful use. It will, moreover, be found that it is not a matter of indifference in some fidgety dyspeptic cases whether a simple bitter, as calumba, is ordered, or an astringent bitter, as gentian, or one acting with greater constitutional effect, as quinine. When an intelligent man, who wishes as much as possible to avoid taking drugs, tells you that nothing acts on him so comfortably as a sedative as a grain of ipecacuanha with two of conium, you cannot disbelieve such evidence. It may be derogatory to us, as scientific men, to be obliged to confess that our practice is founded on an empirical base, as all quackery appeals for its success to the same; but the difference of the experiments is great. In the one case, one remedy is recommended for the cure of one or many diseases, which, when used by other men, does not give the same satisfactory result; whereas the greater number of remedies in ordinary use have been beneficially administered by very many men, in very different circumstances and stages of disease.

But we must not be contented to remain at this state of our inquiry; for then we should be truly empirics, having no certain principles on which to prescribe. The influence that the theory of disease has on its treatment is unspeakably great. When pneumonia was regarded as an inflammatory condition, it was met by bleeding, blisters, antimony, purgatives, and a strict antiphlogistic regimen; and many patients struggled through. Recently we have seen this theory disregarded; and the contrary treatment has been pushed to the corresponding extreme, and the use of stimulants and support advocated with a vigour which astonished us, who do not find the population among which we practise bear the enormous stimulation ordered by the advocates of the alcoholic treatment of acute diseases. Cholera is another example wherein the theory of the disease has, in the opinion of Dr. Johnson, caused the death of thousands from opiates and astringents being given; whereas, according to him, the elimination of the poison should have been the primary object in treatment.

There can be no doubt, that at present we are passing from the state of almost blind empiricism to that of rational treatment, wherein, while using the experience of the past, we endeavour as far as possible to ascertain the mode in which drugs act, and to be able to give a reason why one is ordered instead of another. For this scientific principle we are mainly indebted to those practitioners who have carefully studied the chemical reactions of the medicinal substances in ordinary use. These chemists, by combining the known action of certain compounds with careful observation of physiological experiment and the action of poisons, are laying bare many of the vital processes that hitherto have been most obscure. The treatment of gout in its various phases most forcibly illustrates the influence of the chemical school on our daily practice. Long and varied experience told us that colchicum was a specific for gout. Chemists prove that, under its use, a larger quantity of lithic acid is excreted; that lithic acid is very soluble in potass, but that the lithates of soda are less soluble; that those taking a large quantity of certain articles of diet form lithic acid in abnormal proportions. On these grounds, the physician combines potass with colchicum, and lessens the quantity of animal food, forbids beer, and orders his patient to drink water freely, to aid the excretion of the morbid matter, and to keep the skin in vigorous action. As the patient grows older and the stomach less



vigorous, the gout becomes chronic: then, again, chemistry comes to our aid, and often dilute nitric acid is taken with advantage, as it appears to aid in the oxygenation of the tissues, and so helps the disintegration of the worn-out materials, on the proper removal of which our health so much depends. The attention of chemists is directed to the powerful alkali, lithia, in which lithic acid is peculiarly soluble. The physician at once tries it in gout, and finds that no remedy, in such small doses, so rapidly renders the urine alkaline, and so helps to carry off the peculiar principle, on the abnormal quantity of which in the system the fit of the gout seems to be due. Further investigations shows that this newly discovered alkali is present in the Vichy and Bath waters, which have always had a reputation for the cure of the gout.

The prevention of this accumulation in the system is the highest branch of therapeutics; but it is a subject beyond my present purpose, and too large a one for more than a passing reference.

The treatment of rheumatism, so closely allied to gout, has for some years received considerable attention. In my early days, the treatment consisted of bleeding, purging, and sweating; then came the alkaline treatment; and now men boldly advocate doing nothing, but to put the patient in blankets and to look on, letting the disease burn out without further interference. In rheumatic pericarditis, calomel and opium were regarded as our sheet-anchor; now they are said to be more hurtful than doing nothing. Surely, one or other race of observers must be in error, or be inefficient practitioners. With the excretions acid, and the urine so loaded with lithates, is it of no advantage to endeavour to modify the constitutional state which is the source of the disease? Though we cannot attain all we desire in the treatment of rheumatism, there are few among us who would not strive to lessen the activity of the disease and to shorten its duration, by the elimination of the peccant matter through the skin and bowels and kidneys, not forgetting the modern but efficient practice of blistering the affected parts. Some cases of the chronic form of this troublesome disease afford an example of the usefulness of remedies helping the system to burn off the *materies morbi*. I allude to small doses of the iodides taken in a moderate quantity of liquid, and then followed by bark and acid or iron, as may best suit the constitution of the patient, or even by the free use of lemon-juice.

I have selected these well known diseases, gout and rheumatism, as illustrative of the value of drugs in the treatment of disease, because they present well known and easily recognisable symptoms, the dependence of which on morbid states of the blood can be chemically demonstrated, and can to some extent be modified by treatment directed to that end. The same general principle obtains in all diseases which, originating in the constitution, take some special form, and, being localised, gain a specific name, the local disease being usually only the manifestation of the previous disordered state of the circulating fluid.

On what principle are we to use medicines? There are three leading principles in their administration: 1, the elimination of offensive substances; 2, the supplying of new materials; 3, the controlling by appropriate remedies any incidental symptoms that can be so influenced. To this latter, I refer the use of the various anodynes and sedatives—opium, hemp, digitalis, aconite, chloroform, etc.—whether internally or externally; they calm the system, and so allow time for the constitution to rally, or, if that be impracticable, they lessen the bodily suffering. To this class I should refer the action of remedies taken

internally to act directly on the bladder, stomach, etc.; as when alkalies are taken to promote the solution of calculi, or tannin to stop hæmorrhage either from the stomach or the kidneys.

The supply of deficient materials to the blood is chiefly to be effected by food; but it is illustrated by the use of lemon-juice or potash salts in scurvy, of cod-oil in emaciation unconnected with disease of pancreas or liver, of ammonia in diabetes, of iron in anæmia, of lime with phosphorus and iron in rickets, and less markedly, but equally efficaciously, in the persistent use of some vegetable infusions, which appear to supply some deficient materials, though most of this class should be referred to the first and by far the most important category.

The number of remedies that aid the treatment of disease by elimination is endless, and they act in different modes. The action of emetics and purgatives is simple and easily understood; by defluxion from the digestive mucous membrane an unusual quantity of fluid is removed from the blood, which is thereby modified. The same principle holds good when alkalies are given, which, by rendering the used-up materials more soluble, permit them more readily to pass off by the kidneys. But it is in the action of what are termed alteratives that the most complex chemical changes are brought about. As an example, let us mark the improvement that not infrequently follows the use of chlorate of potash in weakly children, whose system seems to be deficient in oxygen. Hence the value of oxygen-water and of nitric acid, which appear to render the tissues more readily oxygenated and so more ready to take on healthy action. Small doses of iodine, iron, and mercury, act in much the same way; they appear to hasten that catalytic action on which depends the removal of the spent materials. We know that a solution of pure starch or sugar cannot be fermented without the presence of some suitable nitrogenous compound; the addition of which to the previously stagnant solution enables those chemical changes to be set going, which so speedily alter the composition of the fluids. Such appears to be the mode in which many alteratives act. The changes that some substances undergo in their transmission through the blood are known. Thus, benzoic acid becomes hippuric, and can be recovered from the urine, removing by this metamorphosis urea from the blood. Tannin becomes gallic acid, and can be detected in the same excretion, where also may be found nicotine after smoking. When we wish to administer alkalies in the most innocuous shape, we order them saturated with acetic or citric acids, and the vegetable acid is found to have been decomposed and an alkaline carbonate has taken its place. But in all these modifications there is very much that we cannot explain or understand. We can only take them as facts beyond dispute, and strive, amid a mass of details, to ascertain a leading principle applicable to all. Having mastered the principle of action, we must still fall back on past experience to tell us why arsenic should be used in one case of skin-disease or ague; why mercury or quinine should be given in another. On the ground of reason, confirmed by experience, we can see the propriety of one man advocating dilute nitric acid for chronic gout, while another, on equally good grounds, prescribes it for chronic cough. In each case the practitioner has looked beyond the prominent symptoms, and traced them to their constitutional origin.

There is every probability that this branch of medicine will make rapid strides in future years; and that the profound chemistry of modern days will enable us to track in their course through the blood many of those definite compounds which have



hitherto baffled detection, whose remedial action will be explicable on the same grounds as are used for the explanation of the usefulness of those metallic salts which, from their fixity in composition, are more easily demonstrated.

The subject I have thus imperfectly touched on, is one so interwoven with our daily duties, that I have deemed it worthy of careful examination, especially when one acquaintance tells you that he cures all his cases with Epsom salts, and another says he has no faith in physic; both you will, I am sure, regard as equally wrong in practice and in principle; and not far removed from those irregular practitioners whom we do not receive as legitimate professors of the healing art. The subject has, however, so many ramifications, and embraces so many of the sciences allied to medicine, that one man can only pursue one branch of it. We, therefore, find that one analyses the action of drugs as a chemist; while another pursues the same object as an experimental physiologist. The practical physician, in the meanwhile, notes the results of these different investigations; and adopts what is available for the more efficient treatment of disease, and strives, from his own experience, to learn the *rationale* of their action, which is thereon applied to new cases and to new remedies.

In ordinary practice, it is impossible to institute any reliable experiments on the action of new remedies; but our hospitals are fields which would yield a rich harvest of trustworthy facts to any one who would zealously cultivate it. He might not be rewarded by the same fame, as is justly given to the man who is renowned for accuracy of diagnosis, or who first describes a disease which for a generation is called by his name; but he will be almost equally useful; for he will enlarge our knowledge of the remedies in ordinary use, and render their application more certain from increased confidence in the expected results.

May I, in conclusion, venture to hope that I have proved my propositions: that drugs are useful in the treatment of disease; that some have a special action on the function of particular organs; and that, although the mode of action is yet unknown, the majority effect this by a chemical reaction, the nature of which we cannot at present explain.

For my deficiencies in this outline I must crave your indulgence; for I know, from my long intercourse with you, that every one who humbly but sincerely endeavours to improve the practice as well as the science of medicine will receive at your hands his due reward.

It is the duty of your President not only to deliver a professional address, but to notice those who by the decrees of Providence have been removed from us. The list I shall present you to-day is a painfully long one, and among them were two members of the Council of this Branch whom we could ill spare, Mr. Mayor of Old Market Street, Bristol, and Mr. Hutchings of Keynsham. They were most regular in their attendance, both at the meetings of the Branch and of the Council, and took the greatest interest in the welfare of our Association. The other deceased members are Mr. Rudd Lucas of Long Ashton, Mr. Macey of Westown, and Mr. Keddell of Park Street, Bristol.

The late Mr. Emilius Scipio Mayor was born in or near the city of Bath on the 21st November, 1800, and was deprived of a mother's care at a very early period of his life, as Mrs. Mayor died when he was about three years of age. From his father, who was a man of great abilities and learning, he received his early instructions in literature, and was afterwards a favourite pupil of the late Mr. W. G. Horner,

of Bath, a man eminent for literary attainments and mathematical knowledge. With him young Mayor made considerable progress in classics and mathematics, and at this period of life his kindness of heart displayed itself in the aid which he was ever willing to afford to his less advanced or less gifted school-fellows in their studies. Many an hour, indeed, did he take from his own pursuits to explain obscure passages, or to solve abstruse problems for those of his fellow-pupils who were less ready than himself to cope with the difficulties in the road to learning. This kindness of heart he maintained through life, as many of his later friends can testify; nor, until death closed the scene, did it cease to influence his feelings and actions.

From school our late associate was removed to serve an apprenticeship with a medical practitioner at Bath, where he was also for some time a pupil of Mr. Norman, then surgeon to the Casualty Hospital. At the conclusion of his pupilage in Bath he went to Bristol, and became assistant to the late Mr. J. R. Hill, who, during his early career in practice, was associated with the late Mr. Baynton, the inventor of the plan of support and compression by plaster and bandage, which has furnished us with a most valuable remedy in the treatment of many forms of disease. Whilst with Mr. Hill, with whom a firm and lasting friendship, terminated only by the death of Mr. Hill, was established, Mr. Mayor was a pupil at the Bristol Medical School and Infirmary, and afterwards at the Middlesex Hospital under Sir Charles Bell.

Upon the death of Mr. Hill in 1835, Mr. Mayor succeeded to his practice, and not long afterwards obtained, upon the formation of the Clifton Union, the appointment of medical officer to the workhouse, and to the No. 2 district of that union; of both these offices Mr. Mayor performed the duties with diligence and fidelity. In him the sick poor found a careful and skilful adviser; but he had no sympathy with the malingerers, with that large class of idle and lazy applicants for relief who sham illness in order to escape work, and would rather sponge upon the rate-payers than earn their bread by honest industry. Among this class he had therefore many enemies, who often impose upon weak guardians, too ready to listen to such grumblers; and thus was raised a cabal against a medical officer whose zeal and discrimination ought rather to have received commendation at the hands of those whose duty it was to dispense the public money with discretion as well as mercy. Many, however, of those who censured Mr. Mayor have lived to see their error, if not to acknowledge it. In addition to these somewhat arduous duties, Mr. Mayor had the appointment of sub-registrar of the district, and this involved an amount of labour which those only can estimate who have seen the volumes of writing which registration in so large and populous a district requires. Mr. Mayor's books were however written with a clearness and accuracy which were remarkable; indeed, much as he undertook in the way of public duties, he undertook nothing which he did not conscientiously, and we may say emphatically, *most efficiently* perform.

In addition to the labours already mentioned, we have to record other appointments of an important character, and demanding untiring energy and punctuality in their discharge. He was appointed, soon after the establishment of the Bristol cotton works, medical attendant of the operatives of that concern. He was also examining surgeon under the Factory Act for the Bristol district. With regard to all these appointments, it is almost superfluous to add that their duties were discharged with the most scrupulous attention and untiring zeal; what he



could not do single-handed, he was enabled fully to perform by the aid of able assistants, of whom several are now living and engaged in active practice, and are men eminent and highly respected in the profession. It would be unjust to the fair fame of our old colleague to pass over his exertions during the epidemics which visited our neighbourhood during his public career. During the prevalence of influenza and of cholera in the city of Bristol Mr. Mayor's exertions were indefatigable, and his powers were severely taxed; but in dealing with both these trying outbreaks he never flinched from his duties. Where the thickest of the pestilence raged, there he was, prepared to do all that human forethought and the exertion of professional skill could accomplish to meet the evil and to mitigate its attendant calamities. In these matters he was never taken by surprise; and where, as was generally the case, he was assisted by the boards for which he was working, all that human care and philanthropy could do to relieve the afflicted and arrest the progress of disease was promptly and energetically effected.

All these labours and exertions did however tell upon his health and strength; and although a vigorous constitution and a powerful mind carried him through all difficulties and surmounted all obstacles, his friends saw that his powers were severely tried, and that the vigour of his frame was shaken. He however seemed insensible to the warnings either of nature or his friends, and went forward still labouring in his many occupations, determined at all hazards to do his duty. Mr. Mayor retired from the attendance upon the inmates of the workhouse in 1862, but continued to be the medical officer of the No. 2 district, in which, during the autumn of 1865, there was an outbreak of fever, and he went from house to house in the worst purlieus of the locality in which it was raging. Often wearied and weak—reduced by toil, anxiety, and worry—still he exposed himself in the fever-stricken quarters, doing his best for the sick and suffering, until at last he was struck down himself, and went home to lie down and die. A few days, a period of time scarcely more than a week, saw him on his return from his last professional visitations, and on his bed a corpse.

There is no doubt that the public duties in which Mr. Mayor was so actively engaged interfered with his private practice, and prevented him from extending it as he might otherwise have done. He had nevertheless many patients, who valued him highly, and appreciated both his professional skill and kindness of heart, and it may not be out of place here again to remark upon this bright and genial feature in his disposition, which was conspicuous even from his boyish days until its final extinction by the cold hand of death. He was always ready to exert himself to do a kindness for a fellow-creature, and his friends always found in him a judicious and disinterested adviser. As a man of business he was particularly accurate and correct, scrupulously honourable and inflexibly just.

We may indeed sum up our report of our old colleague by saying, that whether in the fulfilment of his professional duties, or other public offices; in the performance of acts of kindness for friends, or deeds of mercy for the afflicted, he ever acted under the glorious motto—"England expects every man to do his duty;" and he may be numbered among that noble army of martyrs in our profession who have yielded up their lives rather than shrink from any danger which crossed their path of duty.

(THEODORE DAVIS.)

William Hutchins of Keynsham was the eldest son of a Bristol merchant, and was one of a large family.

He was articled in 1819 to a well-known and valued member of our Branch, Mr. Farnham Flower of Chilcompton, with whom he lived for five years, and up to the time of his death enjoyed his confidence and respect, and had many opportunities of obtaining that practical knowledge of the profession that so distinguishes many of our country surgeons. He then went to St. Bartholomew's, and in the year 1826 commenced practice at Keynsham, where he remained till his death in March 1866—a period of forty years. He married Miss Palmer of Willsbridge, whose father and grandfather had practised in the same house where he died. When the medical arrangements of the Poor Law were altered in 1838, he was appointed medical officer to the Keynsham Union Workhouse, which post he filled for twenty-eight years, to the entire satisfaction of the guardians, who placed the greatest confidence in his judgment and ability.

He had a very fair country practice, to which he attended zealously and faithfully, and by his kindness, good sense, and skill had attained the confidence of an extensive circle of friends and patients, who universally respected him, and by whom his death is felt as a great loss not easily to be replaced.

He has left a widow and three children to deplore his death.

(G. H. HUTCHINS.)

Henry Joseph Macey was born at Congresbury Feb. 17, 1805; was educated at Rev. J. Smith's, Shepton Mallet; after which he commenced his medical education under the care of Mr. Henderson of Bristol in 1820; and in October 1825 he went to Guy's Hospital, where he was noted for his diligence, especially in anatomical study. He became dresser in 1827-28, and passed the Hall May 18, 1826, and the College May 2nd, 1828. He entered into partnership the same year with Mr. Bisdee of Westown, and continued in practice there for thirty-seven years.

Some three years since he had diabetic symptoms associated with cardiac distress, which gave cause for anxiety, and much interfered with professional duty. In March 1865 he was entirely laid aside with cardiac asthma and general prostration of power, and died at his son's residence at Gosport, June 9th, 1865, aged sixty.

He was an enthusiast in his profession to the last, and eminently qualified for the large sphere of practice he occupied. Fertile in the resources of his art, and with singular tact in practically dealing with cases under his care, he belonged to that too numerous class of successful practitioners whom we have to mourn as having passed to their graves without leaving behind them a well digested record of an ample experience. He was a warm and steady friend, and always alive to the dignity and honour of the noble profession of which he was a member.

(S. B. COWAN.)

Mr. George Keddell was born at Falmouth in January 1807, and was apprenticed to his brother, Mr. John Keddell, of Sheerness, who survives him. After having "walked" St. Thomas's Hospital, and attended the usual course of lectures given at that school, he became a M.R.C.S. in 1827, when he was just twenty-one years of age; indeed, some short time before, as he petitioned the court to be allowed to "come up", in consequence of his having a prospect of getting some engagement as an assistant. He was, I believe, an assistant at East Grinstead, in Sussex, whence he removed to Keynsham in 18—. At the expiration of the first year, his receipts were only £40; but by diligence and perseverance, combined with good sound common sense and professional knowledge, he realised during the last year in which he practised in that place upwards of £900.



In consequence of his wife's state of health, and by the advice of Dr. Wallis, he removed into Bristol, and disposed of his practice to Dr. Vaughan. Living at Keynsham at the time that the tunnels between Bristol and that village were being made, he frequently was sent for to accidents, and was afterwards appointed by the Great Western Railway Company as one of their medical staff. After his removal to Bristol, he had almost to commence practice *de novo*; but he had "borne the yoke in his youth", and therefore, beating out a practice at the age of 42, was not attended with those misgivings which one might have expected. During the time of the cholera, in 1849(?), he was one of the medical men who volunteered his services in the Bedminster District, and night and day he devoted himself to alleviate the sufferings of those attacked with this fearful malady.

About 1851 or 1852, he removed from his residence in Cumberland Road to Park Street, and he then established a practice of £600 or £700 *per annum*. He resigned the surgeoyny of the Great Western Railway some five years ago. With great shrewdness and tact, and a thorough knowledge of human nature, he possessed a singularly benevolent disposition, and though frequently cramped in his means, he hesitated not to alleviate the wants of his poorer patients by pecuniary assistance. He was remarkably intelligent and quick sighted; and in the diagnosis of disease was specially gifted. Having been thrown upon his own resources for many years in a country practice, where professional rivalry is more noticeable than in town practice, he was seldom at fault; but whenever he was doubtful as to the character of symptoms, he did not hesitate to call in the aid of those whom he deemed qualified to clear up a difficulty.

My acquaintance with him commenced about fourteen years ago; and during the whole of that period, up to the evening before his death, we were almost daily thrown together, and I have reason to express my deep sense of obligation to him for many practical hints in the treatment of disease and my warm appreciation of his character as a professional man and a Christian. He was very ready as a speaker, and had a peculiarly happy method of expressing himself whether in public or private. He always deferred to the opinions of others when he himself was in doubt; and, though he gave good reasons for differing, he never allowed his own views to have more weight than those of his professional brother in the presence of his patient.

His last illness was brought on by a severe cold caught by leaving off his greatcoat during the spring of 1865. He had some very severe paroxysms of apnoea during the summer, and latent disease of the heart manifested itself in a more definite form about July and August. He consulted Dr. Symonds by my advice; and the moment he saw him he gave a very unfavourable prognosis. His real love of his profession was such that he saw patients in his bedroom until within a few days of his death, and one of his last professional acts was to examine a man for life-assurance. I have not heard but one expression of regret at his loss from his patients, all of whom entertain for him the profoundest respect and veneration. I have lost in him a sincere friend and counsellor. His age was 58. He has left a widow and three daughters.

There is another part of Mr. Keddell's career which should be passed over without notice—it is his character as a Christian man. In addition to his professional duties, he devoted himself to the work of various religious societies in Bristol; and the one in which he took the warmest interest was that founded for the evangelisation of the great continent of South

America. The obituary notice published by that Society speaks in the highest terms of him as a devout and happy Christian, of warm and loving temperament, who on all occasions, whether in public or private, threw his whole energy into the work in which he was engaged; and whether in visiting the sick or in the social circle, he ever testified what spirit he was of. His brother describes him as having ever been a dutiful and loving son and a truly kind and affectionate brother. He was truly a good man and a sincere Christian.

(ROBERT T. H. BARTLEY, M.D.)

## Reviews and Notices.

THE TOXICOLOGIST'S GUIDE; a New Manual on Poisons, giving the best Methods of Manipulation to be pursued for their Detection (*Post Mortem* or otherwise). By JOHN HORSELEY, F.C.S., Analytical Chemist, Cheltenham. Illustrated by Coloured and other Diagrams. Pp. 73. London: 1866.

THIS book is not, as some might suppose from its title, a treatise on the symptoms, pathological appearances, etc., produced by poisons; but a code of directions, evidently drawn up with much care and founded on practical knowledge, for the detection of the various mineral and vegetable poisons. The instructions given by Mr. HORSELEY are clear and concise, and appear likely to be useful. The book contains several representations of the forms of crystals of the salts of the alkaloids, and a plate of the coloured reactions of chemical tests, to which reference is made by number in the course of the work.

THE FORMS, COMPLICATIONS, CAUSES, AND TREATMENT OF BRONCHITIS. By JAMES COPLAND, M.D., F.R.S., F.R.C.P., etc. New Edition. Pp. 165. London: 1866.

THE groundwork of this little treatise appears to be the article Bronchitis, in Dr. COPLAND's well known *Dictionary of Medicine*. The article referred to appeared in 1832; and since that time the author has had uninterrupted opportunities of observing the disease in its various forms, and of testing the efficacy of various modes of treatment—of which opportunities, as his well known industry would lead one to suppose, he has assiduously availed himself. We do not find much reference to any of the more modern authorities; the author has evidently preferred to give the results of his matured experience. Men who, having passed a long life in the practice of medicine, deserve well of their profession when, like Dr. Copland, they give their brethren the benefit of their accumulated experience and study in the treatment of disease in general or of any one form.

THE PRINCIPAL BATHS OF FRANCE; considered with Reference to their Remedial Efficacy in Chronic Disease. By EDWIN LEE, M.D., Corresponding Member of the Medical Association of Prussia, etc. Fourth Edition; re-written with Additions. Pp. 154. London: 1866.

It is scarcely necessary, we think, to do more than call the attention of our readers to the issue of a new edition of one of the works of that indefatigable writer on foreign bathing-places, Dr. EDWIN LEE.



# British Medical Journal.

SATURDAY, AUGUST 4TH, 1866.

## DEATH OF SIR CHARLES HASTINGS.

THE venerated Founder of the British Medical Association is no more. He died after a long illness, on Monday last, the 30th ult., in the 73rd year of his age. This melancholy announcement will, we feel assured, be received with the deepest regret by every member of the Association; especially by those old friends of Sir Charles Hastings who have with him watched over the development of the great project for the promotion of the good of their profession which he conceived more than thirty years ago, and in whom friendship and esteem have, through long and repeated intercourse, ripened into veneration and affection. All these men will, when they hear of the departure of their much valued friend, ask themselves—

“Quis desiderio sit pudor aut modus  
Tam cari capitis?”

We hope to receive, from the hands of one more competent than ourselves for the task, such a biographical sketch of Sir Charles Hastings as shall do full justice to the excellence of his character, and to those unremitting labours of his to which his brethren in the profession are so much indebted. In the meantime, however, while recording our sorrow at his loss, we may briefly touch on some of those points in his career which have made his name known and honoured, and himself esteemed and beloved.

Sir Charles Hastings was the son of a clergyman of the Church of England, who died at an age exceeding 100, a very few years ago. He was born at Ludlow, in Shropshire, in January 1794. At the age of 16, he commenced his medical education under the tuition of Mr. Jukes and Mr. Watson, then in practice at Stourport. In 1812, when but 18 years of age, he was elected, after a very close contest, house-surgeon of the Worcester Infirmary. In 1815 he commenced his studies at the University of Edinburgh, where he graduated in 1818. While a student in that school, he distinguished himself highly as a physiological experimentalist and painstaking observer. It is a noteworthy fact, that at that time he was the only student in the University who applied the microscope to physiological and pathological investigation. His researches—for which, indeed, he had already gained a reputation before going to Edinburgh—on the functions of the nerves, and on the blood-vessels and inflammation, were at the time declared by competent judges to have added greatly to the existing store of knowledge.

Having settled in practice at Worcester in 1818, he was in the same year elected physician to the Infirmary of that place, and remained in office until 1862, when he resigned, after a connection of half a century with the institution.

Soon after he had become settled in practice, Dr. Hastings was forcibly struck with the evils arising from the isolation of the provincial practitioners from each other, and from the want of any organisation to represent provincial medical science. He did not content himself with merely observing and lamenting the existence of this evil, but applied himself to the means of remedying it. Accordingly, in 1828, he, aided by several friends, established the *Midland Medical and Surgical Reporter*, a periodical which was published until May 1832, when, in the last number, appeared an announcement that the work would be closed, and that a “wish had been warmly expressed and widely circulated, that the members of the profession should unite themselves into an association, friendly and scientific.” Such was the origin of the Provincial Medical and Surgical Association, of which the first meeting was held at the Worcester Infirmary on July 19th, 1832, and was attended by a large number of eminent provincial practitioners, under the presidency of the venerable Dr. Johnstone of Birmingham. Dr. Hastings on that occasion delivered an address, which was published in the first volume of the *Transactions* of the Association. In it he sketched the objects which it was proposed that the Association should carry out, and the directions in which it might usefully labour for the promotion of medical science.

“I congratulate you,” he said, “that the day for forming a Provincial Medical and Surgical Association has at length arrived; an Association which, I trust, is destined to exercise no inconsiderable influence on the future progress of medical science. Feeling, as I have long done, the disadvantages under which the prosecutors of medicine resident in English provincial towns have laboured, in consequence of the want of any system of cooperation, by which their separate exertions for the promotion of our knowledge of the healing art may be so united as to render them more influential and more extensively useful, I cannot but hail this day—*hunc latum medicis diem*—as one of peculiar promise, as one likely to lead to the most important results.”

Again, in concluding his remarks, he said:

“You will, at any rate, admit that the objects I have hastily introduced to the notice of the meeting are worthy of deep meditation. The contemplation of them appears to me, indeed, to open to us a vast and unbounded prospect, and to beget high and lofty thoughts of our future proceedings. I may be sanguine in my expectations; but I cannot help indulging the gratifying, the cheering, the delightful thought that, if we engage in this undertaking, as we are bound to do by the obligations which our profession imposes on us, with the zeal and alacrity of men anxious for the good of mankind, the Association must be of some use.”

That Dr. Hastings' appreciation of the necessity of



such an Association was just, its subsequent progress has proved—a progress which, indeed, we believe to have surpassed all that he or his most sanguine supporters expected. Even in 1849, when, as President for the year, he delivered an address, he said, referring to the expectations which he had formed in 1832:

“These glowing anticipations have been fully realised by the result of the last seventeen years; or rather I should say that the success which has attended our efforts to combine and consolidate the energies of the provincial profession has surpassed the expectations then formed of the probable progress of the Association.”

These words were spoken by Sir Charles Hastings seventeen years ago—just midway in the period of the existence of the Association; and still more must his expectations have been surpassed by the progress and enlargement of scope which it has since undergone. The Association, as first designed by him, appears to have been formed for scientific purposes; but it was not many years from its foundation before a political element was introduced—and great has been the influence which it has exerted, and perhaps even greater is that which it is likely to exert, in this direction. The Association was, moreover, founded by him for the express benefit of the provincial practitioners; but, as time passed on, it became more and more evident that the restriction of name was a restriction of its utility; and, after much deliberation and warm discussion, it became the British Medical Association. This change of name, as well as the previous removal of the *JOURNAL* from its place of publication in the country to London, was at first regarded with but little favour by Sir Charles Hastings, who, with other respected and influential members, was of opinion that the Association ought to remain, as it was originally, provincial. But, no sooner had it become apparent that the majority of the members regarded the proposed changes as advisable, if not indeed necessary, for carrying out that great idea of uniting the profession which had throughout been the great aim of Sir Charles Hastings, than he gracefully withdrew all appearance of opposition on his part; and no one, in his position and with his influence, could have more heartily and honestly cooperated in carrying on the affairs of the Association under the new *régime*, than he has done up to the time of his death.

Sir Charles Hastings was for many years the Secretary of the Association. He held the office until 1843; and, on his retirement was appointed perpetual President of the Council, and Treasurer. In 1856, when the name of the Association was changed to that of British, and a new code of laws was agreed on, the offices of President of Council and Treasurer were again unanimously conferred on him for life; provision being made, that the tenure of office by his successors should be triennial. At the

end of three years—in 1859—he most honourably placed his Presidency and Treasurership at the disposal of the Association—with the result, however, of receiving an unanimous expression of that esteem and confidence which the members had long learned to feel towards him. Since that period, he continued to discharge his duties with unremitting assiduity and conscientiousness until within the last few months; when his failing health induced him to forward his resignation to the Committee of Council. That body, a few weeks ago, accepted his resignation of the office of Treasurer; but expressed a hope—evidently not expecting that his death was so near at hand—that he might yet be able to discharge the less onerous duties of President of Council. Who his successors in the two offices will be, we do not know—the Association will have to decide at the forthcoming meeting. But of this we are certain: that, while there are not a few men in the Association who would discharge the duties of the offices with ability and honesty, there are none who can surpass—if indeed any can equal—our departed friend in honesty, in earnestness, or in the possession of those qualities of mind which at once cause one to be confided in as a man of business and beloved and followed as a guide and counsellor.

From the foundation of the Association, Sir Charles Hastings has been present at every anniversary meeting, as well as at the occasional special meetings which have taken place; and, we believe, up to the present year he was never absent from his place in the Council. The meeting of 1866 will be long memorable as the first in which his familiar face was no more seen.

With these remarks we conclude. We have written rather for the purpose of placing on record our feelings of veneration and affection towards Sir Charles Hastings, than of entering into the details of that life which he so earnestly and effectively endeavoured to render useful to his profession. What he did in his day for the promotion of medical science; how, in the place where his life was passed, he laboured in the promotion of scientific knowledge among his fellow-citizens and neighbours; how he received well merited honours at the hands of his brethren and of Royalty, we must leave to another to describe.

Sir Charles Hastings is dead, as men speak of death. But yet he will live in the memory of many, and in that noble work which he originated. We, his survivors, can offer no more fitting tribute of our affection towards him and respect for his memory, than by continuing to guard and foster the tree which he planted, and the growth of which was the object of his constant care.



## RAILWAY ARRANGEMENTS FOR THE ANNUAL MEETING.

THROUGH the kind offices of Dr. Mead of Newmarket, the managers of the Great Western, London and North Western, and Midland Railway Companies, have generously consented to extend their ordinary return-tickets from the 6th to the 11th of August (both days inclusive) to members of the British Medical Association attending the meeting at Chester.

*Each member of the Association proceeding to Chester must present at the Station where he takes his ticket, the slip of paper enclosed in the present number of the JOURNAL, with his name and address written thereon.*

## THE CHESTER MEETING.

LAST year, the British Medical Association visited a place, of which it may be easily supposed that the "oldest inhabitant" can remember its rise from a village with a population of 300 to a town with a population of 20,000. This year, the members visit a city of antiquarian celebrity, whose history dates back to the Roman occupation of Britain.

Like the Leamington meeting in 1865, the Chester meeting will extend over four days; and there seems not the least doubt that, as was the case last year, the time will be fully occupied. Already, the number of papers to be read, of which notice has been given to the Secretary, exceeds that which appeared in the programme of 1865.

The first meeting of the members will take place at eight o'clock in the evening of August 7th; and the principal business will be the delivery of an address by the President, Dr. Waters; the reading and discussion of the Council's Report; and the presentation of a Report from the Board of Directors of the Medical Provident Society.

It will be the duty of the Association on one of the days of meeting, to elect a President of the Council and a Treasurer, in the room of the late Sir Charles Hastings. The members will have observed, from a recent resolution of the Committee of Council, that the venerated founder of the Association felt himself compelled, by the state of his health, to resign the office of Treasurer, which was conferred on him for life several years ago, and to the discharge of the duties of which he has applied himself with untiring earnestness and devotion to the welfare of the Association. According to the law of the Association passed in 1856, the Treasurership and Presidency of the Council were conferred on Sir Charles Hastings for life; but his successors will be appointed for terms of three years.

Among the notices of motion placed on the pro-

gramme is one by our zealous associate, Dr. Mackesy of Waterford, who will bring forward a motion regarding the representation of the medical profession in Parliament. From the terms of his notice, it seems that he advocates the direct representation of the profession in its collective capacity. Whether the attainment of this object be one to which the Association should direct its energies, is a question regarding which there may be much diversity of opinion. We have no doubt that it will be fully and fairly discussed at the meeting; and therefore, while fully recognising the general principle that our profession, in proportion to others, falls very far short of its fair share of representation in the general council of the kingdom, we refrain from expressing any opinion as to the way in which a more just and adequate amount of representation might be obtained.

The Association has again had the good fortune to secure, as the deliverers of the Addresses in Medicine and Surgery, two of the leaders of the profession—stars of the first magnitude in their respective spheres—Professor Bennett of Edinburgh and Mr. Bowman of London. Discussions on important subjects in scientific and state medicine will also be opened, by Dr. Sibson and Mr. Holmes on the Influence of Hospitals on Disease and Mortality; by Dr. Stewart on the Expectant Treatment in Acute Disease; by Mr. Alfred Baker of Birmingham on the Origin of Pyæmia; and by Professor Christison of Edinburgh on the Register of Deaths in Scotland. Last year, one of the subjects of discussion was that of medical witnesses in courts of law. It was most ably brought forward by Dr. Symonds of Clifton; and a committee was appointed to take the question into consideration and to report thereon. The report of the Committee will be presented at the afternoon meeting on Thursday.

From this brief sketch, and the programme published in another page, there is every reason to believe that the Chester meeting will be a very satisfactory one. As far as can be judged, a greater proportion of the time than is sometimes the case will be enabled to be devoted to the consideration of subjects of direct scientific and practical interest.

## THE POOR-LAW AND THE LONDON PAUPER.

THE chief difficulties under which the Poor-law Board labours at the present moment are connected with the defective treatment of sick paupers in the metropolitan workhouse infirmaries. The reports both of Mr. Farnall and of Dr. E. Smith admit that great and immediate reforms are required in the treatment of sick metropolitan paupers; but in one main particular, viz., as to the method of cure, they differ.



Many of the evils connected with the treatment of the sick are capable of immediate remedy; those, for example, which result from the absence of proper nursing, medical attendance, medical inspection, diet, etc. But the main difficulty, overcrowding, is not so readily disposed of, and yet it is one which demands instant attention.

It is admitted that many of the metropolitan workhouse infirmaries are, as buildings, utterly unfit for their purposes; that many of them require reconstruction; that few, if any of them, can afford the space—viz., 1000 cubic feet of space—which is held by modern science to be the minimum required for each sick person; that in most cases the sites on which the workhouses at present stand are incapable of affording such space; and that to acquire the necessary space *in situ* would require an enormous outlay, if it could be had at all. It is also asserted, that some few of the parishes are too poor to provide duly for their sick paupers.

To meet this fatal evil of overcrowding, two schemes are proposed by the Poor-law Inspectors.

Mr. Farnall recommends the adoption of the scheme of the Association for the Improvement of Metropolitan Workhouse Infirmaries; viz., the erection of six 1000-bedded pauper hospitals in the metropolis, and the entire separation of the sick from the healthy pauper.

Dr. E. Smith recommends the reconstruction and expansion *in situ*, where necessary, of the present workhouses, and the maintenance in them, as at present, of the healthy and the sick paupers.

We venture to think that both these proposals are objectionable, not to say impracticable. A modification of them would probably meet more satisfactorily the difficulties of the case.

The construction in London of six 1000-bedded hospitals for the reception of sick poor of the metropolis would in our opinion be a great error: for the following reasons.

The massing together of large bodies of the sick is always and under all circumstances, and especially in crowded cities, a great evil; and is only to be justified on the plea of necessity.

It is difficult, even with the most perfect systems of ventilation, to keep metropolitan hospitals (and the largest of these in London does not hold many more than 500 patients) free from diseases especially incidental to hospitals, such as erysipelas, gangrene, etc.

The only grounds, indeed, which can be adduced in justification of the existence of large hospitals in a city are, that they are schools for the advancement of medical and surgical knowledge, and for the instruction of students of medicine; and that in them the sick poor obtain the benefits of the highest medical and surgical skill.

So far as the wants of the sick are concerned, all

that is required of hospitals in a city is, that they afford convenient, sufficient, and instant accommodation for accidents and urgent (*i. e.*, acute) diseases.\*

But accidents and acute diseases form but a comparatively small per centage of the cases at any time to be found in metropolitan hospitals. The very large majority are composed of chronic and other diseases which could find their way equally well into suburban as into metropolitan hospitals, and which would there (in the open country) be more economically provided for, and doubtless more rapidly cured. It is almost superfluous to say that, so far as the interests of this class of patients are concerned, it is infinitely more to their benefit that they should be treated in an atmosphere where plants will grow and thrive, where the sun's rays can penetrate, and the winds play freely, than in the comparatively obscure and tainted atmosphere of metropolitan hospitals. Many of the very diseases in question are actually provoked, or encouraged, by the influence of defective air and light. No supposed superior skill obtained in city hospitals can compensate for the defective condition of those two prime necessities, air and light.

But none of the reasons here mentioned which explain, if they do not justify, the existence of large metropolitan hospitals, can apply to large metropolitan workhouse infirmaries, as proposed by Mr. Farnall. They would not be schools of medicine or surgery; they would not be erected for the reception of accidents and acute cases, such as are at present accommodated in our ordinary hospitals; nor would the sick paupers in them enjoy the supposed advantage of the services of the highest medical and surgical skill, such as is enjoyed by the sick in our ordinary hospitals.

Moreover, the reasons given above to show that a very large percentage of our present hospital patients might be treated more effectively and economically in suburban than in London hospitals, apply with even greater force to the case of sick paupers. Many of these are permanently sick, and are sufferers from chronic diseases of a kind which require, very many of them, nursing rather than any special medical treatment.

Other objections might be urged to the thousand-bedded hospital scheme: the enormous outlay attending their erection in the metropolis; the great expenditure requisite for their maintenance on the

\* St. Thomas's Hospital may be used to exemplify the case as here stated. It is to be rebuilt on a narrow slip of land, half of which is reclaimed by piles from the river. Its construction will cost, we hear, £350,000; and it will contain upwards of 600 beds. No one can suppose for a moment that the accidents and acute diseases of the district require accommodation in such a place. A provision in the suburban country for 450 of these 600 beds would have been an enormous saving in money, and an inestimable boon to the sick who will ever hereafter occupy the building on the Thames. Medical and surgical science alone can explain or justify the erection of such a magnificent pile of buildings on such a spot, and at so enormous an outlay.



scale and after the manner proposed; and the difficulty of utilising them—the difficulty attending the transfer and re-transfer of pauper patients from the workhouses to the hospital.

There is also a contingency, worthy of very serious consideration, which might, or rather would almost certainly, result from the erection of these hospitals. They might lead to the reduction or even suppression of some of our present hospitals which are supported by voluntary contributions. Subscribers to hospitals might reasonably argue: These magnificent receptacles for the sick poor are paid for by us out of the rates: why, then, should we also subscribe to private hospitals? In this way, we would suggest, the erection of such hospitals would cause a large amount of work at present done by private charity to be thrown on the poor-rates.

Dr. E. Smith's proposal, so far as it advises a needful reconstruction, etc., of the present workhouse infirmaries, is good; but, as a complete provision for the wants of metropolitan sick paupers, it stands condemned in the opinion of the profession, in that it gives to each sick pauper only 500 cubic feet of air. A scheme which is opposed to the sense of the whole medical profession will, we conclude, scarcely receive the sanction of the community.

In a modification, however, of the proposals of Mr. Farnall and of Dr. E. Smith, may, in our opinion, be found a remedy simple and complete, one dictated both by economy and philanthropy. To meet the difficulty, which manifestly arises from overcrowding and want of space, we would recommend the establishment in suburban districts of *refuges for the permanent sick and for the permanent pauper; and the retention of the present workhouses, properly reconstructed (when required) for the purposes of the casual or temporary paupers, sick and healthy.*

It must be remembered that in all workhouses there are a large number of persons, for the most part aged and infirm, who, though not sick, are for sufficient reasons permanent dwellers in workhouses. Moreover, there are in workhouse infirmaries many persons suffering from incurable diseases, from cancer, consumption, scrofula, and the like, who are also permanent dwellers in workhouses. And, again, there are in workhouses many persons, especially aged paupers, who suffer at times from chronic diseases, and are sick, on and off, more or less permanently, and who are also permanent dwellers in workhouses. Now, the removal into suburban refuges of these paupers—i. e., of the incurable and permanently sick pauper, of the permanently ailing pauper, and of the aged and infirm pauper—would fulfil two most desirable ends. It would relieve the present overcrowded workhouses, so as to afford abundant space for the temporary and casual pauper, sick and healthy; and space

enough to give each sick pauper 1000 cubic feet of air-space. It would also be an act of the highest mercy; it would be the removal into clear air and bright light of those who are otherwise doomed to live and die in what must ever be to a great extent the dismal wards of a workhouse infirmary.

Such a scheme would, of course, render necessary an equalisation of the metropolitan poor-rates.

### THE CHOLERA.

THE journals announce that injection of blood has been tried in cholera-collapse at the London Hospital. The *Medical Times*, however, states very properly that "to inject a patient nearly *in articulo mortis* is scarcely likely to lead to any result." The trial, indeed, from the account given, might just as well have been made on a corpse, so far as it can be taken as any test of the value of hot injections of defibrinated sheep's blood. It is, indeed, to be regretted that such trials are made, as they are sure to be quoted, and as against the use of such injections. The dread of the use of this remedy is really surprising, and especially at this juncture, when we find medical men forced now again, as heretofore, to play the changes with remedies whose inefficacy has been again and again demonstrated *hic et ubique*. At all events, it is sincerely to be hoped that the possible remedy will not be condemned as useless merely because it is employed, and only half employed, in patients who are already as good as dead.

At the present moment, the hospitals of London are besieged with possessors of infallible cures for the cholera. We should recommend these ambitious credulities to address themselves to the *Times*, or else to the French Academy of Sciences, which strangely enough has a reporter to report to them as to the value of all secret remedies addressed to it. Surely the Academy might find some more worthy occupation.

Mr. Shaw (*Medical Times*) gives a very well marked case of cholera perseveringly and successfully treated with castor-oil. Iced water, beef-tea, and tea, were given as drinks; but neither opium nor alcohol, although the purging was copious and the depression very great.

Messrs. Griffin and Bencraft of Southampton have given a full trial to Dr. Chapman's ice-bag treatment of cholera; and they conclude, as the result, to abandon it. Curiously enough, Dr. Chapman, in the very *Medical Times* which says this, quotes the practice of those gentlemen to prove the value of his method. Dr. Cheeseman sticks to calomel as his remedy; Dr. Aldridge believes in arsenic; Dr. Wiblin tries the hypodermic injection of camphor and turpentine, and of bichloride of mercury and turpentine.

The death from cholera of M. Boussard, an *interne*



at Hôpital St. Antoine, is announced. He was doing duty in the cholera-wards of that hospital when he was attacked.

The nine *internes* sent from Paris to Amiens, to aid in treating cholera patients, have happily hitherto escaped the epidemic.

DR. G. JOHNSON has republished, in a pamphlet form, a paper on the Treatment of Cholera which lately appeared in these pages. He has added to it the summary of his views on cholera which was given in the *Saturday Review*. He regards this exposition of his theory as very correct and lucid. He tells us that it was written by a physician of the greatest eminence. We have already called attention to the summary in question, and again recommend its perusal, especially to our younger brethren, if only as a model of writing, which they may well strive to imitate. There can, we suppose, be little doubt as to its author. Such composition is not met with every day in medical literature; and few are they of our profession who can tell their tale thus logically, and in language at once simple, forcible, and most clear. As the giant is known by his foot, *ex pede Herculem*, so is this master by his pen. Dr. Johnson's pamphlet appears opportunely. His directions for treatment will, we apprehend, in the main meet with general approval. Many of his critics, it is only fair to say, have condemned him as the uncompromising promoter of one particular method of treatment. This pamphlet will show that, in doing so, they have done him an injustice. Dr. Johnson doubtless feels what every scientific man of medicine feels—that there is no uniform treatment for any disease. It is not, for example, because a man says that *some* cases of cholera-collapse improve under bleeding, that therefore he is to be accused of recommending bleeding in *all* cases. Dr. Johnson's treatment is, in the main, that recommended by the College of Physicians. In favour of this theory, may we not ask, Do the results of the opium and astringent and brandy treatment, in so far as they have been used at the London Hospital, recommend this treatment? Can any one conscientiously say that an eliminative treatment would have produced worse results than those at present recorded? Dr. Johnson seems to us to say simply this: Do not give those medicines which will either paralyse the movements or interfere with the secretive action of the bowels. Do not attempt to restrain the separation of poisonous matters from the blood, nor to keep them in the bowels when separated.

THERE was a great opening for *Punch's* "Essence of Parliament" in the debates on the Public Health Bill on the 30th ult. The science of our legislators shone out vigorously.

Mr. Ayrton had seen a scientific treatise attri-

buted to coal-smoke a healthful influence; and the great freedom of Birmingham from cholera on a former occasion was stated to be owing to the coal-smoke. Why, therefore, should Parliament try to put down smoke?—Sir R. Peel believed that the absence of cholera from Birmingham arose from the superior drainage of that town.—Mr. Adderley suggested that in Bilston and other parts of the black country, where there was no deficiency of smoke, the ravages of cholera were more extensive than in any other part of the kingdom. Sir J. Jervoise thought the word "infection" ought to be defined. The medical officer, before surveying a house supposed to be infected, was recommended by the Privy Council to have a dress consisting of "strong water-tight boots, reaching to the knees, and greased all over; a waterproof coat, closely buttoned up to the neck and at the wrists; and the head covered with a cap which takes the hair well in." He hoped the medical officer would be clothed in this safety dress before he embarked in the dreadful danger of visiting these nuisances, especially as he had to report to the nuisance-authority; or, going into these pesthouses, he would himself come out pestiferous. The Emperor of the French had been visiting the cholera hospitals in Paris. There was also the experiment of a young student, named Jerard, who, to show that cholera was not infectious, took the perspiration off the forehead of a dying man and the fur off his tongue, and put them in his own mouth. A Commission on the yellow fever at Bermuda reported that it was not infectious.—Mr. Bruce would not argue whether cholera was or was not infectious. He presumed it would not be denied that there were diseases which were infectious.—Mr. Henley said the House ought to be informed what disinfecting meant.—Mr. Bruce replied, that the process was well known at the hospitals.—Sir J. Jervoise observed that a work recently published stated that one of the methods employed made matters worse than they were before.—Mr. Henley asked what precautions were to be taken against spreading an infectious disorder.—Sir J. Jervoise referred to a statement of the medical officer of the Privy Council, to the effect that medical men were constantly conveying scarlet-fever to their own children; and that being so, it was plain that they did it without proper precaution and wilfully, and, consequently, ought to be convicted.—Mr. Bruce observed that there was no doubt of the truth of the remark of the hon. baronet; and even when medical men had changed their clothes and washed themselves after visiting a patient afflicted with an infectious disease, they had been the means of conveying that disease to others.—Sir J. Jervoise said that the country practitioner would have to take a whole wardrobe about the country with him.

EVERY one must remember the famous Broad Street pump. Dr. Snow traced to it the Golden Square cholera tragedy. All who drank of the poisoned well took cholera. An investigation has shown that many of the water-pumps in London yield water poisoned by sewage and other infiltrations. Many of the pumps have consequently been condemned. But the Broad Street murderer still remains. Dr. Lankester gave advice, and the handle of it was removed. But now that cholera and hot weather are upon us, the handle of the pump, by order of the wisdom of the Vestry of Bumbledom, has been replaced.



A LARGE and influential meeting of members of the profession was held on the 2nd instant, in Soho Square, for the purpose of taking the necessary preliminary steps towards raising a testimonial to Dr. Richardson, in accordance with the widely expressed feeling of the profession. James Paget, Esq., was called to the Chair. Amongst those present, we observed Drs. Sibson, Fuller, Aldis, Ogle, Carr, H. Day, Adam Martin, Davey, etc.; Messrs. Partridge, E. Wilson, Moore, Adams, Propert, H. Lee, Walker, Dunn, Lord, etc., and the Rev. Dr. Bell. The resolutions in favour of the movement were warmly supported, and all were carried unanimously. Mr. Paget pointed out that Dr. Richardson had spent many years in literary and scientific pursuits more useful to others than to himself; that in all his work he had been thoroughly unselfish. "Our profession," he said, "is preeminently unselfish, and the idea of patenting an invention useful to humanity abhorrent to it. Many of Dr. Richardson's inquiries might, if patented, have been productive of great wealth to him. His career is yet far from complete; and we can cheer him on by tokens of our general approval. It is not a mere testimonial, but a substantial assistance, that we give him. Let us, therefore, give him what he will use for the benefit of science. His last invention—the ether-spray—indicates that this is a time for doing so. We need not argue as to the discoverer. It is enough to say that those few who, like myself, previously used local anaesthesia, used it perhaps once a month, and now use it daily. No trivial gift this to humanity. So many are the smaller operations where chloroform was not given, in which pain was suffered, that we may perhaps now say that the sum of all this pain is equal to that which was relieved by chloroform in the larger operations. Let us give him, therefore, as an acknowledgment, the real advantage of a substantial testimonial."

PROFESSOR LONGMORE lately delivered, at the Royal United Service Institution, a very instructive lecture on the Geneva Convention of August 1864; giving also an account of the National Committees formed for aiding in ameliorating the condition of the sick and wounded of armies in time of war.

Mr. Paget (*Lancet*) describes a case of necrosis of the lower jaw resulting from the introduction of tobacco-oil into the hollow of a bad tooth. The man, some months before, had put the oil from his pipe into the tooth to relieve toothache. Great pain and violent inflammation followed thereupon, ending in death of bone. The sequestra were removed by Mr. Paget.

Dr. Sisson (*Lancet*) relates the case of a young lady, aged 16, who had been epileptic from her seventh year. She was clitoridectomised. For a

few weeks after the operation, the fits became less numerous; they are now the same in number as before—viz., ten per week. The operation was, therefore, useless to the patient.

DR. SCHRÖTTER presented to the Medical Society of Vienna a man, 23 years old, in whom there was an obliteration or contraction of the aorta on a level with the ductus arteriosus. The defect was congenital; and as the symptoms were not as clear as usual, required careful diagnosis. The heart was deeply placed, and exhibited a commencing defect of the mitral valves. Scarcely any pulsation of the abdominal aorta was perceptible; and equally weak was that of the crural artery. No pulse was perceptible in the popliteal or pedal arteries. The dorsalis scapulae, the superior and inferior intercostal, as well as the internal mammary by which the blood was conveyed into the descending aorta, were all largely developed, and pulsated and thrilled strongly. Towards the right outer border of the sternum, there was dulness and a distinct thrill, produced either by the internal mammary or the distended aorta, probably by the latter, as the second sound at this point was louder than that of the pulmonary artery. The patient is well nourished and sound in all other respects.

M. Kœberlé of Strasburg emulates our London uterine operators. He has lately practised the Cæsarean section in a case of double uterus in which the foetus, seven months old, had been dead twenty-one months; performed partial excision of the uterus inverted by a fibrous tumour; and entire resection of the womb (through the abdominal walls) for an interstitial tumour—and, what is still more surprising, all three of the operations were successful.

The *Sardegna Med.* relates a case of transposed menstruation. A female, aged 27, the mother of three children, had suckled them for a long period. When she ceased suckling, there appeared a slight flow of blood from the nipples at each menstrual period, which lasted three or four days. By means of stimulants applied to the womb and the parts around, the normal menstrual discharge was re-established.

Dr. Tanturri (*Annali di Med. Bibl.*) recommends as food the blood of slaughtered animals, which is now wasted. Aversion to its use, he says, is simply a prejudice, and connected with the idea of ancient sacrifices, which formed the basis of worship in the olden days. The blood of the victim was then regarded as a homage to divinity; and its use as food was a sacrilege. It contains highly nutritive materials. Why, then, should it be wasted, and especially now when meat has become so expensive? Every day, he adds, we lose blood enough to feed thousands of people.



## THE CHOLERA.

THE Registrar-General's return for London for the week ending July 28th shews 2600 deaths, exceeding by 1213 the estimated number. The excess is caused entirely by 904 deaths by cholera and 349 by diarrhoea; aggregate 1253. The deaths by cholera in the last five weeks have been 6, 14, 32, 346, and 904; by diarrhoea, 67, 102, 150, 221, and 349. 309 of the 349 deaths from diarrhoea last week were children under 5 years of age. Of cholera, 179 children; 160 boys and girls of 5 and under 20 years; 455 men and women in the prime of life; and 110 people of ages above 60. The greater part of these deaths took place within the eastern side of London. The attack extends along the north side of the Thames, from the River Lea and the Isle of Dogs to the Tower of London. This is essentially the port of London. The canals and the basin are full of foul water. The East London Waterworks canal draws its supply from the river at Lea Bridge, and runs for a couple of miles by the side of the Hackney cut down to its other reservoirs north of Bow and near the Lea. The present cholera field derives its waters from these works. It is right to add that the water has hitherto borne a comparison with the other London waters in Dr. Frankland's analyses.

In Poplar alone 145, in Bow 188, people died last week, including Dr. Ansell, the meritorious health officer, and Mr. Ceeley, clerk to the Board of Works.

Several wards of the London Hospital are full of patients, many of them very young children; some dying, some well again and playing. The medical men have no rest, and, with the health officers, are nobly doing their duty—brave men ready to lay down their lives for their patients. The people themselves are most patient, most willing to help each other, the women always in front, and none shrinking danger. There is no desertion of children, husbands, wives, fathers, or mothers, from fear.

In the midst of this scene, says the Registrar-General, the authorities have been to some extent paralysed. The nuisance inspectors are not sufficiently numerous, neither are the medical officers. The administrative work has not been organised with sufficient promptitude, and is not carried out with sufficient energy.

At a meeting of the West Ham Board of Guardians, Dr. Vallance, the medical officer, said that there was a great peculiarity about the present attacks. People are suddenly taken in most instances with a pain over the region of the bowels. In an hour, cramp comes on; then a slight tremulousness; after that a little purging; they go black and red in collapse almost directly; there is little or no pain, but that apathy exhibited by people in sea-sickness; then collapse comes on, and they are frequently dead in six hours. (*Morning Advertiser*, August 1st, 1866.) It scarcely need be said that such attacks as are here described by Dr. Vallance are quite inconsistent with the theory that collapse is a result of loss of liquid by vomiting and purging.

In Liverpool, of the 440 deaths returned last week, 87 were referred to cholera, against 45 fatal cases in the previous week. The 45 deaths in Southampton, showing an annual rate of mortality equal to 43 per 1000, included 24 from cholera, showing a decrease of 5 upon those of the previous week. The following deaths were certified as from cholera in the remaining large towns of England furnishing weekly returns. Manchester and Salford, 8; Bristol, 2; Sheffield, 2; Leeds, 4; Newcastle-upon-Tyne, 2; and Hull, 3. No fatal case of cholera is noticed in the Birmingham returns.

In South Wales, not a single case of cholera has yet appeared, except in Llanelly. Upwards of 60 deaths have taken place in and near Llanelly within a very short period.

The *Courrier Médical* says: "The sanitary state of Paris has visibly improved within the last few days—an incontestable fact, which we are happy to announce."

From Amiens, the number of deaths from cholera on Tuesday is stated to be 22, and among them Dr. James, secretary and professor at the School of Medicine, and a member of the Sanitary Council of the place.

An imperial decree confers a gold medal of honour upon Madame Cornuau, wife of the Prefect of the Somme, for her courage and devotedness during the cholera at Amiens. The medal bears the following inscription. "L'Impératrice Eugénie à Mme. Cornuau. Epidémie cholérique d'Amiens, 1866."

A few cases of cholera are occasionally reported in New York City, but the number is slight. To quote the language of Dr. Harris, the disease "has scarcely found foothold in the city." "The exotic pestilence, which has in well known localities suddenly destroyed a few lives," says Dr. Harris, in the same report, "seems to have been wholly subdued in every block where it has appeared."

The deaths from cholera in Paris from July 17th to 24th are, as nearly as can be ascertained in the absence of official returns, as follows: 17, 29, 116, 142, 106, 89, 92, 94.

In Berlin, from the 17th to the 18th of July, the seizures were 174, the deaths 52; and on the following days, up to July 23rd, the corresponding numbers were respectively, 217, 67; 208, 63; 227, 81; 156, 69; 227, 74. The total of cases thus amount to 3504; of which 327 recovered, 1765 died, and 1412 remained under treatment. On the last named day there were in the three cholera-hospitals, 73 patients in No. 1; 121 in No. 2; 63 in No. 3. One of the greatest calamities in every extensive epidemic visiting the city of Berlin, consists in the unfortunate monopoly by which one person has not only possession of the whole of the funeral conveyances, but is also allowed to keep them all at one single locality. That there should be no more than one such office to apply to for a population far exceeding half a million, spread over so vast an area, is an anomaly so preposterous that it should have long been done away with. Yet it is but quite recently that the man who has enriched himself by this sad privilege succeeded in securing it afresh. The really disheartening experience in this particular made during the present epidemic, will, at last, we hope, remove the film from the eyes of even the blindest supporters of such like monopolies, and the claim of the inhabitants to see their wants also taken into account in arrangements of this order, will perhaps be assisted to some extent by the consideration of the dangers to the community, involved in the existing practice. Only to mention one point, it is proved that, while corpses of cholera patients, the speedy interment of which is of such vital importance, are often retained in private dwellings much beyond the customary three days, they have accumulated in the public dead-houses in the most alarming degree, only because there are not conveyances sufficient for their removal. It needs no remark how this nuisance must lead to the creation of fresh centres of infection. (*Deutsche Klinik*, No. 30, July 28th, 1866.)

DONATION. Mrs. Nesbitt has given to the Staffordshire Infirmary the medical library of Mr. Nesbitt late Surgeon of the Hospital.



## Association Intelligence.

### BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

THE Thirty-fourth Annual Meeting of the British Medical Association will be held at Chester, on Tuesday, Wednesday, Thursday, and Friday, the 7th, 8th, 9th, and 10th days of August next.

*All the Meetings will be held in the Music Hall.*

*President*—S. J. JEAFFRESON, M.D. Cantab.

*President-elect*—EDWARD WATERS, M.D. Edin.

TUESDAY, August 7th.

2 P.M. Meeting of Directors of Medical Provident Society.

3 P.M. Meeting of Committee of Council.

4 P.M. Meeting of General Council.

8 P.M. First General Meeting.

The retiring President (Dr. Jeaffreson) will resign his office.

The new President (Dr. Waters) will deliver his Inaugural Address.

The Council's Report will be read, and discussion taken thereon.

Election of General Secretary.

Report of Medical Provident Society will be presented.

Election of Chairman and Vice-Chairman of the Medical Provident Society.

WEDNESDAY, August 8th.

8.30 A.M. Public Breakfast in the Corn Exchange. Tickets, 2s. 6d. each.

10 A.M. Meeting of New Council.

11 A.M. Second General Meeting.

Dr. SIBSON, F.R.S., and Mr. HOLMES. What is the influence of Hospitals on Health and Mortality? with discussion thereon.

Papers and Cases on *Medical* subjects.

Adjourn at One o'clock for Luncheon.

2 P.M. Third General Meeting.

Presentation of Hastings Medal.

Address in Medicine by Professor BENNETT, M.D.

4 P.M. Full Cathedral Service, by permission of the Dean, in the Cathedral; and a Sermon by the Rev. Canon McNeil, D.D.

Papers and Cases on *Medical* subjects.

Adjourn at 5 P.M.

8.30 P.M. *Soirée* in the Assembly Room, Grosvenor Hotel.

THURSDAY, August 9th.

9 A.M. Meeting of New Directors of Medical Provident Society.

10 A.M. Fourth General Meeting.

Report of Medical Benevolent Fund will be presented.

Dr. STEWART: Is the Expectant Treatment to be relied upon in any form of Acute Disease? with discussion thereon.

Mr. ALFRED BAKER: Are there any trustworthy Facts as to the Origin of Pyæmia? with discussion thereon.

Adjourn at One o'clock for Luncheon.

2 P.M. Fifth General Meeting.

Report from Medical Witnesses Committee will be presented.

Address in Surgery by WILLIAM BOWMAN, Esq., F.R.S.

Papers and Cases on *Surgical* subjects.

Adjourn at 5 P.M.

9 P.M. *Soirée*, by invitation of the President.

FRIDAY, August 10th.

10 A.M. Sixth General Meeting.

Professor CHRISTISON, M.D.: Observations on the Register of Deaths in Scotland; with discussion thereon.

Papers on *Medical, Surgical, and Obstetric* subjects.

Adjourn at One o'clock for Luncheon.

2 P.M. Seventh General Meeting.

Papers on *Medical, Surgical, and Obstetric* subjects.

6 P.M. Public Dinner at the Grosvenor Hotel.

Tickets, One Guinea each. Gentleman intending to be present at the Dinner are requested to give notice to the Hon. Local Secretary, JOHN HARRISON, Esq., 16, Nicholas Street, Chester.

RETURN TICKETS to and from Chester, from all stations which usually issue them, available from the 6th to the 11th of August (both inclusive), will be granted to the members of the Association producing vouchers.

Members are requested, immediately on their arrival, to enter their names and addresses in the Reception-Room, at the Music Hall, when cards will be supplied which will secure admission to all the proceedings.

A Clerk will be in attendance at the Reception-Room, and will give information respecting Private Lodgings, Hotels, etc.

The principal Hotels are:—the Grosvenor; the Queen's; the Green Dragon; the Blossoms; the Hop-pole; and the Bars.

To facilitate Excursions in the neighbourhood, the Clerk in attendance will be prepared to receive the names of gentlemen wishing to make such Excursions, and to arrange for the same.

Members who may wish for information previous to the meeting, may communicate with JOHN HARRISON, Esq., the Honorary Local Secretary.

The public will be admitted, on application to the President, to attend the discussion on Scientific and State Medicine.

*Notices of Motion.* Mr. WATKIN WILLIAMS: To alter Law VIII, by inserting the word "Treasurer" after the words "President of the Council."

Dr. MACKESY will move: "That a favourable opportunity now presents for soliciting the attention of the Government, the public, and the members of our profession, to the question of granting Parliamentary Representation to the Medical Profession in its collective capacity; that with a view to the accomplishment of this important object, the Council be empowered to take such measures as they may consider judicious to promote its success, by presenting memorials to the Government, petitions to both Houses of Parliament, and by communicating with the Medical Universities, Colleges, and Associations, to urge their zealous cooperation."

Dr. MARSH will bring forward the subject of the New Sydenham Club.

Papers have been promised by

A. B. STEELE, Esq. (Liverpool): On the Present State of Public Vaccination in England.

B. W. FOSTER, M.D. (Birmingham): Illustrations of the Use of the Sphygmograph.

JOHN BIRKETT, Esq. (London): The Results attending the Removal of the First Growth of Cancer.

J. Z. LAURENCE, Esq. (London): On Removal of the Lacrymal Gland—a Radical Cure of Inveterate Cases of Lacrymal Abscess.



THOMAS NUNNELEY, Esq. (Leeds): On Reduction of Dislocations by Manipulation; On Removal of the Entire Tongue.

THOMAS SKINNER, M.D. (Liverpool): The Philosophy of the Algid Condition in Cholera.

THOMAS HILLIER, M.D. (London): An Account of Cases of Pyogenic Fever cured by Large Doses of Quinine; Account of Cases of Pleurisy requiring Thoracentesis.

BALMANNO SQUIRE, M.B. (London): The Treatment of Lichenous Disease of the Skin.

W. CAMPS, M.D. (London): Is there any Evidence to show that the Par Vagus—the Pneumogastric Nerve—is concerned in the production of the Epileptic Paroxysm?

JAMES RHODES, Esq. (Glossop): The Relationship of Forces as they exist in the healthy Human Being, and the Pathological Conditions induced by their imperfect development.

T. T. GRIFFITH, Esq. (Wrexham): Three Cases of Compound Dislocation of the Astragalus, with Removal of the Bones.

W. H. BROADBENT, M.D. (London): Cancer—a New Method of Treatment, by which Malignant Tumours may be Removed with little Pain or Constitutional Disturbance.

I. BAKER BROWN, Esq. (London): On the Use of the Actual Cautey in Ovariectomy.

HENRY DICK, M.D. (London): On Loose Cartilages in the Articulations, and a New Instrument to extract them.

JAMES PAGET, F.R.S. (London): A Case of Herpes in part of the Distribution of the Right Inferior Maxillary Nerve.

ERASMUS WILSON, F.R.S. (London): On Lichen Planus; the Lichen Ruber of Hebra.

ERASMUS WILSON, F.R.S. (London): On a probable necessity for the revival of the Leper Hospitals of Great Britain.

THOMAS BALMAN, M.D. (Liverpool): On Azoturia.

J. BIRKBECK NEVINS, M.D. (Liverpool): On the Treatment of Rheumatic Fever.

CHARLES H. MOORE, Esq. (London): A Brief Report on the Cases of Cancer registered by Members of the Association during the present year.

B. W. RICHARDSON, M.D. (London): On Feeding by the Veins.

B. W. RICHARDSON, M.D. (London): Abstract of some Original Researches on the Heat of Fluidity or Latent Heat of Animal Bodies.

J. THORBURN, M.D. (Manchester): The Treatment of Tiedious Labour in the Second Stage.

THOMAS SKINNER, M.D. (Liverpool): Two Long Forceps Cases; one with Rupture of the Entire Perinæum: with Remarks.

SPENCER WELLS, Esq. (London): On the Mode of Dealing with the Pedicle in Ovariectomy.

CHRISTOPHER HEATH, Esq. (London): Demonstration of the Use of the Endoscope.

W. RUTHERFORD, M.D. (Edinburgh): Description of the new Myographion of Von Bezold; with Experiments therewith demonstrating the Rapidity with which Nervous Influence travels in the Frog.

HENRY DAY, M.D. (Stafford): Secondary Cancer affecting the Lungs.

In order to facilitate the business of the meeting, it is particularly requested that all Papers be sent to the General Secretary on or before the 1st of August, if possible.

T. WATKIN WILLIAMS, *General Secretary*.

15, Newhall Street, Birmingham, July 24th, 1866.

## WEST SOMERSET BRANCH: ANNUAL MEETING.

THE Annual Meeting of the West Somerset Branch was held at the George Hotel, Ilminster, on Wednesday, July 11th, at half-past two o'clock. The members present were H. Alford, Esq.; H. J. Alford, Esq.; G. R. Burt, Esq.; G. Gillett, Esq.; Hugh Norris, Esq.; J. Prankerd, Esq.; and the Secretary, W. M. Kelly, M.D.

The Retiring President, Dr. NORRIS, after some remarks in reference to his past year of office, and alluding in feeling and eulogistic terms to the late Dr. Gillett, retired from the chair, which was then taken by the President, Mr. BURT.

*President's Address.* Mr. BURT read an interesting address, in which the subject of the Vaccination Laws, and their imperfect operation in causing vaccination to be efficiently performed, were detailed and exemplified. He considered that some readier and more stringent means for enforcing vaccination than the present laws provide are required. More especially is this needed when small-pox breaks out in a district, because, during the intervals of bringing into action the routine of the present law, the disease would be spreading, with no power to check it among unprotected families. He thought the legislature should be petitioned with this end in view.

The President was cordially thanked for his address, and the questions it suggested were fully debated.

*Absent Members.* The SECRETARY stated that he had received letters from Drs. Bridge, Cordwent, and Winterbotham, from Messrs. Wookey, Stuckey, H. E. Norris, Collyns, Grigg, Metcalfe, Cornwall, Martyn, Silke, Randolph, Olivey, Cornish, and Kidgell, regretting their unavoidable absence.

*Resignation of a Member.* A letter was read from Dr. Bridge, dated July 4th, 1866, saying that the impaired state of his health led him to expect that he should not again be able to attend the meetings and enjoy the society of his old friends; and that he, therefore, begged to withdraw his name from the Association. It was resolved—

"That the Secretary be requested to express to Dr. Bridge the regret felt at the announcement of his wish to withdraw, especially under the circumstances stated, with a hope that he may yet rally again and enjoy future meetings of the Association."

*Business.* The minutes of the last annual meeting were read; also a letter from R. Griffin, Esq., dated July 8th, 1865, acknowledging the receipt of £2 from the funds of the Branch towards the expenses incurred in endeavouring to improve the condition of the Poor-law medical officers, and thanking the Branch for the same.

*Report of Council.* The following Report of Council was then read.

"1. The Council congratulate the members of the West Somerset Branch of the British Medical Association on their being assembled under such good auspices on this their twenty-third anniversary.

"For the first time the Branch meets at Ilminster, in a district hitherto considered remote and not sufficiently attractive; but this part of the county being now united to the central town of Taunton by a railway, it is hoped the facilities of communication with Chard and other places on the line, will induce many medical men previously deterred by distance to join the Association, and thus that on this day a new and valuable offshoot may be regarded as having sprung into life, destined to a propitious future of usefulness and advantage equally to itself and to the parent stock.

"2. During the past year two intermediate meetings of the Branch have been held (in accordance with the resolution passed at the last annual meeting), which



were fairly attended, and at which the following interesting papers, etc., were read and discussed.

"1. On Dropsy after Scarlatina. By W. Legge, Esq.  
"2. On a Visitation of Endemic Typhus Fever. By H. W. Randolph, Esq.

"3. A Case of Embolus. By Hugh Norris, Esq.

"4. A Case of Placenta Prævia. By Hugh Norris, Esq.

"5. On Induction of Artificial Premature Labour. By Hugh Norris, Esq.

"6. A Statistical Report of the Use of Chloroform in Childbirth. By Henry Alford, Esq.

"7. A Case of Successful Ovariectomy. By H. J. Alford, Esq.

"8. A Case of Operation for the Cure of Inguinal Hernia. By William Liddon, Esq.

"9. On Medical Fees and the Tariff adopted in Bridgewater. By W. C. Winterbotham, Esq.

"10. On Dr. Richardson's Mode of producing Local Anæsthesia. By W. M. Kelly, M.D.

"3. A memorial from the Fellows of the Royal College of Surgeons of England resident in Taunton, in favour of admitting Fellows to vote by papers, instead of *vivâ voce*, was presented at the Council meeting of the College on the 10th November last by Mr. Paget; but, as is now known, without producing a successful result.

"4. The Council is happy to announce that the Branch has been augmented during the past year by five new members being added to the list, which now numbers thirty-four. The Branch has lost a valued member, Mr. Legge, who has removed from the neighbourhood. His interesting papers and practical remarks will be much missed. All have deplored the loss of one of their oldest and most esteemed associates, the late Dr. Gillett, who died in February last. The event was noticed at the intermediate meeting in March; and the Secretary was requested to address a letter of condolence to the brother and relatives of the deceased.

"5. The Treasurer's balance-sheet, which has been examined and found correct, shows a balance in hand of £3:12:10.

"6. In conclusion, the Council has the pleasure to assure members present that a cordial welcome to Ilminster greets them. The President will do all in his power to make the meeting pass off agreeably, and after dinner will be happy to see the members at his house."

*Treasurer's Report.* The Treasurer's balance-sheet, duly audited, was read and approved.

*Intermediate Autumn and Spring Meetings.* It was resolved—

"That Branch meetings, with a dinner at five o'clock, be held on the evenings of the 26th of September, 1866, and the 20th of March, 1867."

*New Members.* Mr. Frank Harvey Brown of Ilminster, and Mr. George Robert Norris of Wiviliscombe, were admitted members of the Association and of the Branch.

*Next Annual Meeting; President-elect.* It was resolved—

"That the next annual meeting be held at Taunton; and that C. H. Cornish, Esq., be President-elect."

*Representative in the General Council.* It was resolved—

"That Hugh Norris, Esq., be elected to represent the Branch in the General Council of the Association, together with the Honorary Secretary, W. M. Kelly, M.D.

*Members of Council of the Branch.* It was resolved—

"That H. J. Kinglake, M.D.; J. Pranker, Esq.; and H. J. Alford, Esq., be elected to fill the vacancies in the Council."

The Council for the ensuing year will then consist of Messrs. H. Alford, G. Kidgell, W. L. Winterbotham, and the before-named gentlemen.

*Secretary and Treasurer.* It was resolved—

"That Dr. Kelly be re-elected as Honorary Secretary and Treasurer."

*Votes of Thanks* to the Council for their services during the past year, and to the Secretary and Treasurer, were unanimously passed.

*Paper.* Mr. H. J. Alford read an account of a Case of Amputation at the Hip-joint.

*Dinner.* The members of the Branch then dined together under the presidency of Mr. Burt, and subsequently adjourned to his house for the remainder of the evening.

## BATH AND BRISTOL BRANCH: ANNUAL MEETING.

THE annual meeting of this Branch was held at the Mineral Water Hospital, Bath, on Thursday, July 19th, 1866, at 4.45 P.M. The President for the past year, Dr. BRITTON, having taken the Chair, the minutes of the last meeting were read and confirmed. Dr. Britton, after a few appropriate remarks, resigned the chair to J. S. BARTRUM, Esq., President, who delivered an interesting address.

Dr. HERAPATH proposed, and Dr. TUNSTALL seconded, the following resolution, which was carried by acclamation.

"That the thanks of the meeting be given to Mr. Bartrum for his address, and that he be requested to allow it to be printed in the *BRITISH MEDICAL JOURNAL*."

*Report of Council.* The Bath Secretary, Mr. FOWLER, read the following Report of Council.

"The Council is happy to congratulate the members on the continued prosperity of the Branch. Though it has suffered much by death and by change of residence of many of its members during the past year, the election of new members nearly compensates for the loss.

"The Council much regrets the deaths of Messrs. Wm. Hutchins and E. Scipio Mayor, who for many years were most active members of the Council. Since the last anniversary, three other members have also been taken from us, namely, Messrs. Keddell, Lucas, and Macy, who, although not actively engaged in the affairs of the Branch, are much regretted in their respective spheres.

"Thirteen new members have been elected during the past year; and our numerical strength is now 154, being only one less than at the same period last year.

"During the six meetings held in accordance with the resolution passed in 1863, the attendance has been as numerous as heretofore, and the interest in the subjects brought forward, and in the discussions thereupon, as fully sustained.

"The following papers have been read during the session.

"1. Dr. Britton: Case of Embolism.

"2. C. E. Barter, Esq.: Notes of Cases of Injury to Shoulder-joint.

"3. W. M. Clarke, Esq.: Case of Retention of Menses from Occlusion of Vagina.

"4. C. Gaine, Esq.: Anæmia of the Optic Nerve constituting Extra-cerebral Amaurosis, following Abscess of Antrum, caused by a Diseased Molar Tooth.

"5. E. H. Swete, Esq.: Discs of Calcareous Matter from the Scrotum after Hydrocele.

"6. E. H. Swete, Esq.: Case in which a Child was born with unaccountably Lacerated Scalp.

"7. Dr. J. G. Swayne: Case of Polypus Uteri.

"8. Dr. E. L. Fox: Typhus. (This paper led to a lengthened discussion.)

"9. Joseph Hinton, Esq.: Case of Renal Calculus.

"10. E. H. Swete, Esq.: Village Hospitals.

"11. H. W. Freeman, Esq.: The Cattle-Plague as observed in this Neighbourhood.



"12. Dr. Brittan: Cancerous Disease of Ovaries.  
 "13. C. Steele, Esq.: Puerperal Cardiac Embolism.  
 "14. E. C. Board, Esq.: Death by Imbibition of Chloroform.

"15. Dr. B. W. Foster: The Use and Application of the Sphygmograph.

"16. C. Gaine, Esq.: Local Anæsthesia.

"17. Dr. Ludlow: Case of Poisoning by Opium.

"18. D. Davies, Esq.: The late Fever in Bristol.

"19. Dr. J. G. Swayne: A Case of Double Monstrosity.

"The following statement of accounts shows a balance due to the Secretaries; but the increased subscription resolved upon at the last annual meeting, and payable this year, will render the next account more satisfactory.

	£	s.	d.		£	s.	d.
149 Subscriptions....	18	12	6	Due to Secretaries, on			
Due to Secretaries, on				December 31, 1864..	2	12	0
December 31, 1865..	4	9	8	Hire of Rooms .....	11	1	0
				Printing .....	3	3	4
				Postage .....	5	15	5
				Sundries .....	0	10	5
	23	2	2		23	2	2

"Your Council has much pleasure in informing the members that the Draft of the Royal Charter of Incorporation will very shortly be printed in the JOURNAL, and will be submitted for final approval at the annual meeting at Chester.

"This Branch, in common with most of the other Branches of the Association, presented a memorial to the Privy Council, calling their lordships' attention to the necessity for an immediate reform in the sanitary laws, to which the following reply was received by the President.

"Medical Department of the Privy Council Office, May 30th.

"Sir,—I am directed by the Lords of Her Majesty's Privy Council to acknowledge the receipt of a memorial signed by yourself and others on behalf of the Bath and Bristol Branch of the British Medical Association; and I am directed to inform you that the suggestions therein contained shall receive their lordships' careful consideration.

"I am, etc., your obedient servant,

"F. Brittan, M.D."

"JOHN SIMON.

"It is satisfactory to your Council to see it stated by the present Government, that they have determined to take the matter into consideration before the close of this session of Parliament.

"The members of this Branch may remember that a few years since a memorial was presented to the Royal College of Surgeons, pointing out the hardships of the regulation of the College by which students were prevented from obtaining the Fellowship without three years' hospital practice in London. It is satisfactory to find that this bye-law is now rescinded; and provincial schools and hospitals are thus placed on the same footing as metropolitan.

"At the last ordinary meeting of the Branch, attention was called to the case of Dr. and Mr. Armstrong, whose prosecution by Rudman involved them in much annoyance and considerable expense. Impelled by the consideration of the value of professional support in such a case, a vote expressing the sympathy of this Branch was recorded; and a liberal subscription was raised by the members present, and forwarded to the Armstrong Fund Committee.

"The claims of the Medical Benevolent Fund cannot be too strongly impressed on the consideration of the members. It still continues to extend its aid to those needing assistance, and fully deserves the support of all prosperous members of the profession. Your Council cannot fail to regret the recent untimely death of its energetic Treasurer, Mr. Toynbee, who not only used his best endeavours to promote its success, but was a munificent donor to its funds.

"The scrutineers appointed by your Council to exa-

mine the ballot-papers for filling up the vacancies in the Council report the following to have been elected. For Bath—R. W. Falconer, M.D.; E. Skeate, Esq.; Jos. Lawrence, Esq.; Jos. Parsons, Esq.; Wm. Bush, Esq.; W. H. Bruce, Esq.; and Wm. Davies, M.D. For Bristol—A. Prichard, Esq.; J. G. Swayne, M.D.; W. F. Morgan, Esq.; and T. Green, Esq."

**Resolutions.** The following resolutions were passed. Proposed by Mr. C. H. COLLINS, seconded by Mr. MASON, and carried unanimously—

"That the Report of Council now read be received and adopted."

Proposed by Dr. SWAYNE, seconded by Dr. DAVEY, and carried unanimously—

"That R. W. Coe, Esq., F.R.C.S., be elected President-elect for the ensuing year."

Proposed by Mr. SPENDER, seconded by Mr. JOSEPH HINTON—

"That the best thanks of the Branch are due, and be presented, to Dr. Brittan, for his able conduct in the chair; and to the members of the Council of the past year, for their management of the affairs of the Branch."

Proposed by Dr. FALCONER, and seconded by Mr. W. M. CLARKE—

"That the best thanks of the Branch are due to Messrs. R. S. Fowler and C. Steele; and that they be requested to continue their services as Honorary Secretaries for the ensuing year."

Proposed by Dr. MARSHALL, seconded by Mr. STONE, and carried by acclamation—

"That the best thanks of the Branch be presented to the Governors of the Bath Mineral Water Hospital for their courtesy in granting the use of their hall for this meeting."

**Representatives in the General Council.** The following gentlemen were elected representatives of the Branch on the General Council of the Association: J. S. Bartrum, Esq.; F. Brittan, M.D.; W. M. Clarke, Esq.; R. W. Falconer, M.D.; J. Marshall, M.D.; A. Prichard, Esq.; Jas. Tunstall, M.D.

**Dinner.** The members afterwards dined together at the York House, Mr. Bartrum in the chair, supported by the Mayor and the Rector of Bath.

**A FEMALE DOCTOR.** The wife of a Bristol (America) physician has passed the examinations necessary to her admission into the profession of medicine, and she now assists her husband in his practice.

**LONGEVITY IN ENGLAND.** The mortality returns of England for 1864, show that in that year twenty-eight of the men who died, and seventy of the women, had reached 100 years of age or upwards; one woman dying at 108, and one man at 109. Of these ninety-eight very aged people, London had twelve. In Yorkshire, with not far from three-fourths of the population of the metropolis, there were only three. There were three also in the north-midland division, which had not two-thirds of the population of Yorkshire. In the south-midland division there were none. The west (except the north-west) makes a good appearance in the tables. The south-western division, with two-thirds of the population of the metropolis in 1861, parted with eleven of its people at above 100; the west-midland, with an eighth less population than the metropolis, had eighteen centenarians in its obituary; Wales, with less than half the population of the metropolis, had twenty-one. In the south-eastern division, with two-thirds of the population of the metropolis, there were nine deaths at above 100; in the eastern counties, four, a smaller proportion; in the northern division, with nearly the same population as the eastern, there were nine.



## Correspondence.

### POOR-LAW MEDICAL REFORM ASSOCIATION: VACCINATION.

LETTER FROM RICHARD GRIFFIN, ESQ.

SIR,—Many of my medical brethren will have seen with regret that the Vaccination Bill has been withdrawn; but your readers may not be aware of the cause.

It will be in the recollection of all, that the Vaccination Bill was brought in as a Government measure, and framed by Government officials; but, as it contained many objectionable clauses, and made no provision for the better remuneration of the medical officers, I addressed a pamphlet to each member of Parliament on the subject, and suggested certain remedies. My views were, through the medium of your JOURNAL, made public; and so much opposition was raised in Parliament by the profession, that the Bill was referred to a Select Committee, to whom I sent copies of the amendments proposed by us; and the result was, that a large number of the clauses were amended; and the Bill, had it become law, would have given the profession some twenty or thirty thousand pounds per annum more than they now have. [The measure was not perfect; but I considered it would be most unwise to offer any further opposition to a Bill which had the sanction of a Select Committee of the House, and which would be of material benefit to the public as well as to our profession, and, unopposed, would pass into law. Judge, therefore, my surprise when, on July 21st, I received a letter from Dr. Gibbon with a printed heading, "Metropolitan Counties Branch of British Medical Association, Parliamentary Committee," asking me to oppose the Bill; at the same time inclosing printed reasons against the fines and registration clauses contained in the Bill. Unfortunately for us, the gentlemen composing this Parliamentary Committee, who seem to have a *carte blanche* to do as they like, without consulting the members of the Association, raised such an opposition in the House, that, when the Bill should have gone into Committee on July 23rd, Mr. Corry withdrew it, saying "he had ascertained from hon. gentlemen on both sides of the House that the measure was likely to meet with great opposition; and it was, therefore, doubtful whether it could be carried through this year."

I sincerely trust the Association, at their next annual meeting, will point out to their Parliamentary Committee that, whenever practicable, they should consult the members of the Association before they take active measures to oppose Bills. And here permit me to say I do not believe the Association as a body would ever dream of asking Parliament to do away with the registration of vaccination, without which the whole machinery must fall to pieces.

I regret the loss of the Bill, as, on the whole, it was a good measure, and would have been of great benefit to the poorer portion of our profession, the Poor-law medical officers. I regret it still more, as it is the imprudent act of members of our own profession.

I am, etc., RICHARD GRIFFIN.

12, Royal Terrace, Weymouth, July 28th, 1866.

### THE VACCINATION BILL.

LETTER FROM SEPTIMUS GIBBON, M.B.

SIR,—I congratulate the profession on the withdrawal of this Bill. Although the sixth clause provided a little additional remuneration as payment for the operation in workhouses, and an extra sixpence for cases at a distance of one instead of two miles, it was by no means

an equivalent to the trouble of the certificates (A), (B), (C), and (D), together with the penalty to which the vaccinator was made liable for not registering every case within twenty-one days of the operation.

The best, and indeed the only way to stimulate the practice of vaccination, is to pay a proper fee for it.

The fifth clause, proposing to give a gratuity according to the quality and quantity of the vaccination, even Mr. Bruce admitted to be impracticable, and assured me would not pass. The principle of payment for results is a good one; but the result must be *attainable*, which is not always the case in surgical operations.

The great blot on the Bill was the heavy penalty on parents and public vaccinators for non-registration of cowpox certificates. The probable effect of this fine, which would ultimately fall upon the private as well as the public vaccinator, would be so to enhance the cost of the little operation as to reduce or to annihilate the demand for it. No "medical practitioner" would submit a second time to the degradation of being fined like a nuisance or costermonger in a police-court; so that parents and boards of guardians would have to employ other than "medical" practitioners to vaccinate, who, according to the wording of the clause, would not be liable for either the fine or certificate. In April last, I drew Mr. Bruce's attention to what I considered the extreme impolicy of this penalty. Unfortunately, Mr. Bruce would listen to no arguments except those of the Privy Council inspectors; and the Select Committee on the Bill decided not to receive evidence.

The present Home Secretary consulted the Registrar-General, whose opinion as to the registration clauses was not favourable.

As Mr. Bruce stated that the Bill should be "thoroughly complete and effective," I almost wonder he did not provide for the *re-vaccinations* as well as the *vaccinations*.

I imagine, sir, all Mr. Simon and Parliament require is a periodical return of vaccinations, which, at a small cost, I submit, they can get with tolerable, if not perfect accuracy, direct from the vaccinators. Parsimony of a very foolish description seems to be a failing of the Privy Council in all medical matters. Thus, in this instance, it has chosen to put the profession to a vast deal of trouble and annoyance, and the ratepayers to an expense of about £40,000 annually, rather than expend a few hundreds itself in collecting these returns of vaccinations. The same false economy made it abandon the printing of a valuable weekly return of all fresh cases of sickness occurring in the metropolis, supplied by the medical officers of health, and ably edited by the late Dr. Dundas Thompson. Such return was always useful; but now that we have an invasion of cholera, its statistics would be invaluable. The total cost of this document to the Government was less than £300 a year.

I am, etc., SEPTIMUS GIBBON.

13, Finsbury Square, July 24th, 1866.

EFFECTS OF A COLD CHOP. Dr. Guillotin writes: "*Mon cher*: The punishment which I have invented is so gentle, so gentle that really it is only the idea of death which could make it disagreeable. Indeed if one were not thinking of death, one would only experience the sensation of a slight and pleasant coolness on the neck, *et voila tout!*"

WHOLESALE LITERARY ROBBERY. Lindsay and Blackiston, of Philadelphia, have in press Aitken's *Science and Practice of Medicine*, from the fourth London edition; Waring's *Practical Therapeutics*; Dixon's *Practical Treatise on the Eye*; Prince's *Orthopedic Surgery*; Zander on the *Ophthalmoscope*, translated by Carter, with illustrations; Beale on the *Microscope*; Trousseau's *Clinical Medicine*; Duchenne's *Localised Electrification*; and Basham on *Dropsy*. (*Phil Med Rep.*)



## Medical News.

UNIVERSITY OF LONDON. Preliminary Scientific M.B. Examination, 1866. Pass Examination. Entire.

### First Division.

Barlow, Thomas, Owens College  
Barnes, Edgar George, St. George's and University  
Barrett, Ashley William, London Hospital  
Baxter, Evan Buchanan, King's College  
Birt, George, General Hospital, Birmingham  
Bradley, George, Guy's Hospital  
Calthrop, Christopher William, Charing Cross Hospital  
Curnow, John, King's College  
De Liefde, Johannes, Guy's Hospital  
Durham, Frederick, Guy's Hospital  
Greenfield, William Smith, University College  
Hoar, Charles Edward, King's College  
Joubert de la Ferté, Charles Henry, St. Mary's Hospital  
Lucas, Richard Clement, Guy's Hospital  
McGill, Arthur Fergusson, King's College  
Martin, Henry Newell, University College  
Milles, George Ridley, King's College  
Percival, George Henry, Guy's Hospital  
Pollard, Frederick, St. Thomas's Hospital  
Seaton, Edward Cox, St. Thomas's Hospital  
Shewen, Alfred, University College  
Smith, George Francis Kirby, Guy's Hospital  
Smith, Herbert Alder, St. Bartholomew's Hospital  
Steele, Edward Harry, R. School of Mines and Guy's  
Vachell, Charles Tanfield, King's College  
Walker, Hugh Eccles, Guy's Hospital  
Whitmore, William Beach, King's College

### Second Division.

Ashty, Alfred, Guy's Hospital  
Beach, Fletcher, King's College  
Boddy, Hugh Walter, Owens College  
Buckley, Samuel, Owens College  
Cane, Leonard (private study)  
Crespi, Alfred John Henry, General Hospital, Birmingham  
Cumberbatch, Alphonso Elkin, St. Bartholomew's Hospital  
Humphreys, John Henry, Sydenham College, Birmingham  
King, William Louis, University College  
Marshall, Frederick, King's College  
Moore, Septimus Peché, L.L.B., New and University  
Owen, Edmund Blackett, St. Mary's Hospital  
Parker, Rushton, University College  
Penfold, Oliver, King's College  
Salter, Frank, University College  
Samuel, Richard, St. Bartholomew's Hospital  
Scott, William Joseph, University College  
Smith, Richard Thomas, University College  
Stanger, William, Guy's Hospital  
Taylor, John, Guy's Hospital  
Wardley, James, Owens College  
Wood, Robert Arthur Henry, Liverpool School of Medicine

Chemistry and Botany only.

### First Division.

May, Lewis James, King's College  
Thorne, William Bezly, St. Bartholomew's Hospital  
Yeo, Isaac Burney, King's College

### Second Division.

Carter, Jabez, University College  
Milson, Richard Henry, St. Mary's Hospital

APOTHECARIES' HALL. On July 26th, 1866, the following Licentiates were admitted:—

Anderson, D. H. B., Edinburgh  
Beales, B. D., Queen's College, Birmingham  
Connock, C. J., Mount Street, London  
Colan, T. M., Cashel  
Jackson, F. W., Broadstairs  
Schuette, Rudolf, Gottingen

At the same Court, the following passed the first examination:—

Guy, J., Guy's Hospital  
King, D., King's College, London  
Saul, W. W., St. Bartholomew's Hospital  
Wallace, F., Guy's Hospital

### APPOINTMENTS.

HARTLEY, E., Esq., elected one of the Honorary Medical Officers of the Royal Pimlico Dispensary, *vice* E. Ellis, M.D., resigned.

\*MACKENZIE, Morell, M.D., appointed co-Lecturer on Physiology at the London Hospital.

\*MATTERSON, W., M.D., appointed Honorary Physician to the York County Hospital, in the place of Dr. Swaine, resigned.

### ARMY.

DAVIDSON, Staff-Surgeon W. A., M.D., to be Surgeon 65th Foot, *vice* Surgeon-Major T. E. White, M.D.  
HARE, Assistant-Surgeon R. W., M.B., Supernumerary in 80th Foot, to be Staff-Assistant-Surgeon, *vice* F. Powell.  
ORR, Assistant-Surgeon W., Supernumerary in 18th Foot, to be Staff-Assistant-Surgeon, *vice* P. B. Kearney.  
WHITE, Surgeon-Major T. E., M.D., 65th Foot, to be Staff-Surgeon-Major, *vice* Staff-Surgeon W. A. Davidson, M.D.

### ROYAL NAVY.

BUCKLEY, John, Esq., Assistant-Surgeon, to the *Implacable*.  
CAMPELL, Samuel, M.D., Assistant-Surgeon, to the *Nassau*.  
FISHER, William S., Esq., Assistant-Surgeon, to the Woolwich Division of Marines.  
M'BRIDE, Alexander, M.D., Surgeon, to the *Cruiser*.  
MORTIMER, Edward T., Esq., Surgeon (additional), to the *Caledonia*, in lieu of an Assistant-Surgeon.

VOLUNTEERS. (A.V.=Artillery Volunteers; R.V.= Rifle Volunteers):—

BARRIE, J. T., M.D., to be Honorary Assistant-Surgeon 101st Lancashire R.V.  
MACKENZIE, J. G., Esq., to be Assistant-Surg. 1st Elginshire R.V.  
SQUAREY, C. E., Esq., to be Honorary Assistant-Surgeon 1st City of London A.V.  
TAYLOR, D., Esq., to be Assistant-Surgeon 8th Lancashire R.V.

### BIRTHS.

CLAPTON. On July 27th, at Queen Street, Cheapside, the wife of William Clapton, Esq., Surgeon, of a daughter.  
FRANKLYN. On July 28th, at Maidstone, the wife of H. D. Franklyn, M.D., Depot Royal Horse Artillery, of a son.  
HAYWARD. On July 28th, at 18, Harley Street, the wife of \*H. Howard Hayward, Esq., of a daughter.  
MAXWELL. On July 26th, at Stickney, near Boston, the wife of Peter Maxwell, M.D., of a daughter.  
WALES. On July 28th, at Downham, the wife of \*T. Garneys Wales, jun., Esq., of a daughter.

### MARRIAGES.

LE FANU, Henry, Esq., B.A., of the Madras Civil Service, Scholar of Trinity College, Dublin, to Catherine Mary, daughter of \*W. D. Moore, M.D., of Dublin, at Madras, on June 13.  
REED, Frederick G., Esq., of Hertford Street, to Laura Ann, widow of M. De SALIGNAC, of Cognac and the Courand, Charente, France, at St. George's, Hanover Square, on July 31.  
WILLIAMS, Hutchins, Esq., Surgeon, to Ellen Harriet, daughter of the Rev. John COLDHAM, M.A., of Snettisham, Norfolk, on July 26.

### DEATHS.

\*HASTINGS, Sir Charles, M.D., D.C.L., at Worcester, aged 72, on July 30.  
M'KECHNIE, Alexander, M.D., Inspector-General of Hospitals and Fleets, at Southsea, aged 63, on July 12.  
PURSELL. On July 22nd, at Brighton, aged 60, Mary Reeves, wife of \*John Purcell, M.D.  
STEWART. On July 30th, at 12, Weymouth Street, aged 17, Bessie, eldest daughter of W. E. Stewart, Esq., Surgeon.

AN OPHTHALMIC DISPENSARY has been lately established in Worcester.

DR. HIGGINS, a highly respected medical practitioner, died in Paris on Saturday last, in his 61st year. (*Times*.)

THE HYDE PARK DISTURBANCES. About sixty or seventy persons were so injured last week during the disturbances in Hyde Park as to require hospital treatment. One death only is reported in connexion with these casualties.

ST. GEORGE'S HOSPITAL REPORTS. The staff and others educated at St. George's Hospital have commenced the publication of a series of Reports. The publication will be continued yearly, and will be issued shortly before the commencement of each winter session.

DEATH OF DR. ANSELL. We regret to announce that Dr. Thomas Ansell, of Bow, has fallen a victim to cholera. He was chairman and a member of the Apothecaries' Court of Examiners for upwards of twenty years. He was also Medical Officer of Health for Bow district. He was in his sixty-eighth year. He had been in attendance on cases of cholera, and seems to have suffered from premonitory diarrhoea.



**THE MEDICAL BENEVOLENT FUND.** Dr. Sieveking, Physician to H.R.H. the Prince of Wales, has accepted the office of treasurer to the Medical Benevolent Fund, vacant by the death of the late Joseph Toynbee, Esq., F.R.S.

**PERIL OF ARMY SURGEONS.** Surgeon-Major Esdra of the Italian army was killed at Custoza on the field of battle, whilst dressing the wounded. Three other Italian surgeons were seriously wounded, and twelve were made prisoners.

**NEWCASTLE COLLEGE OF MEDICINE.** The annual meeting of the members was held on Wednesday, the 1st instant, and the following gentlemen were elected the Council of Management for the ensuing year. *President*—Rev. Canon Whitley, M.A., F.R.S.; *Registrar*—Dennis Embleton, M.D.; *Treasurer*—Thos. Humble, M.D.; *Secretary*—G. H. Philipson, M.A., M.D.; *Other Members of Council*—Edward Charlton, M.D.; C. J. Gibb, M.D.; Charles Gibson, M.D.; Wm. Murray, M.D.

**ARMY AND NAVAL MEDICAL SERVICE.** In the House of Commons, on the 26th ult., a vote of £5926 having been proposed for medical officers in the Royal navy, Mr. Childers said that it was at present extremely difficult to obtain duly qualified medical officers for either our army or our navy. The gentlemen engaged in that service seemed to be dissatisfied not so much with their pay as with the rank and status which they occupied; and they generally left their situations as soon as they were entitled to a pension. He would suggest that an attempt should be made to remedy that inconvenience by getting young men trained with a special view to the service, and conferring their rank upon them at an earlier age than had hitherto been the practice. General Peel said that a warrant had been passed in the year 1858 regulating the rank and position of those officers. That warrant had shortly afterwards been altered, and a certain amount of dissatisfaction had created by that change. Now, he could not help thinking that they must incur an additional amount of difficulty, if they were to introduce another alteration in the service of the character contemplated by the hon. member. He believed at the present moment that there were more vacancies than candidates to fill them. The object of the government was to obtain the best medical men, and he thought that that object would be gained by open competition. Mr. Henley said if they were going to tempt medical men into the service by the prospect of an early retirement the natural result would be that as soon as they had learned their business they would leave.

**MEDICAL OFFICERS IN INDIA.** In the House of Commons, on the 27th ult., Mr. Bazley asked the Under Secretary of State for India the number of candidates who presented themselves at the last competitive examinations for the fifty appointments as assistant surgeons in her Majesty's Indian army, which were announced to be vacant on the 19th March, 1866, and the reason why medical officers of the Indian army were granted, when incapacitated for the further performance of their duties through ill-health contracted in the tropics, half-pay pensions of one-third less than those sanctioned for medical officers of the British army of five, ten, fifteen, and twenty years' respectively? Sir J. Fergusson replied that for the fifty vacancies in the medical service for India only thirty-six candidates presented themselves. With regard to the other part of the question of the hon. gentleman, he begged to say that the rates of pensions in the India service were, on the whole, more favourable than those in the British

service, inasmuch as they were granted for a much shorter period of service, and the pensions were permanent instead of temporary. The advantages of the medical service in India seemed not to be well understood. The promotion was very rapid, as in some cases the medical officer, after only two years' service, received emoluments reaching to £500 or £600 a year.

**MR. BEANEY**, who was committed to take his trial for the murder of Mary Lewis, whose death he was alleged to have caused by procuring abortion, has been made the subject of a series of legal complications. The body of the deceased has been exhumed and re-examined at the request of the counsel for the defence, with what result, or indeed with what object, we are quite unaware. (*Australian Med. Journ.*)

**A NEW PILLOW.** The Crown Princess of Prussia has suggested a new kind of pillow to lay wounded limbs upon. Very small bits of paper, torn so as to offer uneven sides, are put into a linen case, and this again into a covering of thin leather. This simple and inexpensive invention, which is said to be cooler than an ordinary pillow, has employed thousands of little hands in schools and families, enormous patience being required to tear up enough of the tiny shreds to make one cushion.

#### OPERATION DAYS AT THE HOSPITALS.

<b>MONDAY.....</b>	Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
<b>TUESDAY....</b>	Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.
<b>WEDNESDAY...</b>	St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.
<b>THURSDAY.....</b>	St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.
<b>FRIDAY.....</b>	Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
<b>SATURDAY.....</b>	St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

#### REGISTRATION OF DISEASE.

**RETURN** of new cases of disease coming under treatment in public practice. (A.) Manchester and Salford (Sanitary Association). (B.) Preston (R. C. Brown, Esq.). (C.) St. Marylebone, London (Dr. Whitmore). (D.) Birmingham (Dr. Alfred Hill).

In the 4 weeks ending April 28th, 1866.

Diseases.	A.	B.	C.	D.
Small-Pox .....	17	11	11	4
Chicken-Pox .....	3	1	2	1
Measles .....	19	34	45	89
Scarlatina .....	39	2	8	20
Diphtheria .....	1	—	5	4
Whooping-Cough .....	71	25	60	165
Croup .....	2	1	1	9
Diarrhoea .....	129	18	331	131
Dysentery .....	3	5	2	8
Cholera .....	—	—	—	—
Erysipelas .....	13	3	18	6
Insanity .....	24	1	17	6
Bronchitis and Catarrh .....	875	139	992	680
Pleurisy and Pneumonia .....	59	11	36	27
All other diseases and accidents	4405	521	4017	4664
<b>Totals .....</b>	<b>5660</b>	<b>774</b>	<b>5553</b>	<b>5814</b>



## TO CORRESPONDENTS.

\*. All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

MR. TRUSTRAM.—The letter contains matter so much of a private nature, that we think it inadvisable to publish it.

RINDERPEST.—Fracaster speaks of no cutaneous affections; but he observes that, in some animals, the disease descended into the legs and the feet, and that nearly all of these recovered, most of the others dying.

SIR: Can any of your readers inform a country practitioner where he can buy an earthen-ware stove, similar to those which are in common use through Germany and Switzerland?

I am, etc., E. EVANS.

Nether Stowey, Somerset, July 31st, 1866.

THE BROMPTON HOSPITAL.—A correspondent writes: "The paragraph in the JOURNAL of July 21st, copied from the daily papers, respecting the Madeira patients, was not authorised by the physicians of the Brompton Hospital. The account in the Times of to-day is correct; and is as follows:—

"Consumption Hospital, Brompton. According to the report of the Medical Committee, the effect of the climate of Madeira upon the twenty patients who were sent out by this charity in November last to winter in that island, may be briefly summed up as follows:—Five of the invalids left England in the first stage of the disease, four in the second, and eleven in the third stage. As regards their general health, two out of the twenty returned much improved, seven were slightly improved, four were not so well, and one died suddenly in Madeira from rupture of a blood-vessel (in April), though he had done well up to a certain point. In two cases the chest-symptoms improved; in twelve they remained stationary; and in five they appeared to have advanced. Four patients increased in weight during their absence; thirteen lost weight; and two experienced no change in this respect. The Committee of Management do not consider that the result of the patients' residence in Madeira is sufficiently encouraging to justify them at present in repeating the experiment."

GRATUITOUS MEDICAL SERVICES.—SIR: The following notice is extensively placarded in the neighbourhood of the Westminster Hospital:—"All persons suffering from diarrhoea are urgently requested to take immediate steps to have the disorder arrested. Medicines may be had gratis at the Westminster Hospital any hour of the day or night. July 24th, 1866."

Much has been said lately about unnecessary gratuitous advice. I consider the above to be a gross injustice to resident medical men. Had the notice been addressed to the poor and destitute only, no one could have complained. Would the clerical or legal profession work for all (or any) without fee or reward? Trusting you will give this a place in your JOURNAL. I am, etc.,  
July 27th, 1866. MEDICUS.

THE RICHARDSON TESTIMONIAL.—SIR: I think it is pretty well agreed that a fitting testimonial should be presented to Dr. Richardson for his very great labours in physiology, etc. The only point to consider is, when and where the first meeting, to appoint a committee and other officers, ought to be held for so desirable an object. As the annual meeting of the Association is so soon to take place at Chester, I beg most respectfully to name it as a proper place to hold the first meeting; as doubtless, if publicity were given to it, a large number of medical men, associates and others, would attend. There will, moreover, be members of our profession from all quarters, a thing not likely to happen if a meeting were convened for London, owing to travelling, etc. Many who would like to attend the meeting there, have, no doubt, made up their minds to be present at one of the largest gatherings of medical men—i.e., the annual meeting of the British Medical Association; it would consequently be a double expense to a great many. I am, unfortunately, only a poor country practitioner, but intend giving my mite to the fund, as I consider Dr. Richardson one of our greatest benefactors, and I feel the greatest pleasure in knowing him, and having been one of his pupils at the late Grosvenor Place School of Anatomy.

Dr. H. Day of Stafford being the proposer of the step, under the anonymous title of "Physician," I beg to name him as a most eligible gentleman to advertise for a meeting, and also to act as honorary secretary. I enclose my card.

Lincolnshire, July 31st, 1866.

I am, etc., M.D.

[Our correspondent will be glad to hear that a preliminary meeting has been called by Dr. Day; and met in London on the 2nd instant. EDITOR.]

THE GOVERNMENT AND THE MEDICAL PROFESSION.—SIR: Having read the official announcement made by General Peel and Sir J. Pakington in the House of Commons, to the effect that they purpose carrying out fully the recommendations of the Committee which sat last December to investigate the condition of the Medical Services, I think it will be right to invite attention to the following facts. That the Conservatives were in power, and General Peel and Sir J. Pakington at the head of the War Office and Admiralty respectively, when the Warrants of 1858-59 were issued, which caused so much satisfaction; that, during the following years, commencing with 1860, under the administration of the "so-called" Liberals, very many of the advantages conferred on medical officers during 1858-59 were rescinded, and the conduct of the authorities towards the medical officers of the army and navy such as to cause very general dissatisfaction, resulting in the appointment of a Committee to investigate the alleged grievances, and suggest remedies; that, although that Committee made their report early in the present year, no intimation was given by the late Government of their intention to adopt the recommendations unanimously made (more especially as regarded the army); and that within one month of the return of the Conservatives to power, General Peel and Sir J. Pakington announce, without evasion or hesitation, their determination to carry out fully and fairly, from a given date, the recommendations of the Committee.

Verily, sir, we have occasion to be grateful to the present heads of the War Office and Admiralty for their enlightened and liberal conduct towards our profession, as represented in the public services over which they preside. It is worthy of note that the naval and military medical officers thus a second time receive substantial benefits from the same distinguished gentlemen.

I sincerely trust these facts will not be lost upon the profession. I am, etc., AN ADVOCATE FOR LIBERAL ACTS.

[It is worthy of note, that the authorities promise to give to army and navy medical officers even more than was asked for by the Admiralty Committee. EDITOR.]

COMMUNICATIONS have been received from:—MR. RICHARD GRIFFIN; DR. GIBBON; MR. TRUSTRAM; DR. J. EDMUNDS; AN ADVOCATE FOR LIBERAL ACTS; MEDICUS; DR. J. GARDNER; MR. MAY; DR. G. HARDIE; DR. G. GRIFFITH; THE SECRETARY OF THE BROMPTON HOSPITAL; MR. T. L. WALFORD; DR. MATTESSON; DR. W. D. MOORE; DR. SAMELSON; MR. E. EVANS; MR. HAYNES WALTON; DR. BROADBENT; DR. M. MACKENZIE; MR. T. WATKIN WILLIAMS; DR. J. C. MURRAY; DR. ROBERTSON; MR. PROPERT; DR. PHILIPSON; MR. HUNT; and MR. R. HARRISON.

## ADVERTISEMENTS.

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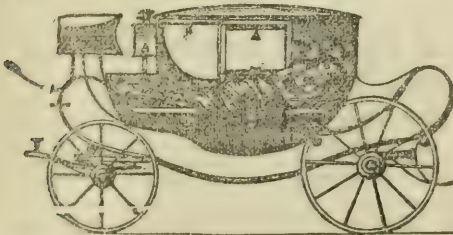
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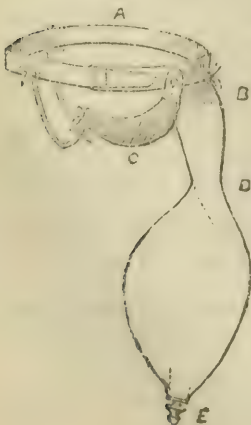
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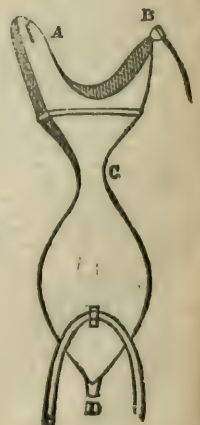
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## DRAFT CHARTER OF THE BRITISH MEDICAL ASSOCIATION.\*

VICTORIA, by the Grace of God, of the United Kingdom of Great Britain and Ireland Queen Defender of the Faith.

To all to whom these presents shall come greeting.

Whereas, Sir Charles Hastings, of the City of Worcester, Knight, Doctor of Medicine, hath, by his Petition to Us in Council, stated that he is the President of the Council of the British Medical Association. That the Association was founded in the year 1832, under the name of "The Provincial Medical and Surgical Association"; and the objects of the Association were, the promotion of Medical Science and the maintenance of the honour and interests of the Medical Profession. That the means by which the Association endeavoured to carry out these objects were, the holding of annual meetings of the Members in the principal towns of the United Kingdom; the appointment of special Committees of the Members for the purpose of scientific investigations and inquiries connected with the social and general welfare of the Medical Profession; the publication of an annual volume of Transactions; the publication of a Journal as the official and scientific organ of the Association; and the establishment of a Benevolent Fund for the assistance of distressed Members of the Profession generally and their families. That, in the year 1856, the Association consisted of many Medical Practitioners resident in the Metropolis, as well as of Practitioners resident in the country districts; and at the Annual General Meeting of the Association held in that year, it was resolved that the title of the Association should be changed from "The Provincial Medical and Surgical Association" to "The British Medical Association"; and that the Association has since been called and known by the latter name. That a very important feature in the organisation of the Association is the formation of District Branches, consisting of the Members residing in such districts. That these Branches are now spread over the greater part of England and Wales; and, although in general subordinate to the Parent Association, have their individual organisation and mode of action. That the British Medical

Association consists, at the present time, of nearly 2500 Members, including a large proportion of the Physicians and Surgeons of the various Public Hospitals and Infirmarys. That the stability of the Association would be secured, and the important objects of its institution would be more efficiently promoted, by the Incorporation of its Members under the sanction of a Royal Charter. And the said Sir Charles Hastings, on behalf of himself as the President of the Council of the Association, and of the President, Vice-Presidents, the Members of the Council, and the other Members of the said Association, hath prayed that We would be graciously pleased to grant to the Members of the British Medical Association Our Royal Charter incorporating the said Association. Now, therefore, know ye, that We, of Our special grace, certain knowledge, and mere motion, do, by these presents, for Us, Our heirs and successors, grant and ordain as follows; that is to say—

1. *Incorporation of Association.* The said Sir Charles Hastings, and all and every other of the persons who are now Members of the said Association, and also all and every of the persons who shall or may, as hereinafter provided, become or be Members of the said Association hereby incorporated, so long as such Members shall continue to be Members of the said Association, shall be and are hereby constituted one body politic and corporate, by the name of "The Royal Medical Association of Great Britain". And the Members for the time being of the said Association shall by that name have perpetual succession, and shall and may by the said name sue and be sued, plead and be impleaded, in all our Courts, whether of law or equity; and have a Common Seal, with power to change and make new the same as shall be thought fit.

2. *Objects and Purposes of Association.* The objects and purposes of the Association shall be the promotion of Medical Science and the maintenance of the honour and interests of the Medical Profession.

3. All the present Members of the Association, including Honorary and Corresponding Members,

\* This Draft Charter is published, as approved by the Committee of Council previously to the lamented death of Sir Charles Hastings.



and all persons hereafter to be elected Members, shall be Members of the Association, and shall continue to be such so long as they respectively shall, in all things, conform to the provisions of this our Charter, and of the Laws, Bye-laws, and Regulations, to be from time to time made in conformity with this our Charter; and (except as to Honorary and Corresponding Members) so long as they respectively shall duly and punctually pay the subscriptions and other sums of money to become due and payable by them respectively under or by virtue of the said Laws, Bye-laws, and Regulations, for the time being, of the Association, which are, or ought to be, by them respectively paid, observed, and performed; but subject, nevertheless, to such right of expulsion as is hereinafter provided.

4. *The Members thereof.* Any qualified medical Practitioner, who shall be recommended as eligible by any three Members, may be admitted a Member by the Council or the Executive Committee of the Council, or by any District Branch assembled in general meeting or by the Council of any such District Branch. Honorary Members may be elected by the general body at any Annual Meeting, on the recommendation of the Council; and gentlemen residing in the Colonies or in Foreign Countries, may be elected at any such meeting Corresponding Members on the like recommendation. Honorary and Corresponding Members shall not be entitled to any further privilege than that of attendance at the Meetings of the Association, and the receipt of a copy of every memoir or communication which shall have been communicated by them to the Association, and which shall have been printed by order of the Association. The qualification for Membership shall be prescribed by the Bye-laws for the time being of the Association.

5. *Officers of the Association.* The Officers of the Association shall be a President, a President-elect, Vice-Presidents, President of the Council, a Treasurer, and a Secretary.

6. The President, President-elect, and Vice-Presidents, shall be elected yearly at the annual General Meeting of the Association; and the qualification for the said respective offices, and the duties thereof, shall be prescribed by the said Bye-laws.

7. *The President of the Council.* The first President of the Council shall be the said Sir Charles Hastings, who shall continue in office for his life, or until he shall resign or become unable to discharge the duties of the office; and, in the event of his death or resignation, or inability to discharge the duties of the office, the President of the Council shall be from time to time elected by the Council. The qualification and tenure of office of all future Presidents shall be prescribed by the said Bye-laws.

8. *The Treasurer.* The first Treasurer of the

Association shall be the said Sir Charles Hastings, who shall continue in office for his life, or until he shall resign or become unable to discharge the duties of the office. In the event of his death or resignation, or inability to discharge the duties of the office, the Treasurer shall be from time to time elected by the General Meeting. The duties and tenure of office of the future Treasurers shall be prescribed by the said Bye-laws.

9. *The Secretary.* The Secretary of the Association shall be from time to time elected at the Annual or a Special General Meeting; his duties and tenure of office shall be prescribed by the said Bye-laws.

10. *The Council.* There shall be a Council of the Association; and such Council shall consist of the President of the Association, the President-elect, the President of the Council, the Treasurer, the General Secretary, being Members of the Association, and the Honorary Secretary of each district Branch within the United Kingdom having ten members and upwards, and the Members elected by the district Branches, as hereinafter provided. The Members so elected shall continue in office for one year, or until their successors are elected. The place and times of holding the Meetings of the Council, and the duties thereof, shall be prescribed by the said Bye-laws.

11. *The Executive Committee.* There shall be an Executive Committee of the Council; which shall consist of the President of the Association, the President-elect, the President of the Council, the General Secretary, being Members of the Association, and twenty Members of the Council, to be appointed by the Council, or such other number of Members of the Council as shall from time to time be prescribed by the said Bye-laws. The Executive Committee shall have the general management of the affairs of the Association, and all the powers and authorities of the Council in the interval between the General Meetings, except when the Council are sitting. Five Members of the Committee shall form a quorum; and all Meetings of the Committee shall be presided over by the President of the Council, or in his absence by a Chairman appointed by the Meeting. The Committee shall meet at such place and times as shall be prescribed by the said Bye-laws or by the Council.

12. *Annual Meetings.* There shall be an Annual General Meeting of the Association; which shall be held at such time and place, and be summoned in such manner, as shall be prescribed by the said Bye-laws. At every such Meeting, the Council shall present a Report, detailing the general state, proceedings, and pecuniary condition of the Association; and such general and scientific business shall be transacted, and in such order as the Council may determine.



13. *Special Meetings.* The Council or the Executive Committee may at any time convene a Special General Meeting of the Members of the Association to be held at such time and place as they may see fit, and shall convene such a Meeting upon such a requisition as shall be prescribed by the said Bye-laws. The notice calling any Special Meeting shall state the objects for which it is called, and no other business shall be transacted thereat.

14. *District Branches.* Any number of Members of the Association may form themselves into a District Branch; and each such Branch may appoint a President, Treasurer, Secretary or Secretaries, and such other Officers as it may think proper, and may make Rules for its own government; but no such Rules shall be valid until approved of by the Council of the Association or the Executive Committee. Every Branch, whose Rules have been approved of by the Council or Executive Committee, having not less than Twenty Members, may elect one of its Members to form one of the Council of the Association; and if the Branch consist of more than Twenty Members, then they may elect an additional Member as one of the Council for every additional Twenty Members. Every Branch shall appoint an Honorary Secretary; and if the Branch, being within the United Kingdom, shall consist of Ten Members or upwards, and the Rules thereof shall have been approved of by the Council or Executive Committee, such Honorary Secretary shall be an *ex officio* Member of the Council.

15. *Vacancies how to be Filled up.* Any vacancy which shall occur among any of the Officers of the Association, shall be filled up in such manner as shall be prescribed by the said Bye-laws; but every person so appointed shall retire from office at the same time as the person in whose place he shall be so appointed would have retired under the said Bye-laws.

16. *Chairman of Meetings, and Voting thereat.* At all General and other Meetings of the Association, the President thereof, or, in case of his absence, the President-elect, the President of Council, any of the Vice-Presidents, or, in case of their absence, any Member of the Executive Committee, and, in the absence of all such persons, then some Member of the Association, to be chosen at the Meeting, shall preside. At all such Meetings, every Member, except an Honorary or Corresponding Member, shall be entitled to one vote, and no more; and no business shall be transacted at any such Meeting, unless Nine Members be present, or such other larger number as may from time to time be prescribed by the said Bye-laws. Provided always, that no Member shall be entitled to vote at any General or other Meeting of the Association, unless he shall have paid all Subscriptions and Sums (if any) due or payable by him to the Association. And provided always,

that the Chairman presiding at all such Meetings shall, in addition to his vote as a Member of the said Association, have a casting vote in case of an equality of votes.

17. *Subscription to Association.* The Subscription to the Association shall be One Guinea annually, or such other sum as shall be fixed by the said Bye-laws. The Subscription shall date from the 1st day of January in each year; and shall be considered as due unless notice of withdrawal be given in writing to the Secretary on or before the 1st of December previous.

18. *Expulsion of Members.* The Council or the Executive Committee shall have power to expel any Member for such cause, by such proceedings, and with such notice to the Member, and by such a majority, as shall be respectively prescribed by the said Bye-laws. The resolution for any such expulsion may be rescinded by any General Meeting of the Association.

19. *Bye-laws.* The Members of the Association shall, at a General Meeting to be specially summoned for that purpose, to be held within Twelve Calendar Months from the granting of this our Charter, or at some Adjourned Meeting or Meetings thereof, make such Bye-laws, Rules, and Regulations, as to them, or the major part of them, shall seem proper for the regulation and good government of the Association and of the Members and affairs thereof, for the management and disposition of the property, estates, and effects of the Association, the investment and disposition of the monies or funds of the Association, and for the editing, printing, publishing, and selling of such Publications, serial or otherwise, as may be thought proper for promoting the objects of the Association, and for fixing and determining all matters and things, provision for which is herein directed or authorised to be made. Provided always that, until the making of such Bye-laws, Rules, and Regulations, and notwithstanding the Incorporation of the said Members of the Association, the Rules, Bye-laws, and Regulations of the Association now in force, so far as the same are not inconsistent with the provisions of this our Charter, shall continue in force, and, so far as the same may be applicable, apply to the said Association. Provided always, that the Bye-laws, Rules, and Regulations of the Association, so to be made as hereinbefore mentioned, shall not at any time be altered or repealed, or any new ones be added thereto, except at an Annual or Special Meeting, and by such a majority, and with such previous notice of such alteration or new Bye-law, as shall be prescribed by the said Bye-laws.

20. *Power to Hold Lands.* And we do hereby, for Us and Our heirs and successors, further give and grant unto the said Association full and lawful power and authority to hold, possess, and enjoy, for the use and benefit of the said Association, any lands, tene-



ments, rents, or hereditaments whatsoever, so as that such lands, tenements, rents, or hereditaments, shall not at any time exceed in value the clear yearly value of £2000 above all reprises, according to the value thereof when respectively acquired by the said Association.

21. *Power to Convey Lands to Association.* And we do hereby, for Us and Our heirs and successors, further give and grant unto every subject or subjects whatsoever of Us, Our heirs and successors, whether Incorporated or not Incorporated, special licence, power, faculty, and authority, to give, grant, sell, alien, assign, dispose of, devise, or bequeath unto the said Association, for the use and benefit of the said Association, any lands, tenements, rents, or hereditaments whatsoever, so as that the same do not at any time exceed in the whole the clear yearly value of £2000 above all reprises, according to the value thereof respectively when acquired by the said Association.

22. *Power to Invest Funds upon Mortgage.* And we do hereby, for Us, Our heirs and successors, further give and grant that it shall be lawful for the said Association, from time to time, to lend and invest their Funds, consisting of money, upon the se-

curity of any lands, tenements, rents, or hereditaments, either by way of mortgage, lien, or otherwise, and to take and hold any lands, tenements, rents, or hereditaments, granted, released, assigned, or conveyed to the said Association, by way of mortgage or for securing the payment of any principal or interest of money, or for securing or indemnifying the said Association in any manner against any payment, loss, or damage whatsoever. And that the said Association shall not occasion or incur any forfeiture or penalty whatsoever, by taking and holding such lands, tenements, rents, or hereditaments, or accepting of any grant, release, assignment, or conveyance thereof, for any such purpose as aforesaid.

23. And we do hereby, for Us, Our heirs and successors, grant and declare that these Our Letters Patent, or the enrolment thereof, shall be in all things valid and effectual in the Law, according to the true intent and meaning of the same, and shall be taken and construed in the most favourable view for the said Corporation, as well in Our Courts of Law as elsewhere, notwithstanding any non-recital, mis-recital, uncertainty, or imperfection in these our Letters Patent. In witness, etc.

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# Addresses and Papers

READ AT

## THE THIRTY-FOURTH ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

[Held in CHESTER, AUGUST 7th, 8th, 9th, and 10th, 1866.]

THE

## PRESIDENT'S ADDRESS.

BY

EDWARD WATERS, M.D.,

PHYSICIAN TO THE CHESTER INFIRMARY.

GENTLEMEN,—In the year 1859, when I filled the post of President of the Lancashire and Cheshire Branch of this great Association, on the occasion of its meeting for the first and, as yet, only time in Chester, I gave expression to my gratitude for the signal mark of regard and confidence then conferred on me; then, as now, I stated that “the esteem of my professional brethren, as it is one of the most worthy, so has it ever been one of the most cherished objects of my life.”

I have an undoubting trust that this same feeling will ever animate me; it burns within me now as vividly as in the most sanguine period of existence when, rich in the possession of that priceless appanage of youth, a warm, confiding heart, unchilled by the trials of life, the future spread itself out before me bright and unclouded.

The present is an occasion when I may, perhaps, be excused saying some few words of myself. In doing so I am not actuated by any vainglorious spirit, but for those who have to follow the older members of any profession there is not unfrequently some little advantage to be derived in the way of guidance and instruction from those who have preceded them. The maxim I would seek to establish is, that, though there is much of uncertainty and of accident in the career of most men, steady and persevering application, however unassuming, generally reaps all, and not unfrequently more than it is strictly entitled to; but above all, without referring to the delights incidental to extended knowledge and increase of intellectual power, it confers rewards of which no instability of fortune can deprive the possessor.

During the course of my professional career, marks of great kindness have been conferred on me by the teachers under whom I studied, as well as by those in community with whom I worked, for which I scarcely dared hope, but which, for that very reason, I value the more highly.

Gentlemen, standing before you in my present position, one of the highest and most honorable to which any man whose lot is cast in the provinces can aspire, while dreading the responsibility devolving on me, and which, but for a conviction that your kind consideration and forbearance will pardon my shortcomings and more than supply all my deficiencies, I

must have hesitated to accept, it may readily be believed that I regard this day as the proudest of my life. The personal gratification incidental to the day is, however, alloyed by a deep and solemn feeling of profoundest grief. This, the thirty-fourth anniversary of the British Medical Association, the first held in the time-hallowed and ancient city of Chester, takes place under circumstances previously unknown in the annals of the Association. The founder, the venerated founder of the Association, is no more. Only a few days back, on the 30th of last month, in the seventy-third year of his age, the pure spirit of Sir Charles Hastings winged its flight for a higher existence, leaving us to regret and lament his absence. As is the grief of a loving son mourning the loss of a wise and good father, to whose fostering care and affection, to whose untiring devotion, he is indebted for all of happiness and prosperity with which he is blessed, such is the deep pervading sentiment of sorrow experienced by every member of the Association for the death of him we now deplore, who will no longer cheer us by his genial presence, elevate us by his noble aspirations, stimulate us by his achievements, and guide us by his wise counsels and great experience.

During the past year death has, indeed, fallen heavily upon us in removing many a valuable member. Without attempting to enumerate all, some names I cannot refrain from mentioning. The mortality amongst medical men from contagious diseases is so heavy as to raise their death-rate to a height which, if it fell on the general body of the people, would soon solve the difficulty of disposing of our surplus population. The disease, which of all others specially decimates their ranks, is typhus. All members of the profession are, of course, subject to it; though it necessarily falls with greatest weight on the medical officers of public institutions. With respect to other contagious diseases, for instance, cholera, intervals sometimes of great duration occur during which the disease is scarcely met with, but our public hospitals are never free from typhus. In greater or less degree, cases always present themselves; and owing to the length of time over which they extend, those in charge of them are peculiarly exposed to take it. Drs. Stokes and Cusack have shown that in Ireland, during the twenty-five years prior to 1843, 560, out of 1,220 medical men who were attached to public institutions, suffered from typhus fever; of whom, 28 had it twice, and 9 three times. The tables from which these facts are drawn do not extend over a period of exceptional mortality, for they stop short of the fatal epidemic of 1847, when out of every three deaths occurring in Ireland amongst medical men, about two were from typhus, the exact proportion being 1 in 1.55. In Chester, during little more than a twelvemonth, we have lost Dr. Hutchinson Powell, one of the physicians to the Chester Infirmary; Dr. Lewis Brittain, house-surgeon, the eldest son of Mr. Brittain, senior surgeon to the Infirmary, and our valued associate; and Dr. Hughes, also house-surgeon; together with Mr. Jones, one of the pupils. All four have fallen a prey to typhus!

Gentlemen, it was in discharge of the holy and self-sacrificing ministrations for which our profession is so pre-eminently distinguished, that these our brethren, free from the taint of worldly gain, wholly unrewarded for their priceless services, were thus



immolated. One only, Dr. Brittain, was a member of our Association, but all intended to have joined it. Amongst the victims of fever I would, however, specially mention our associate, the late Dr. Barker of Bedford. It has in numerous instances been observed that those whose studies have been directed to any special disease, or any distinct organ or portion of the frame, have themselves experienced the suffering incidental to it. In this way Laennec succumbed to pulmonary consumption; Reid, of St. Andrew's, to the most painful of diseases which afflict mankind, and involving, in his case, the very nerves whose influence his numerous experiments had done so much to elucidate. So Dr. Barker, in dying of typhus, also succumbed to one of that class of diseases which it was his effort to prevent. A short time only elapsed after the celebration of last year's anniversary at Leamington, where Dr. Barker received from the hands of him whose name it bore, the Hastings medal for his prize memoir on disinfectants, ere we all heard of his being stricken by fever and perishing under it—another martyr to professional duty. Alas! in one short year, both he who received and he who presented the valued reward of competitive merit, have been lost to us by death! The recent death of Mr. Toynbee has deprived us of another of our most valued associates, one who helped to sustain the reputation of England by the high rank he attained in that department of the profession to which he devoted himself. Still, high as were his professional attainments, and in these no man excelled him, he was no less remarkable for his open-handed charity.

There is one charitable institution specially connected with the British Medical Association—one which in no way interferes with the Royal Medical Benevolent College at Epsom. The establishment at Epsom founded by our respected associate Mr. Probert, who, as a Welshman, is an honour to the Principality, exercises a wide and most beneficial influence, and enjoyed the distinguished honour of having the late and ever-lamented Prince Consort as its patron. It affords a sound education, such as will bear comparison with the best of our public schools, to the sons of medical men at a very moderate charge, and to a certain number of orphans and fatherless free of all expense. It also supports as pensioners superannuated and disabled medical men or their widows. The numerous applicants to fill the vacancies that occur, far exceeding the resources of the institution, were incontrovertible evidence of the urgent necessity for its existence. Acting as I have done for several years as one of the Honorary Local Secretaries to the Epsom College, I need not say that it has my warmest support, and that I hope not only for its continuance on its present scale, but that I look forward to its great extension. To secure the great advantages offered by the Epsom College, a system of arduous and expensive canvassing is resorted to, which, when continued year after year, is almost heart-breaking, and crushes those whose influence is not sufficiently great to insure success. This charity, however, is not specially connected with the Association, as is the Medical Benevolent Fund, which is conducted on a plan different to that of the Epsom College, and occupies an entirely different field. The chief object of the Medical Benevolent Fund is to grant temporary rather than permanent relief; to obtain assistance from it, all that

is required is to have the case of distress well authenticated and recommended by two or more members of the profession. The application is then at once considered, and relief granted. No canvassing and no publicity are necessary, and if the saying, *bis dat qui cito dat*, can ever apply, most unquestionably it attaches to the aid granted by the Medical Benevolent Fund.

It is with reluctance that I have trespassed on your time with these details, but, though well known to many of us, they may not be equally so to all our associates; and I have been influenced to do so by the fact of the late Mr. Toynbee having devoted much of his valuable time, abstracted from incessant professional demands, to enlarge the sphere of its operations. The unobtrusiveness of the method in which this Fund dispenses its relief, accorded with that pursued by Mr. Toynbee himself in the exercise of his private charity. Hence his special support of it, on one occasion giving, I believe, £500 towards it; but, above all, bestowing on it his time, more valuable even than his pecuniary munificence. The melancholy accident by which he met his death was in harmony with his life: while seeking, by experiments on himself, to discover means for alleviating the sufferings of others, he sacrificed his own life in its fullest prime.

In Dr. Conolly we have lost another chief, who, as long as health permitted, always attended our meetings, and by his exquisite literary taste, his high professional attainments, and graceful urbanity, contributed largely to their attractions. In him society has lost a true and practical philanthropist; but the influence of his life will remain in all that he has effected for the humane treatment of the insane, and for the aid he afforded in founding the first asylum in this country for the reception and education of idiots, awakening and training their affections, developing their feelings, and opening a new world to those whose existence before was a dark and dreary blank. Dr. Conolly was one of the earliest members, and one of the pillars of the Association; and, with Forbes, Johnstone, and others, aided Sir Charles in founding it. One by one these early friends passed away, leaving Sir Charles almost their only survivor; and it became painfully evident to all who attended the later anniversaries, that the conviction was deepening in his mind, that the day was not far distant when he also would be summoned.

At the Leamington meeting, he appeared so much like his former self, so much better and stronger than the years before, and spoke with so much vigour and power, that, when he accepted for Lady Hastings and himself my proffered hospitality for this meeting, I fully calculated upon the pleasure of receiving them. I know that Sir Charles Hastings had for many years looked forward to a meeting being held in Chester; but little did I imagine at Leamington that, when we assembled, he would be absent, and that I should not only lose the ever ready counsel of him, the grand object of whose life was the promotion, the growth, and the increase of the influence for good of this Association, but that I should have to mourn his death. This is the first occasion on which the person who has to preside over your proceedings, has not been aided by the experience of him who had never missed one of its gatherings. The ship he built is fairly launched, and the pilot who so long guided it has departed. It now remains to be proved whether others can safely navigate it,



and whether his great ambition to fix this Association on the firmest possible basis has been realised.

Gentlemen, as I have before stated, in accordance with our founder's wish, we are met together in Chester; and, in the name of the profession, I give you a most cordial welcome, and hope the meeting will prove a successful one. In objects of interest, Chester can be nowhere surpassed. It is no modern town; it boasts an antiquity of nearly two thousand years, dating from the occupation of the Romans, when the 20th Legion of the Empire was encamped here. The remains of Roman antiquities are extremely numerous; but of these, in your perambulations through the city, you will acquire a far better knowledge than from any description of mine. The most important fact for us, is the existing unmistakable evidence that the Romans built their city, with a view to the health of its inhabitants, on a foundation of new red sandstone, at an elevation admitting of easy and effectual drainage. The city was clearly characterised by a high state of civilisation. It possessed at least two sets of public baths, and many fine public buildings, the remains of which are occasionally disinterred where least suspected to exist. These remains generally lie from four to five or more feet below the present surface of the ground, such being the accumulation of soil during the time that has elapsed since their erection. The remains also show that pure drinking-water was much valued, and that hygienic measures were carefully carried out; better, probably, than they have been at any subsequent period. With the Roman occupation and civilisation, Christianity undoubtedly came in. The theory has been maintained, that existing savages are the descendants of civilised races. In some cases, this may be the case; in others, however, much more probably not; but in no way should we be justified in terming the Saxons savages, though it is certain and very remarkable that, under their rule, the arts and comforts of civilised life were replaced by earthen floors strewn with rushes, and Christianity by Paganism. In Wales, where the Saxons did not penetrate, Christianity remained. In the neighbourhood of Mold, a town twelve miles distant, the Christians under Germanus gained the Hallelujah victory against the Picts; and about twelve miles up the river Dee, where no vestige of a monastery now remains, but simply a church that replaced it, an establishment numbering two thousand monks existed, who resided there when Saxon England was Pagan. I would also mention that, in the neighbourhood of Chester, Delemere Forest is situated, which, under the rule of Ethelfleda, daughter of Alfred the Great, was the site of an important station. The hundred in which it is situated is named Eddisbury, obviously a corruption of Ethelfleda's borough. Anyone now visiting it, and perceiving no trace of ruins of any kind, would never imagine it to have been the seat of a large population, though yet an undoubted fact.

That a civilisation of so high an order, and marked by that special attention to the preservation and promotion of good health which characterised the Romans—a civilisation which could not merely have occupied this portion of the kingdom, but which palpably extended wherever the Roman rule prevailed, and was moreover refined by the softening influence of Christianity—that such a civilisation should have been absolutely extinguished and re-

placed by barbarism and paganism, and that we should now have the proof of the change at our own doors, is in the highest degree worthy of attention and reflection, and should make us, who, by our calling, are the conservators of the public health, carefully guard against the influences which tend to deteriorate it, for degeneracy of body and degeneracy of mind unquestionably coincide. In Chester, it took years of suffering, during which the penalty for neglected hygienic measures was paid in the form of fearful mortality from the sweating sickness, and from repeated attacks of plague, before the inhabitants again awoke to the necessity of drainage, of water-supply, and of public baths, all which have only very recently been attended to.

Whatever may be the causes that bring together large bodies of men, whether the mustering of great armies, or the demand for labour resulting from manufactures or from commerce, neglect of hygienic rules is, under such circumstances, inevitably followed by sickness and premature death. The terrible lesson experienced by our army in the Crimea, where a mortality of 35 per cent. from disease in the short space of seven months, extending from October 1st, 1854, to April 30th, 1855, decimated its ranks, is still fresh in the memory—a rate of mortality which by disease alone, without reckoning the casualties of the battle-field, would in twenty months have swept away every living soul of one of the finest armies that ever left our shores. The mortality above given does not comprise the numerous men whose health, broken by the privations under which their comrades, happily for them, more speedily fell, have since their return succumbed, or are still dragging on a weary suffering life of hopeless illness. That this sad state of things might have been prevented, is unquestionable; for the officers, who, from their private resources, were to some extent independent of government care, did not suffer equally with the men; and when the reclamations of the medical officers (for our professional brethren did not allow our noble soldiers to die from disease without pointing out the neglect that occasioned it) at length succeeded in obtaining their demands, then the mortality rapidly diminished. The French profited in their Italian campaign by the experience of the Crimea; for, owing to the admirable arrangements directed by the Emperor, at the instigation of the distinguished surgeon Baron Larrey, notwithstanding the heat, which was excessive, and the unfavourable telluric influences incidental to a campaign in Lombardy, neither hospital gangrene, typhus, nor other contagious disease, prevailed to any extent. If the English nation, equally with the French Emperor, should thus profit by the Crimean lesson, then our gallant men will not have died in vain; but it is a lesson that the English nation seems too frequently to require; for in 1809 the same feeling of horror, that was engendered by the Crimean losses, thrilled through all England at the result of the Walcheren expedition, when, out of every 1,000 men, 167 only were lost by wounds, and 332 by disease. The medical profession in this country is, however, year by year increasing in influence, and bringing its weight to bear upon questions of public health, although it has but scant encouragement afforded it.

Since our last anniversary, Cheshire has been



heavily visited by the Cattle-plague. Well do I remember how the alarm was sounded by our associate Dr. W. Budd at Leamington this time last year. No one who then heard him can forget the deep impression he stamped on the minds, and not only on the minds but on the feelings, of those who listened to the moving, eloquent language in which he predicted the sad results which would inevitably follow the neglect of the precautionary measures which experience had too surely proved could alone avail. The preventive measures he advised were of no hypothetical character; they had been tested and found effectual in countries actually adjoining infected districts, and with entire success; they were carried out in France, where the disease had actually penetrated, and with equally good result; they were peculiarly easy of application in England, girt as she is by the sea, and capable of complete isolation. The measures suggested were marked by no taint of novelty; but, as with the Walcheren, as with the Crimean expedition, the teaching of past experience was disregarded. A century back, the plague had passed over the herds of this country, carrying desolation in its track—desolation, the effects of which, in the ruin it entailed, it took a generation to erase. With all this knowledge pressed upon the authorities, no adequate measures of repression were enjoined. Step by step the disease advanced, until at last it invaded our Cheshire herds. Gentlemen, I did my best at that sad and anxious time to have the disease stamped out; I addressed one of our county members, and urged the impropriety of attempts at cure, and showed that no amount of private success could be otherwise than injurious to the public weal; for that the very process of cure must entail the spread of the disease. I urged that the visitation was a national calamity, and should be met by a national tax; that it was not the agricultural interest which was alone involved; but that every member of the community, from the labourer upwards, would, in the price of meat, be affected, and that the drain on the public purse would be insignificant, if not imperceptible, if the pole-axe were resorted to in time. I endeavoured to impress upon him that it was the duty of the executive to anticipate and to guide public opinion, rather than be governed by it; and that, at the expense of present unpopularity, it should at once enforce such measures as superior information and intelligence dictated, and allow subsequent events to justify them. The gentleman to whom I thus applied endeavoured to influence others. Time, however, travelled on; the disease extended; and the reply he then generally received was, "We are not going to pay for your losses in Cheshire."

The pole-axe system was then put in force, and killing was adopted with a view to compensation; but in very many, if not the majority of instances, this was only done when the animals were at the point of death. As far as Cheshire was concerned, all the misery and loss the disease could effect was accomplished; the infection was so general that no killing could save the remaining stock. The pole-axe system in Cheshire at that time could only be of advantage to those parts of the kingdom not yet invaded by the disease; and those gentlemen who replied to my friend, "We are not going to pay for your losses in Cheshire", may yet pay the penalty of their selfishness in the loss of their own herds.

One consequence of the disease has been the selling off of a large quantity of hay, which has been forwarded to other parts of the kingdom. As yet, no ill results seem to have followed; it may be that the hay, owing to the abundance of grass at this season of the year has only been used for horses, and not for cattle. It is highly probable that much of this hay contains the fomes of the disease. Let us, however, hope that no ill results will occur. The face of Cheshire is completely altered by the disease; farms where cattle abounded are now stocked with sheep, for which our pastures are ill adapted. A loan of £300,000 has been obtained from the public purse to compensate those whose cattle were killed, and rates extending over thirty years will be levied to pay off interest and loan. Such a proceeding is simply a loan to the sufferers, to be returned by instalments. For two years nothing is to be repaid, for the simple reason that the farmers have not wherewithal to pay. Such is a short sketch of the progress and effects of the Cattle-plague in Cheshire by an eye-witness.

The subject of contagious diseases has always excited interest in Chester. The late Dr. Thackeray, whose name is connected with our principal charities, especially the Infirmary and Blue-Coat School, who was one of the early members of this Association, and to whose memory a monument has been erected by his fellow-citizens in our picturesque cemetery, placed £50 at the disposal of the Association as a prize for the best essay on fever. Another of the medical celebrities of Chester, Dr. Haygarth, at the end of the last century, with a view to the prevention of infectious diseases, inculcated the necessity of isolation in their treatment, and the adoption of fever wards. It is one of those matters of which the profession in Chester is naturally proud, that the views he so strenuously advanced and maintained, and which at the time were met by uncompromising opposition from many, are now generally adopted.

The cholera at present, more than any other disease, occupies public attention. On its last occurrence in Chester, the worst possible course was adopted with regard to it. The cases were treated, as they occurred, in the localities where they originated, spreading the disease around, and so continuing until it wore itself out. The authorities at present are fully warned against the danger of pursuing a similar plan, and are taking steps to insure, as far as practicable, the isolation and separate treatment of the disease. There is one point of deep interest connected with Chester as regards cholera, and has a direct connexion with the conclusions arrived at by Dr. Snow in his pamphlet on Cholera published in 1849 and again in 1855, and by the Registrar-General in the reports on the epidemics of cholera in 1848 and 1854. Dr. Snow showed that the cholera in London was more general in districts where the population drank water contaminated by sewerage than elsewhere. This was particularly the case with the notorious Broad Street pump, which, as supplying water of a pleasant, bright, sparkling character, though thus contaminated, was in general request. It was mentioned in the papers recently that the handle of this pump had been repaired, but happily Dr. Lankester has since interfered and ordered its removal.

The supply of water to Chester is derived from the



river Dee within the tidal influence, the spring tides flowing some miles above the point whence the water is pumped. The water, however, is only pumped into the reservoirs, which immediately supply the city when the tide is out. This constitutes a source of objection to the present source of supply; there is, however, a still graver one to be urged, and this affects the very body in whose hands the interests of the community are lodged. In reference to this point I must mention that in the reports I have referred to the following facts are stated. I shall select provincial towns as specially bearing comparison with Chester. During the epidemic of cholera in 1832, 1000 cases occurred in Exeter, of which 347 were fatal; the water supply at that time was derived from the river, and was contaminated. In 1834 the water-supply was improved, being drawn from the river two miles above the town, and when the epidemic of 1849 occurred there were only 44 cases, and those chiefly amongst strangers. In Dumfries in 1832 and 1849, when the supply of water was both scanty and impure, the disease raged with fearful virulence; after the second visitation, a better supply, perfectly free from taint, was procured, and in 1854 the place was very lightly visited by cholera. I might multiply similar cases, but those I have given sufficiently show the importance of pure drinking water.

In Chester, as in most other towns, we are dependent on a water company for the convenience and advantage of our water supply. The water, at the time of their establishment, was drawn from a point of the river above the city; but, with the extension of the city, houses have now been erected beyond it, and the company are at present laying down pipes extending above them. Complaints have not unfrequently been made against the Water Company, and this has been done by members of the Town Council, although there is a source of pollution of our river for which I believe the Town Council is responsible. Some fifteen years back, the sewerage of this city was remodelled. Difficulties present themselves in all undertakings; and the difficulty in this instance was the disposal of the sewerage. We have a sandy alluvial soil within easy reach of the city, thirsting for all the manure we can bestow on it, and certain to repay it in abundant crops; but, be this as it may, obstacles existed to obtaining an outlet, and, in consequence, the Town Council decided on discharging the sewerage of the city, yearly increasing in population, into the River Dee, but a short distance below the point whence the present water supply is obtained. At the point where the sewer enters the river, a bank of deposit is rapidly forming, and the tide passing over it necessarily carries upwards beyond the water works the influence to be exerted by the excreta of the inhabitants. I have ventured to call attention to this subject, because, after the experience of Exeter and other places, it will be interesting, should cholera invade the city, to watch its influence, and learn what, if any, may be the effect on the citizens resulting from this pollution of their river. I have often seen the dark iridescent pellicle due to it floating on the surface. The water-supply of Chester is trammelled by the restrictions which ever apply when an article of such prime necessity for private individuals or the public good rests in the hands of a private company. The occu-

piers of low-rented tenements, unless the water be supplied through their landlords paying the water-rate (and this is by no means generally done), are dependent on surreptitious supply, or supply from private pumps and fountains; and the very houses and localities which, for the sake of the public health, stand most in need of cleansing and purification, are thus left without the means of effecting it. All sanitary reformers maintain that the supply of water should be free as air and light. The window-tax being abolished, the time has arrived when, wherever practicable, the supply of water should, for the public good, be taken up by the local authorities, and a general water-rate levied, which would bring all the property of the city under contribution, and make the supply a profitable one. In the interest of the public health, the plan of proceeding might be well urged on the Government, which would thus do something to counteract the ill effects resulting from the great facilities afforded for obtaining less innocent beverages.

When the diversion of the sewage from our lovely river is effected, and when the City takes into its own hands the supply of water to its citizens, so as to supply it to all, a great and most beneficial advance will have been made in our sanitary arrangements.

Gentlemen, in the remarks—the discursive remarks—with which I have opened this anniversary, I have avoided touching on the subjects to be treated by the readers of the addresses, who are so much better equal to dealing with them than I am. I have touched on some matters of local interest, but the more important business of the meeting I resign into other hands, and again thank you for the kind manner in which you have received me.

Dr. VANDERBYL has been elected member for Bridgewater. He is a graduate of Edinburgh University, and a member of the Graduates' Club. He some years since left the practice of medicine, in which he much distinguished himself as a scientific writer, for a merchant's life, in which he has, we are glad to find, been successful.

Dr. M. SIMS. The *Philadelphia Medical and Surgical Reporter* thus speaks of a part of Dr. M. Sims' work, a work which we confess we have never had the courage to notice in these pages. "Dignified as the part of the obstetrician may, in safely guiding, through suffering, the process of delivery, we confess we see no dignity in such chambering as the above. Rather the words of Hamlet come to mind: 'To what base uses may we come, Horatio!' Other curious things are told of in this book; most so, perhaps, Dr. Sims's history of his experiments in 'mechanical impregnation.' This is the injection, by an instrument for the purpose, of semen directly into the uterus, when, from displacement or contraction of the os, or some other defect, intercourse had proved fruitless. Such experiments Dr. Sims has performed fifty-five times on half a dozen patients in two years, with one conception following. He has now given up the practice, which has also failed in the hands of Dr. G. Harley. We are not surprised at its abandonment; the wonder is, that the three parties necessary in each case—a man, a woman, and a physician—could ever, by any 'fortuitous course,' have found themselves together for such an operation. It proves that it does, indeed, take 'all sorts of people to make a world.' We had thought to have seen and known, before, something of almost all kinds of practice; but this out-Simses Sims."



## Notes

ON THE

PATHOLOGY AND TREATMENT  
OF CHOLERA.

BY

GEORGE JOHNSON, M.D., F.R.C.P.,

PHYSICIAN TO KING'S COLLEGE HOSPITAL; PROFESSOR OF  
MEDICINE IN KING'S COLLEGE; ETC.THE CONDITION OF THE LUNGS DURING  
COLLAPSE AND AFTER RE-ACTION.

THERE have been during the last fortnight many opportunities for examining the condition of the lungs after death from cholera. And so far as I have seen or heard or read, the result of these observations has been to confirm the statements long since published by Dr. Parkes and others, to the effect that, when death has occurred during the stage of collapse, the minute tissue of the lung is remarkably deficient in blood; whereas, after death in the stage of reaction, and more especially if there have been consecutive fever, the lungs are exceedingly gorged with blood.

The appearance of the lungs in cases of collapse has been somewhat differently described by different observers. One condition which appears to have excited the surprise of practitioners in India, is the extremely small size of the lungs as they are found collapsed when the chest has been opened. This shrinking of the lung into so small a bulk is evidently due to the emptiness of the minute vessels. Such an extreme collapse of the lung-tissue is impossible when the small vessels are gorged with blood; and it may be stated, in general terms, that there is an inverse ratio between the degree of pulmonary collapse and the fulness of the capillaries of the lung. Emphysema and adhesions between the lung and the walls of the chest will, of course, interfere with the collapse of an anæmic lung.

My friend Dr. Massey has favoured me with the sight of some manuscript notes made by medical officers of the army in India in the year 1823. There I find it stated that, in seven cases of rapidly fatal cholera-collapse which had occurred in quick succession, "the thorax appeared to be entirely empty, and what might be termed lungs were found lying close to the vertebræ in a complete state of collapse, each lung not being the size of a small hand."

Scot (*Report on the Epidemic Cholera, Madras 1824*) states that some observers suspected that this extreme shrinking of the lung must be due to the all ressure of air in the cavity of the pleura during accoe. And, in order to test this view, they opened killie chest in some instances under water; but they axound, of course, that no air escaped when the chest adwas punctured.

vac The degree of pulmonary collapse, when the lungs plite structurally sound, is an accurate measure of the yomptness of the minute capillary vessels. In cases thef extreme pulmonary collapse, the air is almost en-ely expelled, so that the lungs are non-crepitant

on pressure. In most cases, the lungs are of pale colour, more especially at the anterior and upper parts; and if the examination of the body be made immediately after death, the pale colour may extend throughout the whole lung. In most instances, there is more or less engorgement of the back parts of the lungs, owing to *post mortem* gravitation.

The anæmia of the lung has generally been observed to be greatest in the most rapidly fatal cases of cholera-collapse.

The weight of the lungs is the most accurate measure of the emptiness of the minute vessels. This is generally much below the normal standard. The mode of ascertaining this is to weigh the lung after cutting through the root and allowing the blood to escape from the large vessels, where it is usually accumulated in large quantity. Dr. Parkes found the average weight of both lungs in twenty-two Europeans who died in collapse to be 26 ounces 6 drachms. Dr. Clendenning estimated the normal weight of the lungs of adult males to be 46 ounces. Dr. Reid makes it 43 ounces. Taking either estimate, the lungs of patients who have died in the collapse stage of cholera are remarkably reduced in weight. This reduction of weight is evidently connected with a great deficiency of blood in the minute capillary vessels. And, inasmuch as the larger branches of the pulmonary artery contain an unusual amount of blood, it is evident that the blood has suffered arrest in the minute branches of the arteries before the capillaries have been reached.

The defective aëration of the blood during collapse is explained by the fact that only a small proportion of blood passes through the pulmonary capillaries where it can be exposed to the air. It has often been supposed that the blood of a cholera-patient has suffered some change which unfits it for undergoing the respiratory changes. This is an unnecessary and a baseless hypothesis. The blood is not aërated simply because it is arrested before it reaches the air-cells. When the lung is incised, the cut surface, immediately on exposure to the air, becomes of a florid red colour; showing that the blood in its vessels is apt enough to undergo the usual respiratory changes when it has access to the air.

Two patients have died of cholera in the hospital during the last few days—one in collapse; the other with pulmonary engorgement, drowsiness, and convulsions after reaction. Each case affords a good typical example of the condition of the lungs in collapse and during reaction respectively; and a few particulars of these cases may perhaps be interesting and instructive.

J. B., aged 46, was admitted at 4.30 P.M. on the 1st August. He lodged at Old Boswell Court in the Strand; and on the morning of the 1st, at 12.30, he was seized with cramps; then he vomited; and between that time and 8 A.M., he vomited four times and was purged three times. The stools were not examined. At 8 A.M., his face became blue, the eyes sunken, and the fingers shrivelled. It could not be ascertained whether vomiting and purging had continued during the day. At 4.30, when admitted, he was in extreme collapse; cold, blue, pulseless, with sunken eyes; the voice a scarcely audible whisper; temperature of axilla, 92; respiration 44, very shallow; heart-sounds inaudible; no vomiting or purging. At 5 P.M., his breathing suddenly be-



came slower and more gasping. Dr. Fenn, the assistant house-physician, tried to bleed him, but scarcely half an ounce of blood flowed; and he died at 5.15, three-quarters of an hour after his admission.

The body was examined two hours after death. The lungs were collapsed, small, and pale. The right weighed eight ounces; the left nine ounces. Both sides of the heart were empty. The right cavities were flaccid, and had evidently emptied themselves through a wounded vein when the chest was being opened. There was the usual choleraic secretion in the small intestines.

In this case, death occurring during the stage of collapse, the anæmia of the lung was extreme. In the next case, death occurred after reaction, and an entirely different condition of lung presented itself.

M. P., aged 15 months, was seized with vomiting and purging on the 30th July, at 10 A.M. The stools were at first green; then like rice-water. In the course of the afternoon, the surface became blue and the eyes sunken. Admitted at 11.30 P.M. There was then marked collapse. The surface was cold and clammy; the pulse extremely feeble. There was neither vomiting nor purging. At 1 A.M., on the 31st, the general condition was the same; the temperature in the armpit was  $96\frac{3}{4}$ . At 10 A.M., the temperature had risen to  $99\frac{3}{4}$ ; the stools were greenish; the child was drowsy, and lay with the eyes partly open. At 10 P.M., the temperature had again fallen; it was now  $97\frac{3}{4}$ . Respiration 32; pulse 144. The drowsiness continued during the night; and death occurred at 10 A.M. on the 1st August. There were two attacks of convulsions shortly before death.

The lungs were very much gorged with blood, and there was a considerable amount of yellow bile in the small intestines.

In this case it is evident that death occurred after reaction had set in. And it is probable that the immediate cause of death was an accumulation of carbonic acid in the blood consequent on the capillary engorgement of the lungs. The order of events probably was this. During the period of collapse there was a partial arrest of blood in the minute branches of the pulmonary artery, and the defective oxygenation was indicated by the temperature falling to  $96\frac{3}{4}$ . If death had occurred at this stage, the lungs would have been found anæmic. The occurrence of reaction was indicated by a rise of temperature to  $99\frac{3}{4}$ . The blood was now passing more freely through the minute pulmonary arteries, and a more rapid combustion began, but with this there occurred some capillary engorgement of the lungs, a consequent accumulation of carbonic acid in the blood and drowsiness; at length convulsions and death. The fall of temperature again after reaction was a result of increasing capillary engorgement and consequent impeded circulation through the lung. If the child had not been closely watched, it might have been supposed that death had occurred during collapse. The occurrence of reaction, however, was distinctly proved by the rise of temperature, and by the abundance of bile in the small intestines after death.

This case affords an illustration of one of the most common sources of danger after reaction has set in, namely, capillary engorgement of the lungs, and in consequence of this, an accumulation of carbonic acid in the blood. During the stage of collapse there is an accumulation of combustible material in

the blood; when the circulation again becomes free, there is a rapid oxidation of this accumulated fuel, and an abundant formation of carbonic acid, bile, and urine.

The safety of the patient now depends upon the uninterrupted elimination of these excreta. In some instances, as in this case, capillary engorgement of the lungs supervenes so rapidly upon the occurrence of reaction, that great care is required to distinguish between the two stages. When a patient, apparently in collapse, has a warm skin, with a temperature above 98 degrees; when there is decided and increasing drowsiness, with hurried breathing and crepitation over the lower lobes of the lungs, we may be sure that capillary engorgement of the lungs has supervened after reaction, and that the drowsiness results from an excess of carbonic acid in the blood. When death occurs at this period, the lungs will be found excessively gorged and heavy, and the contents of the small intestines will be tinged with bile.

This pulmonary engorgement after reaction is a very common and a very serious and often fatal complication. I believe that the most hopeful mode of treatment consists in the application of turpentine stupes to the back, and the abstraction of blood by cupping over the lower lobes of the lungs.

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**ANÆSTHETICS.** The editor of the *Cincinnati Journal of Medicine* reports the performance of Chopart's amputation of the foot under the influence of nitrous oxide gas.

**DR. LAYCOCK.** We regret to hear that Dr. Laycock has suffered lately amputation of the thigh. The operation was performed by Mr. Spence. The cause of the operation was, we believe, some old affection of the knee-joint.

**ASYLUM FOR INSANE SOLDIERS AT NETLEY.** On the 26th ult., Mr. Floyer asked the Secretary of State for War whether his attention had been directed to the proposed arrangements at Netley for the care and treatment of insane soldiers; whether, considering that there are at the present time in a private asylum at Bow 195 male and female patients belonging to the military service, he considered the proposed provision for 60 patients adequate to the wants of the army; and whether, in the event of its being considered necessary to provide for a much larger number in buildings under the control of the government, he thought that it was wise to make that provision in the grounds of the hospital at Netley. General Peel said the building now being erected at Netley, for the care of insane soldiers, was placed there in consequence of the report of the committee that sat in 1863, on the removal of the establishment from Chatham. The patients were only placed there for the purpose of observation, and would, after a short period, be removed to their friends or to private asylums. Certainly accommodation for only 60 patients would not be sufficient for a lunatic asylum for the whole army; neither was it intended that it should be. The reason for providing accommodation for 60 was that the committee reported that that was the greatest number placed at one time in the old lunatic asylum at Chatham. The great advantage of having at Netley a connexion with the marine establishments, was, that the lunatics who came home from abroad could be at once taken charge of there. Another advantage was, that the medical students of the hospital at Netley had an opportunity of studying the cases of lunacy in the asylum.



# Transactions of Branches.

## METROPOLITAN COUNTIES BRANCH.

### PRESIDENT'S ADDRESS.

By HENRY LEE, Esq., Surgeon to St. George's Hospital.

[Delivered July 13th, 1866.]

THE subjects which have been noticed in the Report of the Committee which has now been read, and which have occupied the attention of this Branch of the British Medical Association during the past year, are among the most interesting and important which can influence the health of this or of any other country. By the assistance and advice of medical men, and especially of members of our Association, the Government have had under its consideration the River Waters Protection Bill, the Capital Punishment within Goals Bill, the Sewage Utilisation Bill, the Contagious Diseases Prevention Bill, and other subjects which tend to produce very important alterations and improvements in the well-being of our population.

There are three measures especially to which our attention may at present be directed in a particular manner, because they have been read a second time and passed through Select Committees in the House of Commons. These are the Public Health Bill, a Bill for the Improvement of the Poorer Quarters of Towns and the Dwellings of the Labouring Classes, and a Bill for the improving the System of Public Vaccination. Two of these subjects have been so ably discussed at the scientific meetings of the Branch, that I feel any word from me upon the general merits of the measures proposed would be quite unnecessary here; but there is one point with regard to them all to which I may perhaps allude with advantage, and which we may with propriety bear in mind in our future deliberations. All these measures, more or less, affect "the liberty of the subject," and there is, I think, a little danger, that, while the legislature looks, perhaps, too exclusively at the measures which may be deemed necessary in a legal point of view, we, on the other hand, may consider these subjects too exclusively in their medical or their sanitary aspects. When we are told that three years ago small-pox killed in London alone two thousand persons, and that at the present moment another epidemic may be beginning; that cholera is raging as an epidemic upon some parts of the continent, and that some cases have occurred in isolated spots in England; and when we are informed that a very large proportion of our soldiers and sailors are incapacitated from duty by infectious diseases, the importance of the measures which are likely to check these evils cannot be looked upon as unimportant, or as admitting of unnecessary delay in their application. But in order that these should be of any real efficacy, they must be sufficiently stringent to affect in a greater or less degree the liberty of the subject. Now, in endeavouring to frame acts which shall not interfere with this, the measures which have been passed have often proved to be quite ineffectual. With the existing sanitary laws, the Report of Dr. Hunter last year informs us that, practically, in many cases, we might as well possess no sanitary law at all. He describes the most various accumulations of filth in closest proximity to dwell-

ings, entire absence of drainage, or drains inoperative and offensive; ponds and ditches equivalent to open cesspools, drinking water polluted and made poisonous by refuse; and many other things of a like kind. We, as medical men, say these things ought to be remedied at once. Those who favour legislative measures, and the local authorities who are to carry them out, on the other hand, are afraid of encroaching upon that liberty which every Englishman is supposed to possess. It is not an easy thing to compel a parent to have his child vaccinated, and it is no easy matter to compel the father of a family to relinquish the liberty, which he holds so dear, of sitting by day, and of sleeping by night, over ordure which may have been accumulating for months. The task of forming legislative enactments upon these subjects is evidently a very delicate one, and it is notorious in how many cases the attempts have been unsuccessful.

The Government cannot advance a step in the right direction without medical advice, and medical men are often powerless without the assistance of efficient laws. Now the point to which I wish to bring my argument is this, that in performing our part of this great duty we shall, in a measure, defeat our own objects if, in giving our advice, we do not weigh well the difficulties with which those who frame our laws have to contend. Our advice, to be of any real value, must be such as can be practically carried out. We must weigh well our conclusions before we venture to advise that they shall be made law. We must be very cautious how, in our endeavours to get rid of acknowledged nuisances, we urge the Government to take measures which in other respects would be unpopular, or even contrary in spirit to the principles upon which the constitution of our laws is based. And here I would draw a broad distinction between the fact of our talking over subjects among ourselves, forming our own opinions upon them, and putting those opinions, in the shape of resolutions, on the one hand; and what has been termed "taking action" upon them, or recommending their adoption by the legislature, on the other. We may be, as an Association, or as the Branch of an Association, quite satisfied that a thing is right, and we may pass a resolution to that effect; but it is in my opinion a very different thing for us to recommend to Government by what means the desired end should be attained. The difficulty in the practical working of a measure which has to do with the well-being of the community, will, perhaps, be best illustrated by an example. We have so long been accustomed to hear of compulsory vaccination, and of the power of the Board of Works to enforce the formation of proper drains, that the necessity of the case appears at once to justify any measure which aims at the accomplishment of these objects. The liberty of the subject is for a moment forgotten. But then comes the Contagious Diseases Prevention Bill. Under this a policeman may apprehend and take before a magistrate any suspected person in certain districts, and the magistrate may commit the person to a hospital, and in case of insubordination to prison. Now, the necessity here may be great, but our minds are not yet accustomed to the idea. If this act were attempted to be enforced at all generally, it would give to the police an inquisitorial and arbitrary power which would be resisted to the utmost by most Englishmen. As an instance of how far enthusiastic views may sometimes extend, I may mention that in a neighbouring country it has actually been proposed to syphilise all soldiers and sailors for the benefit of the public service. We are in no danger at present of having a Contagious Diseases Bill which will attempt to enforce this in England. But the ex-



ample may serve to show that men of science sometimes overstep the bounds of common sense; and when they do so the lawyer is not slow to see their failings, and he often judges their science accordingly. If our advice is to carry its proper weight, it must not be hastily given. We must not be among those who darken counsel by words without knowledge. Discretion must attend our deliberations, and sound judgment must guide our conclusions.

Now, gentlemen, we have the means of obtaining the united opinion of the great body of the medical profession, and we have the means of making that opinion known. A system has already been commenced, and would require very little to make its organisation perfect, of intercommunication between different Branches of our Association. Any important point may thus be submitted to every Branch of our Society, and the voices of between two and three thousand medical men, if we be only agreed, would carry their due weight. Those voices would, it is true, be uttered in different places, but they would find an expression in one organ which has sometimes been wielded with consummate skill, viz., the BRITISH MEDICAL JOURNAL. In such intercommunication, this Branch of the Association, from its position, would naturally be the centre.

When this Branch was first established the Chairman said, and, in my opinion, with great propriety, that we should be careful not to make it a London Society. We have already societies enough in London, and I believe that the members of this Branch will always wish to see it in due subordination to its parent head; but, nevertheless, to London the communications of the different Branches flow, and from London, constituted as the Association is, must many ideas emanate. Our Branch can lay no claim to be what the Americans, I believe, call the "head centre," but inasmuch as all the ideas which are communicated to the Society at large, must circulate through London, this Branch may fairly represent the heart of the Association.

There is one subject which has been touched upon at the meetings of the Metropolitan Branch of the British Medical Association during the past year, upon which I would beg your permission to dwell for a short time. It is the mode of administering Poor-law medical relief, and that which is in some measure connected with it, namely, gratuitous medical services generally. Those points have, perhaps, not been dwelt upon during the past year as much as their importance deserves; and I may therefore take the present opportunity of going a little more fully into them, especially as I conceive that they are subjects with which this Branch may deal with the greatest propriety.

When the old Poor-law was originally made, some people flattered themselves that pauperism was abolished, and that every poor man was provided for. Pecuniary aid was freely given in the way of out-door relief, and the natural result was that half the labouring men of every parish became paupers. Having once lost their independence, and tasted the sweets of living at other people's expense, many of them became permanent burdens upon the parish in which they happened to be born, and which wholly, or in part, had to keep them and their families. Thus, instead of pauperism being diminished, it was directly increased by imperfect legislation. Now, it will be my object to show that something very like this has actually taken place, and is in active operation in medicine. As formerly many children grew up without any other idea than that of depending upon the parish for support, so now thousands are practically educated in the idea that they have a right to gratuitous medical services—an idea which the

conduct of some of our own medical brethren has, I fear, tended to foster, and an idea which is fast taking hold of the minds of some who are classed among the more educated, but who are in reality, perhaps, among the most thoughtless classes of society. It has often happened to me to hear a person apply for hospital relief, on the ground that he could well afford to pay for his medicine, and only wanted "advice," or because his "governor subscribed to the hospital". One man of very considerable property, who actually did subscribe to a public hospital, was in the habit of boasting that since he did so he had had no more doctors bills! Nay, I have heard it proclaimed in the board-room of one of our most influential hospitals, that if the Duke of Cambridge himself were to bring a letter of recommendation he would be entitled, as a matter of right, to gratuitous relief. We have here the fundamental error of the old Poor-law reproducing its natural fruits in indiscriminate gratuitous medical services. Nor is this growing evil confined, by any means, to public institutions. It has most extensive ramifications among our own medical brethren in private practice. The following case came under my own notice: a medical man had been in the habit of attending a family in easy circumstances. The housekeeper, a person very well to do in her way, was taken ill, the family doctor was sent for, and attended the housekeeper as a part of the family; one day this good lady fancied she should like another opinion, and knowing that Mr. — gave his advice gratuitously on certain days, she went to him and obtained his assistance. His opinion differed from the opinion which had previously been given. The housekeeper told her mistress her own story, and the result was that the ordinary medical attendant, without ever having an opportunity of stating his own views, either to the consulting surgeon, or to the family, was relieved from any farther attendance at that house. Now far be it from me to say a word that would check for a moment genuine liberality in our profession. Here as elsewhere—

"The quality of mercy is not strained;  
It droppeth as the gentle rain from heaven  
Upon the place beneath: it is twice blessed.  
It blesseth him that gives and him that takes.  
It is enthroned in the hearts of kings;  
It is an attribute of God Himself,  
And earthly power doth then show likest God's,  
When mercy seasons justice."

Whenever any act is done which has for its object the benefit only of a patient, we must all claim as members of a learned and liberal profession, a common interest in the spirit by which such an act is dictated; but there are many counterfeits; and I would now enter my protest against medical men giving gratuitous advice in order to obtain some collateral object on the one hand, and against our poorer patients thinking that they may claim that assistance as a matter of right on the other. In no other profession are gratuitous services given as a rule. The clergyman who takes his neighbour's duty is either repaid in kind, or he expects his two guineas for his services. The lawyer in a most business like way never even professes to give gratuitous advice or assistance. From my limited experience, I should say that the very first principle of law is that the lawyer should be paid. This principle is one, I believe, of universal application. I remember indeed to have read a description of Sir Walter Scott's, in which he mentions an eminent barrister, who always spoke the truth, and who took no fees on Saturday nights; but this was manifestly an exception to the general rule.

I would again remind you that it is not against



private acts of benevolence that I am speaking. It is against gratuitous services being claimed as a right, a growing disposition on the part of the public to enforce that gratuitous attendance, and a disposition shown here and there to punish the members of the medical profession if that attendance be not freely given.

Under the old Poor-law it was not an uncommon thing for able bodied men in various ways to compel the overseers to give them relief. The state of things is thus described by an overseer in the years 1817 and 1822. "Every upstart boy if he does not obtain all the relief he wishes, tells you openly that he will become the father of a family, and put you to greater expense by obliging you to keep them." "No country," the same author observes, "could in days gone by boast of a peasantry equal to that of England—industrious, skilful, independent, sober, honest, and universally ashamed to ask for parochial relief; but, under the indiscriminate parochial out-door relief, the lower orders of society had gradually lost all respect for the sacred rights of property." Having given up their independence, they claimed and demanded upon every occasion, whatever might have been their improvidence or misconduct, adequate support for themselves and families. At the time to which I refer, pauperism had become well nigh universal, and there were very few among the lower orders of society who did not constantly, or occasionally, apply for parochial relief. By the system then existing morality was outraged; not only were improvidence and idleness universally encouraged, and the earnings of prosperity consumed in riot and debauchery, but from the absurd plan too generally adopted of equalising the wages of labour from the poor rates, all idea of character or of motive for its preservation was set aside. Skill and industry were being replaced by ignorance and idleness. Honesty had ceased to be duly appreciated, and the families of those who were imprisoned or transported were as well provided for as the families of honest and industrious labourers. Not only were the most improvident marriages daily contracted, but bastardy, with its numerous evils, was legally encouraged, and inundated the country with a degraded and vicious population. Even in the year 1847, under the new Poor-law, a return moved for by Mr. Buller, M.P. showed that the total number of boys and girls in the workhouses of 614 unions in England and Wales on March 18th in that year, amounted to 51,237. Of these, 18,230 were illegitimate, 8,500 were orphans, and 8,658 had been deserted by their parents, 1,586 were the children of convicts, 4,502 the children of able bodied persons in the workhouse, and 1,229, the children of able-bodied persons not in the workhouse.

The author to whom I have before referred, asks, in 1822 (before the new Poor-law came into action), whether any benefit had been effected by the unnatural system then in operation, involving as it did the violation of prosperity, justice, and morality. Had the Poor-laws ameliorated the condition of the lower orders of society? Directly the reverse. The then existing system had completely demoralised them, and plunged them into the lowest degree of poverty. That the poor-laws, having placed the lower orders of society in a most unnatural position, did frequently afford relief to distresses of their own creation (as the debauchee often allows a small pittance to the victim of his seduction), was not denied; that they had occasioned misery to millions was apparent; that they ever afforded relief to an individual pauper, whose pauperism was not of his own creating, or who would not have been otherwise relieved, was considered extremely doubtful.

Now, the educated classes in England have seen the

evils which the impolicy and inefficiency of the old system of Poor-laws was gradually introducing into the country, and they have in a great measure corrected them. Their attention was practically drawn to the subject by the poor-rate, which had "gradually increased from a very small amount to a most enormous sum." But they have not seen and have made no attempt to remedy the corresponding evils in medical affairs. The reform here must begin with ourselves, and in order that it may be in any degree effectual the subject must be clearly understood by the public as well as by the profession. Under our present system we are in no danger of making a nation of paupers, but we are in some danger of making a nation of patients—patients who resign their independence and are educated from their cradle to look upon gratuitous medical relief as their right. The numbers of patients annually advertised as receiving gratuitous out-door medical assistance, may be compared with the number of paupers, and of pauper children in different parishes, under the operation of the old Poor-law. The advantage in respect of numbers is, however, greatly in favour of those who receive gratuitous medical assistance. If in old times it could be said that nearly a whole parish had become paupers, one may now point to institutions which boast that they relieve more patients in a year from separate individual parishes than those parishes contain. This is of course explained by the same persons applying more than once in the year for medical relief; but still the figures shew that those parishes are becoming pauperised in a medical point of view. If it were asked fifty years ago if the Poor-law then in existence did not produce more poverty than it relieved, may we not ask now whether indiscriminate out-door gratuitous medical relief does not make a far greater number of patients than it cures.

If it were formerly said that the principle had been gradually engrafted in the minds of the lower orders of society, that the parish was bound as a matter of right to provide for them and for their families in every case of emergency, may we not now ask whether the same idea, as a matter of right, is not taking possession of the public mind in medical affairs.

Were they formerly hungry, the parish was called upon to feed them; did they want clothing, the parish was to provide it; were they destitute of a home, the parish was to provide house room, bedding, fuel, etc.

The public have now in great measure relieved themselves from these burdens; but they, at the same time, show a constant disposition to throw additional burdens upon medical men, and to enforce the gratuitous services of those medical men sometimes even by legal proceedings. It is an easy way of being benevolent to make others do the work.

It was once thought that those in power had a right to command the labour of the poor without giving them a fair remuneration; this idea has for ever been abolished in England, and slavery has ceased to exist; every man now has a right to be paid for his labour; the converse of this—viz., that no man has a right to eat unless he is willing to work, is equally true; but the idea is still maintained in some measure that he has that right. The poor, as a matter of right, are no more entitled to demand the assistance of the rich, than the rich are to demand, as a matter of right, the labour of the poor.

Among rich and poor there are not wanting many examples of those who from a higher motive give their assistance on the one hand and their services on the other, without any adequate immediate reward. These men are the real links which bind society together; they act upon another principle than that of



abstract right; more is naturally demanded in this respect from the rich than from the poor, and no country can compare with England in the amount of public benefit, or of private charity, which has flowed from this source. Our public hospitals and our care for the poor generally, are lasting monuments, of which every Englishman may well be proud; and so free have medical men been generally to give their assistance to institutions which have the good of the poor for their object, that the principle has been abused. That has been claimed almost as a matter of right which commenced with a feeling of charity, and medical men have too often I fear lent themselves to the counterfeit. Among hospital surgeons and private practitioners alike it is to be feared that some have been found to trade upon charitable principles, and to give their services, apparently gratuitously, from some collateral and less worthy motive. Did time permit, I might shew that these observations are not without their point in the operation of the Poor-law medical relief as at present practised. But the point to which I wish particularly to direct the attention of this Branch of the British Medical Association is that, with an erroneous idea of benefitting the poor, and as a very inexpensive mode of doing good as they conceive, a considerable section of the public are ever willing to lay fresh duties upon medical men, and to take it for granted that those duties must be performed, and that, if a poor person complains that they are not, the medical attendant is necessarily to blame. I will give but one illustration of this injustice, and it is a striking one. Not long ago a Pole was admitted into St. George's Hospital, with symptoms of piles; the surgeon ordered that he should sit over some warm water, which he accordingly did. No complaint was made for several days, when it appeared that he had been scalded either while sitting over the water or at some other time. Being a man of impaired constitution, the sores assumed an unhealthy aspect, and spread. When they were nearly healed, the Pole suddenly left the hospital, and brought an action against the medical men who had attended him. In the witness box he swore that his flesh had been left upon the pan at the time when he had been directed to sit over the hot water. The counsel asked him distinctly whether it was the flesh or the skin that had been so left, and he maintained that it was the flesh. So much for the case. And now to come to the point of my story. The counsel in the first place told the surgeon that he had better compromise the action. Luckily the surgeon, and those who advised him, were made of sterner stuff than to think of that for a moment. Secondly, the defence set up by the counsel was not a simple statement that the surgeon, not being present when the Pole sat over the hot water, had nothing whatever to do with the fact as to whether he was scalded or not. Knowing, as he had every right to do, the animus by which a jury is often influenced, and knowing that that animus must have some vent, in order to protect his client, the counsel directed a virulent attack against the hospital, and said that it was shameful in them not to protect their own officers. The climax of the story remains to be told. At the very time the counsel made this attack upon the hospital, he knew very well that it was the hospital authorities who had retained him, and he had their money then in his pocket. Now, this man no doubt knew something of English prejudices; he feared to state the simple facts, and thought it necessary to make a feigned attack in order to ensure a verdict in favour of his clients. In almost every case in which a similar attempt to extort money has arisen, it has been from a party who

has been attended in the first instance without affording any remuneration; and when such a scene as the one described could be enacted in Her Majesty's Court of Queen's Bench, it is time for us to inquire whence this prejudice against "the doctors" arises, and whether it is not in some measure due to our having sometimes put ourselves in a false position with regard to the administration of gratuitous medical services.

## READING BRANCH.

PRESIDENT'S ADDRESS.

By T. L. WALFORD, Esq., Reading.

[Delivered July 25th, 1866.]

THE duty I have undertaken, gentlemen, seen from a distance, is one thing; seen from a period of time, close to the period when it must be performed, is another and to me a very different thing. One's estimate of the work to be done, and of the ability to do it, differs at the two named periods of time; and it is well when the latter connects the former. The very liberty you allow me by no means lightens the sense of obligation which attaches to the honour you have conferred upon me. Perplexity, child of this liberty, has held me doubting which course to adopt; and which anxiety not to waste the time of those who are present did nothing to decide. Past addresses, and such as are in course of delivery this year, have been revolved by me; but one and all appear to occupy a height I fain would but cannot reach. I have floundered on; and must beg you to bear in mind under what circumstances this address has been prepared.

Permit me, then, to congratulate the members of this Branch on the position they have taken, as members of an Association formed for no selfish objects, but really to increase their efficiency as members of the healing art, and so their greater usefulness to their fellow creatures. Could I utter anything new on the subject, the chances are it would not be true. I must, therefore, at the risk of being thought homely, venture some remarks upon the fealty we owe that profession to which we belong, and which stands nearest to that of the highest, the sacred ministry. I think you will not consider me rash when I assert, that the more free and frequent the intercourse between the members of the medical profession for the purpose of discussion, so much the better; first, for the members themselves, and then for the public who need our care. If this were not true, the Reading Medico-Chirurgical Book Society had never been born; and those minds who first conceived the idea (one and the most active of whom it is our privilege to have amongst us still) would have nothing now to rejoice over, for it would soon have expired as a thing having no vitality. The birth of this Society was anterior to that of the Provincial Medical and Surgical Association; and amongst the members of the Reading Society, the Provincial found some of its earliest friends and supporters. This principle of association, historically looked at, would be most interesting; but it is beyond my power to sketch. So valuable is it, that one cannot claim it as the child of civilisation, as the narratives of explorers and missionary enterprise show. There is this difference, however, in the two cases. In the latter, the instinct of self-preservation led to its adoption; whereas



civilised society, whose life and property were protected by the state, had no need of it for such purposes. When, therefore, it adopted the principle, it did so rationally, not instinctively; from a conviction that the objects desired could only be secured by the principle of association.

Now, what has this principle done for us at Reading? I mean us, as medical practitioners, in relation to the public; i.e., have the public been benefited by us in consequence of this principle having been in operation here or not? This principle has given us the Book Society and the Pathological Society—the first which ever existed in the provinces. It has made us a Branch of the British Medical Association, and so brought us as a body into connexion with its Executive Council. It has given to some of us to be associated—in a small number, it is true—as a social and ethical society, under the name of the Astor Key Club. These are the forms in which we have embodied this principle of association; and what are the fruits? Our intercourse with one another is an object of desire and enjoyment—assistance to one another is cheerfully given—as in sickness also, I can truly say, being a large debtor to many of you.

Our conduct towards each other is that which is rarely complained of; whilst the public, I believe, have reaped material advantages in the season of sickness. If your estimate of the value of association be the same as my own, and your presence to-day asserts such to be the case, you need no persuasion on my part to cultivate this principle.

If I draw your attention to what the British Medical Association has done for the profession, I may mention, first, that it is no longer a Provincial, but a British Association—the provinces and the metropolis—England, Scotland, and Ireland. The heads of the profession are honoured by it, and do honour to it; of which one cannot but feel proud. The volumes of *Transactions* published by this Society may be appealed to as a proof that it has promoted the art and science of medicine and surgery; whilst the continued existence of the weekly *JOURNAL*, under the able editorship of Dr. Markham, attests the vitality and power of this Association to influence the mind of the profession; to defend its honour; to assert its claims upon the Government, as seen in the Medical Bill, in some improvement in the position of Poor-law medical officers, and of the medical officers of the army and the navy. The amount of medical information which the *JOURNAL* contains, evidencing, generally, judicious selection, makes it a trustworthy record of what is going on to those of us who see only it. As instances of its discernment, I may mention the discussion on Iridectomy in Glaucoma, conducted as that discussion was by the heads of the profession in ophthalmic surgery; and more recently, and not less opportunely, the discussion on the Nature and Treatment of Cholera; by which, if I may so speak, the profession has been dragged into thinking about and reasoning upon that disease. Another instance of its discernment and watchfulness, is its views on the question whether Government shall undertake the licensing of prostitutes, free from gonorrhœa and the venereal disease, for the use of the army and navy—views which deny the reasonableness and show the absurdity of such a proposition.

Looking at the *JOURNAL* financially, it pays its cost—I am not aware that the Association has anything on its credit side from that publication. But the basis on which it stands, and the objects it is bound to keep in view, at once disassociate it from others, ably as they are conducted, and without which we would not be. The question whether this

Association shall be incorporated by means of a Royal Charter, will come on again for discussion at Chester, when it will be desirable that the opinions of the various branches should be known.

One of the earliest adjuncts of the Association was the Benevolent Fund, originated by men distinguished no less by their virtues than by their attainments; the loss of two of whom, Mr. Newnham and Dr. Conolly, we have been recently called to bear; but to speak of either of whom I must not attempt—so completely incompetent am I for such a duty. But the Benevolent Fund lives, and grows, and will grow; and may it be our happiness to help its growth, whether any one of us or not come to need its help—feeling of this assured, that to such an one, if anything can support his arm when holding out his hand to receive its bounty, it will be the consciousness that, in health and prosperity, he realised the necessities of others, and did what he could for their relief.

Dr. Alexander J. Lizars of Aberdeen, and formerly of Edinburgh, surpassed by none as a teacher of anatomy, has recently paid the debt of nature. I had the honour of being the holder of the first ticket for his lectures, under circumstances which he was pleased to refer to. And still more recently has fallen, accidentally, by his own hand, Mr. Joseph Toynbee, a man of great reputation, usefulness, and honour. This event, anticipating the course of nature as it does, is deeply to be lamented. On personal grounds I mention the former; whilst the melancholy circumstances of the latter demand from all a tear of sympathy.

Of the last adjunct to the Association—the Provident Fund—I cannot say anything for or against. That our life should be assured, is right; and no less right is it that one should have something to depend on when disabled for duty. Those who have recently entered the profession, and who are to enter, are the classes who can take advantage of it. Those of us who have turned the scale of our professional course, and of life still more surely, and who need it, are the individuals who cannot afford it; and one advantage of our meeting to-day is the bringing under the consideration of all the desirability of joining some such assurance society. Had I had the opportunity of joining one, and been urged by my professional brethren to do so, more than a quarter of a century ago, the probability is, I should have done so.

There is one thing our Association has still in hand, and that is the position of the Poor-law medical officers. I alluded to their improved condition; and now specify one view of the case which should be, I think, pressed upon Government: it is the appointment of a Medical Poor-law Commissioner; the fixing by Government of the rate of remuneration of the medical officers—in fact, bringing the medical officers into connexion with the Government—the Government looking to them for certain information—obtaining from them certain medical returns—making them an army of observation at home on sanitary matters—having their attendance when the medical commissioner makes his inspection—apportioning a retiring allowance after a certain number of years' service. That such appointments should be held after competition or special examination, is not asked; but that the care of upwards of two millions of sick poor is a duty worthy of being discharged in the best possible manner (and, to be so discharged, must be properly remunerated), is a subject of so much importance to the ratepayers, to the poor themselves, and to the medical profession, that I think our Association has something to do for us yet in urging upon the Poor-law Commissioners the



assistance of a medical Poor-law Commissioner. I do think these appointments should be so remunerated that every member of the profession would be willing to hold them; and that it should no longer be a question whether these appointments do a man harm or not. By some it may be contended that *only* the commercial principle of supply and demand is the correct one; to which I must reply, that this principle is not the only one that is needed; and, in proof of the truth of this reply, it will be admitted that it fails to attract men of standing and experience; so that what is needed is, that there should be a demand for such a class of men. A demand which does not correspond with the necessities of the case is imperfect—incomplete; and the consequence is, the supply is drawn from a section of the profession. In brief, the demand is defective; and for this the Poor-law Commissioners are responsible. Let that be made such that any can compete, and there will be objection no longer to the argument, “that demand and supply are sufficient to secure the efficient discharge of the duties of Poor-law medical officers.”

One other duty I think our Association should undertake, and that is the consideration of the fees payable by Government for the examination of individuals proposing themselves for life-assurance under the Government Annuities Act. In March 1865, a deputation from the Metropolitan Counties Branch waited on the Postmaster-General, to urge the adoption of an uniform fee of five shillings; but unsuccessfully. I think, therefore, the General Council might take the matter up, and communicate with the College of Physicians, the College of Surgeons, etc., and endeavour to convince the Postmaster-General that he, in offering 2s. 6d. for an insurance under £60, is undervaluing the work required to be done; and perhaps an additional reason for taking up the matter may be found in the circumstance that we have a new Postmaster-General, who, it is to be hoped, would prove open to conviction.

I have not said anything of the Pathological Society, all-important as that is to us in Reading and its neighbourhood. This day we are privileged to get a retrospect of our proceedings during the preceding twelve months, which will sufficiently explain how it is we differ from many Branches of the Association, in that papers are not read and discussed at this meeting. This work is done by us at the monthly meetings of the Pathological Society. All honour to the founders of that Society, which gives us an opportunity of meeting each other every month, and to which meeting we owe so much.

I have not a heart to pass over that body which is destined to be foremost in effecting those changes which are so generally considered desirable in respect of the education of the future practitioners in this kingdom. The *vis inertia* of vested interests has rendered rapid progress impossible. The presence of members of the Council at the examination-boards is a most important step, and one which will enable the Council to proceed further, should the observation of those members indicate the necessity. The *Medical Register*, which the Medical Act gives us, is worth a great deal; and of that Act, it is not too much to say that, but for the British Medical Association, it would not have been passed. And, if the Medical Council is to get an amended Act, and to proceed to carry out its powers in anything like a satisfactory manner, it must be encouraged to do so by the voice of the profession: and how is that voice to be uttered so distinctly as by the British Medical Association? It cannot be that the highest members of our profession, who, in virtue of that position, have been dignified with the trust of carrying out the Medical Bill, will abnegate their respon-

sibility. Still they need the support of the profession; and we can in no way aid in remedying acknowledged grievances so effectually as by joining this Association, and doing each one his share of the work to be done by it. I must confess it does strike me that, when the profession shall awake to the value of the *principle of association*, and band itself together, with the aid of a Charter, that “all things may be done decently and in order,” then, and not till then, will it have power to do the good I have been speaking of; then, and not till then, will its voice be listened to.

I cannot forbear noticing one or two medical subjects, if for no other reasons than the personal gratification it affords me. The discovery, by Dr. Richardson, of a means of producing local anæsthesia, at once simple, elegant, and scientific, appears to me of such value, that to let even a Branch meeting pass without mentioning it, would be an omission not creditable to the speaker. The other subject is the papers on nutrition, and the lectures on inflammation, by Dr. Lionel Beale, published in the *Medical Times and Gazette* of last year, in opposition to the doctrines of the physicists and chemists, founded on microscopic observations, and supported by arguments, unanswerable to my mind, as far as the physicists and chemists are concerned. Of the importance of knowing the truth in this matter we shall all agree, so fundamental is it that we cannot take a step without being led to that step by the one doctrine or the other. If our physiology be wrong, our pathology and therapeutics must be wrong also, an illustration of which one has seen within the last week or two, in the circumstance that Dr. O. Rees has abandoned the limited diet principle of the chemists in the treatment of diabetes.

The only other subject I shall allude to is the defence of bloodletting, in a limited degree, in pneumonia, by our esteemed editor, Dr. Markham. Personally, I thank him for the views he has expressed, believing that cases do occur in which venesection, rightly used, will be of essential service.

The mention of a particular remedy leads me to venture a remark of a general nature on the subject of medicines. I mean this, not making the medicine we prescribe the first and last subject of direction or inquiry with our patients at every interview. Important as medicine may be there are other things of as great importance, e.g., the physiological rest, so beautifully taught us by Mr. Hilton. In fact, what we want is, that our patients should have as much faith in the conditions necessary in sickness, as we ourselves have, and that the least thing, I had almost said, a medical man has to do, is to prescribe what medicine shall be taken. One matter of a local and sanitary nature I may mention to this meeting, and that is, the Board of Health have resolved on proceeding to obtain a plan for the sewerage and drainage of the borough, and which I hope all of us may live to see in operation. It only remains that I should crave your indulgence for the way in which I have occupied your time for a few minutes. If one could but have realised one's idea of what the address might have been, then such a request might have been only a formal one, but it is not so. I shall offer no excuses or explanation of how it is that it is not such as I could wish. My position is known to you, and you are in a better position to calculate correctly what you may expect. My surroundings at this moment tell me I am in a port near the end of my voyage, and somewhat startle me by the announcement. Well, be it so—“To labour, and to hope,”—that is our portion, remembering that “The night is, but the morning cometh.”



## NORTHERN BRANCH.

## PRESIDENT'S ADDRESS.

By Sir JOHN FIFE, M.A., F.R.C.S., Senior Surgeon to the Newcastle-upon-Tyne Infirmary, etc.

[Delivered at the Annual Meeting, June 22nd, 1866.]

GENTLEMEN,—I believe that the most emphatic way in which I can show my sense of the honour you have conferred upon me will be to proceed to fulfil, to the best of my ability, the duties of the position in which I am placed. In attempting to do so, I cannot forget that I succeed one who has not only for many years stood high in his profession throughout the north of England, but who was equally distinguished in general science, liberality, and benevolence.

Let me now congratulate you on the progress of the British Medical Association (numbering as it now does nearly three thousand members), and of our own local Branch, with its accession of nineteen members within the last few months. We have lost three by death, and many of you can testify to the qualities of heart and mind which enhanced their value. When a professional man has the magnanimity to set aside occasionally his private and individual cares, and enter upon the responsibilities and exertions incidental to such a Society as this, he is a loss when taken from us, not only to the Association, but to science and to the community.

What, then, are the objects to be gained, and the advantages to be derived, from our united labours? The harmonious social state amongst men of the same profession; the honour and the interests of that profession; and the advancement of the noble science in which we are engaged. The question, or rather the principles of medical ethics, were admirably treated in a work on the subject by Dr. Percival half a century ago, in which he described the peculiar and morbid sensitiveness of medical men regarding their character and attainments; and since that time it has been often satirically remarked, that there did not exist the same jealousy amongst the professors of the law. In my opinion, this may be easily explained; the differences of opinion amongst the latter being settled by courts of appeal, instead of being left to careless conversation. Besides, when medical men differ in opinion, it is a mutual misfortune; when lawyers differ, it is a mutual profit. But in how many instances are we misunderstood and unfairly judged! When, for instance, a sufferer has been long in a state of uncertainty and misery, and consultation is determined upon, the sufferer and the friends build their hopes upon something new to be discovered, and something new to be done; they catch at every expression favourable to their wishes; they form opinions, and express them to others in their own language, till a consulting physician or surgeon is astonished and shocked at the opinions and expressions attributed to him. When we meet together as we do now, we are less likely to believe each other capable of unfairness; or we have an additional facility for explanation, which will generally show that the interest of the sufferer has been, as it ought, the first consideration—the honour of the preceding practitioner the second.

Now, as an instance of the working of our Society in assisting the interests of the profession, not long ago it was considered very desirable by the Association that Fellows of the Royal College of Surgeons residing in the country should be placed upon an equality with those residing in London in voting upon important questions. A memorial was drawn up, circulated, considered, and signed, and in forty-eight hours transmitted to the Royal College; and it

is to be hoped that its object will yet be gained. Gentlemen, without the organisation of this Society, such influence could not have been so rapidly brought to bear.

It is time now to commence a short sketch of advances in science materially pressed forward by this Association; and it cannot be denied that, during the last twenty-five years, this progress has been great. Every practitioner who continues (as he ought to be) still a student, must candidly acknowledge that he gains as much knowledge from professional conversation as from books; and he must feel that in the British Medical Association an active and persevering mutual tuition is constantly going on. It would occupy a volume to make even a rapid survey of scientific attainments within the last few years; but I glance at a few which have come peculiarly under my own observation. The diseases of the kidney, as demonstrated by Brodie, Prout, and Bright, have received still further elucidation from Johnson and Hassall; and many diseases, apparently unconnected with the kidney, are now attributed to its morbid action. Time will show whether I am right in attributing the partial and temporary paralysis following diphtheria to the absorption of urea; but, in all the cases of this curious disease that have come under my observation, I have had evidence of this peculiar condition. In lithotomy, much has been done to improve the safety of the operation; and I regret that a most distinguished operator, Mr. Teale, is not here to-day. I may, however, refer you to my correspondence with him, which was published in the *Lancet* two years ago, on the secondary hæmorrhage after lithotomy, and also on a new mode of making the first incision, which I was obliged to adopt in operating upon a deformed perinæum. One hip-joint being ankylosed, one side of the perinæum only was available; therefore the first incision was made by passing the scalpel about one inch deep into the centre of the perinæum, a flat side to the scrotum, a flat side to the rectum, the cutting edge to the right elbow; the knife described the one-eighth of a circle, terminating near the tuberosity of the ischium. The operator will feel, as soon as this is done, that he can with more ease pass his left forefinger to the prostate gland, and complete the operation without wounding the artery of the bulb. Delpeche of Montpellier told me in 1831 that he had operated upon five hundred cases, and lost only twenty-five; and that the most distressing or formidable consequence of the operation he met with was secondary hæmorrhage. He operated with the *bistouri caché*, as was usual in France at that period, and sometimes practised in this country. Now, when you consider the action of this instrument, cutting from within outwards, you will immediately perceive that many large arteries, even the pudic itself, must have been endangered, even in dexterous hands. Contrast this mode of operating with the caution now exercised in the partial incision of the prostate, and you at once acknowledge the greater safety of the present operation.

The opium treatment of violent nervous cornitis is an extraordinary fact, as it often succeeds when other modes have failed, as well as when other treatment has not preceded it.

We have a wonderful auxiliary in the hot-air bath; and, when you reflect upon its action in opening the pores of the skin, allaying spasm, determining the arterial circulation to the surface and extremities, you will feel no longer surprised at the vast number and endless variety of cases to which it may be applied. In diseases of the kidney, the joints, the bladder, and in cases of dangerous biliary obstruction from concretions—in short, wherever there is



spasmodic constriction and unequal circulation, there is something to be gained by that venerable and time-honoured institution, the hot-air bath, brought home to us by the extraordinary efforts and sacrifices of Mr. Urquhart. An enthusiast in any cause is the only man to advance it; and, if Mr. Urquhart had spoken and written on the Turkish bath in cold terms of therapeutic science, we might not now in this country have had the luxury of its enjoyment in health, nor the efficacy of its restorative influence over disease. Six hundred of these baths were found in Constantinople by the victorious Turks, who were taught to use them by the surviving slaves of the conquered Romans, to whom the hot-air bath had appeared an ordinary comfort and almost a necessary of life, established as its use had been for two thousand years.

Gentlemen, we have to anticipate much interesting and instructive matter in several communications to be laid before us to-day, and I feel that I have already occupied more of your time than I ought to have done; but, before I sit down, let me remind you of the social part of our meeting to follow, when we ought to assemble in numbers, and when we may hope to see as visitors any qualified members of our profession who may honour us with their presence.

#### REPORT ON A CASE OF SINGLE KIDNEY (RIGHT): WITH SPECIMEN.

By JOHN C. MURRAY, M.D., Newcastle-on-Tyne.

[Read at the Annual Meeting, June 22nd, 1866.]

A LUSUS NATURÆ is always regarded with interest; but when Nature, in one of her humorous moods, dispenses with an organ of vital importance in the animal economy, it demands the attention and interest of the naturalist and physiologist, and becomes worthy of being chronicled by the medical historian. It is, therefore, a duty incumbent upon the anatomist, who is the discoverer of any remarkable freak of Nature, to make what she has revealed to him a public possession. In accordance with this principle, I have the honour to submit to your notice and inspection a case of *single kidney*, which recently occurred in my practice, in order that it may be recorded through the medium of this Branch of the British Medical Association. The case is as follows.

E. F., a strong muscular man, of florid complexion, aged 65 years, five feet nine inches in height, born in the seventh month of utero-gestation, had always passed less urine, but of a deeper colour, than normal. Nevertheless, he enjoyed good health until 1846 (his forty-sixth year); he then first suffered from nephralgic pain in his back, which lanced down the course of the right ureter to the testicle and thigh of the same side, but ceased on his being cupped. From that time, after fatigue and exposure, he frequently felt pain in the right lumbar region, accompanied by dysuria, and sometimes hæmaturia; but never any similar pain in the left side. He was a free, but regular liver; had been a blacksmith until 1858, when he received a government appointment, which had the effect of suddenly increasing his weight from 10½ to 13 stones, at which weight he remained, without variation, until his death.

On the 27th of May, 1866, he was seized with enteric symptoms in the right iliac fossa, but continued his employment until the 30th, when he was obliged to relinquish duty and obtain professional aid. I was sent for, bled him, and administered appropriate remedies; after which he did very well until the 3rd of June. An unfavourable change having occurred subsequent to my morning visit on that

day, I was requested to see him again, which I did in the evening, in conjunction with Dr. White; but the patient was then so low, that our efforts were fruitless to save him. He sank rapidly, and died on the morning of June 4th. At this untoward event I was much surprised, as he had been progressing so favourably. I now, however, attribute it to his solitary kidney becoming, from its close relationship to the inflamed colon, too congested for the continuance of its functions.

In compliance with my request, permission was granted to make an autopsy. Twenty-five hours after death, Mr. James Douglas Murray and I found *post mortem* appearances of enteritis, which had evidently commenced at the caput cæcum coli, and extended along the ascending and part of the transverse colon. The rest of the bowel was in its natural state. The liver was not fatty, or otherwise diseased. Upon taking out the right kidney for inspection, we were astonished at its unusual size and weight; but, thinking it only enlarged from recent fatty degeneration, I made an incision from its convex border to the hilum, to see its internal structure; and also cut off a thin slice for subsequent examination. We then proceeded to inspect the left lumbar region, for the purpose of comparing the right kidney with its fellow. In this, however, we were disappointed. No trace of a left kidney, collapsed, atrophied, nor yet rudimentary, existed; nor was there any semblance to renal vessels. The kidneys being occasionally variable in their relations, and often mobile, we were mindful to examine very carefully the whole of the abdominal cavity, and even pelvis; but the left kidney was *non est*. Our attention was then directed to the right kidney with increased interest. It was in its natural site, immobile, and deeply imbedded in fat. It is, as you will observe, of normal form, exaggerated in all its parts; is somewhat firmer and less friable in texture than natural. It shows some fatty deposit in its cortical part, but not enough to materially impair its functions. This, I think, may be accounted for by hyperæmia, consequent upon its having double duty to perform. It was deeply injected where in relation to the ascending colon, the congestion penetrating its entire diameter. Part of the surface was of its natural colour; and its original division into three lobes is seen. The investing tunic peeled readily off. After the kidney had been carefully washed and pressed, its proportions and weight, allowing for the quarter of an ounce cut off, were:

Length, 6 inches	Diameter, 2½ inches
Breadth, 3½ inches	Weight 10½ ounces

In this interesting case we have a beautiful instance of that compensation which Nature always endeavours, and so frequently succeeds in establishing, when she has lost or omitted an organ essential to the continuance of life; and it is very important, in treating renal affections (not blood-diseases), to remember that this congenital irregularity has occasional existence, as it might account for the grave nature of symptoms which would of necessity arise from disease of one kidney, if there were no second organ to carry on the secretion. This, I think, is the more to be insisted upon, as the occurrence of this phenomenon is not sufficiently noted in our text-books, although more than fifty cases are on record.

On referring to a lengthened review of M. Rayer's *Treatise on the Diseases of the Kidneys, and the Morbid States of the Urinary Secretions*, published in the *British and Foreign Medical Review* for 1843, I find the following paragraphs.

"Numerous are the cases of three kidneys in the human subject described by authors, nor are ex-



amples of the existence of four of these organs wanting. The only point of physiological interest connected with this superabundance of kidney is, that no evidence exists of its ever being attended with unnaturally great secretion of urine.<sup>3</sup>

In the case before you, however, the urine was less in quantity than usual. Again:

"Numerous authentic cases are to be found of absence of one kidney. The remaining organ has generally been found larger than natural, and sometimes double its natural weight. It is either found in its natural place, or a little higher or lower. When a single kidney has been described as seated crosswise on the spine, there no doubt existed two kidneys fused as it were into one."

This is known as the horseshoe-kidney. Further: "The total absence of kidneys has been several times noticed in the fetus, occasionally in the infant at birth."

And, more wonderful still, a case is recorded by M. Moulon, of a girl who died in her fifteenth year, of chronic enteritis, who had no kidneys or urinary bladder. In this remarkable deprivation, M. Moulon thinks that the liver performed the office of the kidneys by vicarious secretion; for the umbilical vein was enlarged; and there was a constant flow of fluid from the umbilicus, having the properties of urine.

#### SOUTH-EASTERN BRANCH.

##### CASE OF OVARIOTOMY: PRESENCE OF FETAL DÉBRIS IN CYST.

By BLACKALL MARSACK, Esq., Surgeon to the Tunbridge Wells Infirmary.

[Read June 14th, 1866.]

I PROPOSE to give you a short account of a case of ovariectomy which I think presents several points of interest. The patient, a girl aged seventeen, was admitted into the Tunbridge Wells Infirmary on the 11th of April last year, under the care of Dr. Wardell, and was afterwards transferred to myself for operation. The tumour had been noticed for about eighteen months, and, except for size, had not caused any inconvenience or disorder of health. When I first saw her, the abdomen was somewhat larger than is usual at the end of pregnancy, but the actual measurement at this time was, I am sorry to say, not taken.

Feeling satisfied that the tumour consisted, for the most part, of one large cyst, I tapped it on the 26th of June, and drew off about five gallons of clear straw-coloured fluid. From this operation she suffered no inconvenience, but the cyst rapidly refilled. On the 26th of July, that is one month later, the measurement was thirty-five and a-half inches, and ten days after that thirty-eight inches. The removal of the tumour was now decided upon, and on the 5th of August, with the assistance of my colleagues, I proceeded to operate. The patient being placed under the influence of chloroform, I made an incision of about three and a-half inches in the median line, extending from two inches below the umbilicus towards the pubes. On introducing my hand I found numerous adhesions on the anterior surface of the tumour; these were, however, easily broken down: I tapped and drew off a large quantity of fluid. Mr. Trustring caught hold of the sac with a pair of vulsellum forceps, and the walls being very thin a rent was made, and some portion of the fluid escaped into the abdomen. The greater portion of the emptied sac I drew out easily, but when close down to where I expected to find the pedicle I found a hard mass, which at first I thought to be the uterus with something inside. This, however, I soon found to be the lower portion of the tumour, but hard, bony, and

irregular in shape, and of such a size as to cause some difficulty in turning it out. In addition to this, the pedicle was very short. Under these circumstances I extended the incision another inch downwards and turned out the mass, applied the clamp, and brought the edges of the wound together with eight silver wire sutures.

From the operation she rallied well, the principal point of note being a constant dragging pain from the loins apparently caused by the tension on the pedicle.

On the following morning, during the temporary absence of the nurse, she got out of her bed and walked across the room; for some hours after this she had occasional vomiting. The pulse had gradually risen from eighty, just after the operation, to one hundred and sixty on the third day, when the vomiting had ceased, but collapse appeared about to set in, the dragging pain continuing.

Wine and beef tea, with fomentations over the abdomen, somewhat mended matters.

On the fourth day the sickness returned with hiccough; dragging pain still complained of; wound discharging serous fluid. Pulse one hundred and sixty-two. Under these circumstances, feeling convinced that the strain on the pedicle could not be borne longer, I removed the clamp, and ordered the wound to be kept constantly moist with water-dressing. In the evening the pulse had gone down to one hundred and fifty, and as might have been expected the pedicle showed signs of disappearing within the wound.

The following day the pulse had sunk to one hundred and twenty; the pedicle had completely disappeared; the wound was discharging freely. She seemed better in the evening, the vomiting had ceased, and food was taken tolerably well; the hiccough, however, continued at times.

On the next day (the sixth) the discharge from the wound assumed more of a purulent character, and was very copious. Diarrhoea to the extent of four or five liquid olive-coloured stools in the day set in, and continued several days. Menstruation came on and lasted two days. The pulse ranged from one hundred and thirty to one hundred and forty. This state of things continued with little variation, in spite of wine, quinine, catechu with opium, nourishment, &c., till the 22nd (the seventeenth day after the operation), the wound now gaping and discharging freely from the lower part. Considering the pus in the cavity of the abdomen to be the exciting cause of this state of things, I ordered her to be placed on her side in order to favour its escape.

The next day the diarrhoea had much abated; and, as she bore the alteration of position well, she was directed on the following morning to lie on the abdomen. The escape of pus from the wound seemed now much more complete, and I again began to hope that a favourable termination might be attained, as in many respects she was much more comfortable and satisfactory; but on the 2nd of September fæces were observed passing through the wound, and from this time she gradually sank till she died on the 17th, just six weeks and one day after the operation.

*Autopsy.* The external wound had to a great extent healed; but at the lower part for about an inch it was slightly gaping, and through this part there was oozing a purulent fluid mixed with faecal matter. Internally there were adhesions all over the peritoneum; some were old and fibrinous; others were more recent, and consisted of yellow lymph. The transverse colon was by these glued perpendicularly along side of the wound for about three-fourths of its extent, and here were found two small perforations through which evidently it was that the faecal matter had escaped. The uterus was firmly attached to



the posterior part of the bladder, and the remaining ovary to the side of the pelvis. There were also numerous small independent abscesses in various parts of the omentum and beneath the peritoneum. One larger than the rest contained about half a pint of pus, being beneath that portion which covered the quadratus lumborum and communicating externally with the wound. The kidneys and other organs were healthy. No bleeding had taken place from the pedicle.

REMARKS. As far as my reading extends, it is not often that a case that ends fatally is so protracted, and it is interesting to notice the causes which, one after another, seem to have prevented recovery. I have not, in my own mind, decided to what extent the escape of fluid into the peritoneal cavity predisposed to unhealthy action, nor how far the getting out of bed so soon after the operation may have added to the mischief, but that the latter at least must have done so to a certain extent can hardly be doubted. The first obvious source of danger was the wearing pain and the irritability of the stomach caused by the shortness of the pedicle, and its dragging upon its attachments to the rest of the peritoneum. That this was really so seems proved by the great relief obtained by removing the clamp. But now, instead of serum only, or even plastic lymph being secreted by the peritoneum, the unhealthy state of that membrane caused pus soon to be formed. Why this should have been so I cannot determine. I do not believe that it was due to the admission of air through the wound, for even after the retraction of the pedicle the edges to all appearance remained in close apposition. Why the pus should not have given rise to acute and rapidly fatal peritonitis, as in the case of an abscess bursting into the cavity, must have been owing to a partial matting together of the intestines around the wound, so that it was only in contact with a portion of the cavity, the remainder being thus shut off, and if the discharge could have found a ready exit, this attempt of nature might have been successful. To attain this, the lateral and afterwards the prone position was adopted, and I think it interesting to notice how very well it was borne, although it must have involved a considerable amount of pressure. But there is a tendency for any irritation in the near neighbourhood of the bowels to be accompanied by irritation of their mucous surface and diarrhoea, and this is a very serious complication where it is of the utmost importance to maintain the strength. If this irritation continues, not only diarrhoea, but ulceration follows, and, as in the present case, this may go on to perforation, while under the peritoneum, abscesses, probably somewhat allied to pyemic formations, take place. But even after this we see nature still carrying on the struggle, but the combined effects of such serious lesions of important structures were too much to be withstood, and it is only a matter of astonishment to me that the attempt to accommodate the system to such a state of things should be so long sustained.

There is one point on which I am not prepared to offer any opinion, but which I very much hope will receive some light from wiser heads than mine before we leave this room. I refer to the connection between such tumours and ordinary impregnation,—whether it is possible for such *débris* to be formed in cases where, from non-intercourse, it would be impossible for a more perfect fetus to exist.

THE CHOLERA: DONATION FROM THE QUEEN. The sufferings of the poor in London from cholera have most painfully attracted the attention of her Majesty, who has commanded £500 to be forwarded to Messrs. Herries for the Cholera Fund.

*We are requested to remind members of the Association that the Annual Subscriptions became due on the 1st of January. They can be paid either to the Secretaries of the Branches; or to the General Secretary, T. Watkin Williams, Esq., 13, Newhall Street, Birmingham.*

## British Medical Journal.

SATURDAY, AUGUST 11TH, 1866.

### ARMY MEDICAL CANDIDATES.

THE statement of degrees, etc., held by candidates for the Army Medical Service during 1865, as well of those who passed and were rejected, lately presented to the Medical Council by the Army Director-General, is worthy of notice. It gives us hints as to the condition of medical education in the country; and as to the standard of examinations of different licensing bodies. It indicates to the student, also, where he may most readily obtain a licence to kill or cure according to law.

Of Colleges of Surgeons, admission (so far as these statistics can guide us) seems easiest into that of Ireland. Of 38 men holding the Dublin College qualification, 21 passed and 17 were rejected at the Chelsea examination. Of the 24 London surgical diplomas, 16 passed and 8 failed. To the credit of the Edinburgh College, it appears that of 13 of its surgical candidates only two failed.

Of University degrees, Edinburgh sent 6, and all succeeded. Queen's University of Ireland sent 13, of whom only 2 failed. From Aberdeen, 10 diplomas in medicine or surgery were presented, and were all accepted.

The Edinburgh College of Physicians does not shine; in fact, with one exception, it figures blackest on the list. Of 28 diplomas, only 12 passed and 16 failed—more blanks than prizes. The unenviable exception belongs to Bachelors and Masters of Surgery of the University of Dublin. Of 12 of these, only 4 pass muster.

The University of Glasgow in a small way does not shine; 2 of its Doctors of Medicine and 2 of its Masters of Surgery apply, but only 2 of the 4 apply successfully at Chelsea.

The London Apothecaries' Society does well; of 12 applicants, 10 succeed. The Dublin Apothecaries' Society sends 2, both of whom prove failures.

The King and Queen's College of Physicians of Ireland send 16 diplomas, of whom 6 fail.

This document, therefore, corroborates a statement made (we believe by Dr. Parkes) highly complimentary to the University of Aberdeen. It also speaks well of things at the Edinburgh University



and Edinburgh College of Surgeons. The number of candidates for army medical honours during 1865 was 89; of whom 56 succeeded and 33 failed. The Director-General gives no returns as to the actual numbers of English, Scotch, and Irish candidates. But we conclude from these returns, that Ireland carries the day in number of candidates and rejections. Of the 182 qualifications held by these 89 candidates, 84 were Irish, 61 Scotch, and 37 English; and of rejected diplomas, 35 were Irish, 20 Scotch, and 10 English. In justice, however, to Scotland, it should be remembered that 16 of its 20 rejected diplomas hail from the Edinburgh College of Physicians. If we were to strike off the 28 Edinburgh College of Physicians candidates altogether, we should find that of the remaining 33 Scotch diplomas, only 4 were rejected.

One great defect is manifest in this return; it does not tell us where the candidates were educated. It shows, however, that the Edinburgh College of Physicians examinations stand first as requiring setting in order; that next in deficiency stands the Irish College of Surgeons; next the King and Queen's College of Ireland; and next the College in Lincoln's-inn Fields. But there is, as we have already said, a grave deficiency in this return, which does great injustice. We are not told where the examined were educated. That most of them were educated in Ireland, we may, however, assume as certain, because at the present time about seventy-five per cent. of the candidates are admittedly from Ireland. It is also well known that many of our Irish medical brethren take diplomas at English and Scotch Colleges. When we read in these returns, that out of 89 candidates 33 failed, we ask, Where were these 33, and where were the 56 who succeeded, educated? The Army Medical Department may perhaps, from motives of delicacy, wisely decline to give the individual schools where these gentlemen were educated; but surely there can be no reason why they should not tell us how many of the 56 and of the 33 were educated in England, Ireland, and Scotland. We hope that the Medical Council, in common fairness, will apply to the Director-General for such information. If any general conclusions are to be drawn as to the condition of medical education in the country from returns of this kind, plain justice demands that we should know the exact number of the candidates supplied by the three divisions of the country.

#### A PROPOSED NEW ASSOCIATION.

DR. J. C. MURRAY has published a pamphlet, "On the Necessity of Organising a Universal Medical Association for the Advancement, Unity, and General Weal of the Profession; with Remarks on its Claims to Equal Preferment with the other

Learned Professions." Dr. Murray states the objects of the Society to be as follows.

"1. To support the dignity of the profession, prevent members and others from being guilty of any practices derogatory thereto, and to give the laity a proper respect for our noble art. 2. To cherish good feeling in the profession, and settle points in etiquette when necessary. 3. To protect the pecuniary interests of the profession. 4. To defend members against unjust actions and libel. 5. To suppress quackery and imposture. 6. To guard the interests of the profession in Parliament; to place medical men there; also to assist in the election of medical men for the office of coroner. 7. To assist our brethren in the army, navy, and militia, in their just claims for increased pay and more consideration from Government. 8. To bring the influence of unity to bear upon the Poor-law and other boards. 9. To assist brethren when embarrassed from ill-health or misfortune; grant annuities to the aged requiring such; and to assist widows and orphans of deceased members. 10. To enrol medical students, in order that they may recruit the society, and be acquainted with the principles of our etiquette before entering the profession. 11. To obtain state recognition and preferment. 12. To foster a more exalted *esprit de corps*."

Every medical man will wish success to any Society which promotes such desirable ends. But members of our Association will at once recognise in these ends the especial business of the British Medical Association. More than this, most members well know that there is not one of these objects (except the tenth) which our Association has not actually promoted. The Association will, therefore, naturally ask, Why does not Dr. Murray take the Association—an established fact—as a starting point on which to base his development of an "Universal Medical Association."

Dr. Murray says that his proposed Society would advocate the claims of army and navy medical officers. He is perhaps not aware that the action which has resulted in such great advantage to our army and navy brethren, was initiated by our Association; and that the success is mainly due to the action of the Association.

Dr. Murray also refers to Dr. Armstrong's case. If he had fortunately heard the eloquent language of that gentleman at the last annual meeting of the Metropolitan Branch, he would have learnt how deeply Dr. Armstrong had felt the sympathy and support of the Association in the cruel trial to which he had been subjected. No "Universal Medical Association", Dr. Armstrong will, we are sure, readily admit, could have rallied more earnestly or effectively around him on that occasion than this Association did. In fact, our Association can show a vast deal of real work done and perfected. But such good deeds are apt to be forgotten. "The good is oft interred, etc." Dr. Murray refers to our having a Medical Council. Is he not aware that its existence is due to our Association? We sincerely hope that Dr. Murray will study our organisation



and our actions a little closer; and we are satisfied that if he will do so, he will see that by attempting to raise another association, he is not fulfilling the motto on his pamphlet, "*Cor unum via una.*"

DR. MARKHAM has been appointed Poor-law Inspector for the Metropolitan District by Mr. Gathorne Hardy.

THE objections urged, and, what is more unfortunate, practically adopted, against the admission of sisterhoods as nurses into certain medical institutions seem to us very regrettable, as well as ill-founded. Every one admits the difficulty at this time of obtaining efficient, and, above all, educated nurses; and the difficulty does not seem likely to diminish, the demand for a fitting supply of attendants on the sick being continually on the increase. We may conclude, for example, from the Poor-law Inspector's Report, that paid nurses must soon become general in our workhouses; and the number required for the metropolitan district alone would be very large. Taking the proportion suggested by Mr. Hart, of one nurse to fifty patients, and supposing there are more than 6,000 sick poor, there would be required a constant supply of 120 nurses for the metropolitan workhouses alone. In the face of facts like these, and of the admitted general want of nurses, it really seems sad that religious feelings should step in to reject the services of those who desire to perform the most religious of duties—viz., attending upon the sick—and mainly on the ground of their holding certain sectional views of religion. Has it ever been shown that, in those cases where sisterhoods are in operation, there has been going on a system of proselytism, such as seems to be so much dreaded? No such denominational proceeding would, we are convinced, be any where permitted; and, as regards any particular religious character which nurses may present, we are inclined to agree with the author of *Sam Slick*, who came to the conclusion, that "people had better have a little too much than none at all of that ere article."

WE do not approve, says *Wien. Med. Woch.*, of the uncommonly elegantly dressed and perfumed ladies who make our hospitals like a theatre, who bring to the wounded all sorts of hurtful trash, disturb the sick, and hold themselves forth ostentatiously as directresses and protectresses. But deeply do we respect those ladies who move silently about, acting with tact and discretion, saying and doing the right thing at the right moment. The same journal adds that, notwithstanding the peace preliminaries, hospitals for the reception of more wounded are being hastily prepared at Vienna.

THE regulations as to the pay, etc., of naval medical officers, which have just been issued from the Admiralty, deviate in some particulars from the recommendations of the Admiralty Committee, which have already appeared in the JOURNAL. The following are the differences. The clause of the Committee respecting prize-money has been omitted. The staff-surgeon "period of retirement" is put at sixty, instead of fifty-five, as in the Committee's recommendations. The eleventh and twelfth recommendations—viz., "that naval medical officers be considered equally eligible to honorary distinctions as army medical officers; and that they should have equal consideration for Greenwich Hospital pensioners with other officers of the service"—have been omitted from the new regulations.

THE pay of medical officers in the Italian army is as follows: President of Council of Health, with grade of Major-General, 9,000 *francs* (£360) per annum; Inspector, with grade of Colonel, 7,000 *francs* (£280); Surgeon-in-chief, 5,500 *francs* (£220); Surgeons of Regiment, first and second class, with grade of Captain, 3,100 *francs* (£124) and 2,800 *francs* (£112); Battalion-Surgeons, with rank of Lieutenant, 2,000 *francs* (£80) and 1,800 *francs* (£72).

At a late meeting of the Medical Society of Pennsylvania—the *Medical Record* tells us—

"The subject of *female practitioners of medicine* was discussed, and threatened to disturb the harmony of the members. A resolution was offered, to rescind a former resolution which declared it unprofessional to hold consultation with the professors and graduates of the Female Medical Colleges as then organised. Dr. Traill Green and others discoursed eloquently upon the increasing sphere of woman's usefulness, and in favour of encouraging females to practise medicine; and especially alluded to the delicate hand, the flexible wrist, and the sympathy of sexual organisation, all of which fit them preeminently for the practice of obstetrics. The resolution was negatived only by four votes. The lady doctors now know where their friends reside, and ought to go out in the country to practise; the majority of country physicians want them, and the city physicians generally would be glad to get rid of them. Another resolution was then proposed, and occasioned a great deal of excitement. Finally, the subject was put to sleep for a year."

Dr. Newman of Stamford has performed the operation of Cæsarean section, local anæsthesia being successfully maintained by Dr. Richardson's ether-spray method. The application of the local anæsthesia was perfectly satisfactory. All that the woman felt was a "little scratching."

Mr. Solly (*Lancet*, 1865) considers that Scriveners' Palsy depends upon granular degeneration of ganglionic cells of the spinal cord in the brachial division of it.



## A MODERN HASHISH-EATER.

UNDER this title, Dr. G. Riedel of Berlin relates a case of poisoning by the official extract of the leaves of Indian hemp.

Of this, two scruples were taken at 9.30 on a Saturday night in last February by a druggist's apprentice, with the object of securing for himself that condition of "indescribable bliss far exceeding all earthly delights", which, as he had read in Dr. Pfaff's book *On the Immortality of the Human Soul*, were held to be procurable within an hour or two by the ingestion of two or three grammes of hashish. Soon after ten o'clock, the attention of an assistant was aroused by the singular conduct of the youth, especially his fidgety and aimless movements about the shop. He openly confessed what he had done; and immediately after hastened, with an apparently unsteady gait, to his bed-room on the first floor of a back building. Here he was, a few minutes afterwards, seen lying on the floor and partly under the table, wallowing about like a madman.

Dr. Riedel, when he appeared at 10.30, found him in bed, with his head and chest bent forward and his knees drawn upwards, motionless in a sitting posture, in which he was supported by a wooden chest placed behind his back. The head was hot, the face intensely red, the eyes half open and staring at vacancy, the conjunctivæ moderately injected, the pupils active and of normal width, the expression somewhat diabolical, more malicious than anxious. Both his hands he held firmly pressed against the epigastrium; and it appeared that the extremely vehement impulse of the heart—perhaps also pain in the stomach—caused him to adopt this attitude. The respiration was in no wise abnormal; the radial pulse, moderately full, beat but ninety-six times in the minute; the heart-sounds were normal. The temperature of the hands and feet was below par, but they, especially the former, were very red. There was no priapism.

It was obvious that the patient saw and heard what happened, and that he recognised the persons about him; but his psychical reaction on these outward impressions was inordinate. He swore, chided, and threatened to beat those who approached and touched or examined him; and even to his principal, whom he called correctly by his name, his expressions were harsh and rude. However, he did not offer any actual resistance to what was ordered for him. When told to do so, he put out his tongue, which was clean and moist; and obediently he swallowed what was poured into his mouth.

Mustard poultices were applied to the extremities and a bladder of ice to the head. He received a powder of one scruple of ipecacuanha and one grain of tartar emetic. When asked whether he knew the remedy given him, he called it jalap; so his taste and smell appeared to be alienated. It was not until he had taken nearly four such powders at intervals of ten minutes, that he began to vomit abundantly; and this was kept up for a while, camomile tea being administered for the purpose. The result was everything that could be wished. At the bottom of the white basin into which he had vomited, there appeared a pretty considerable quantity—at least fifteen or twenty grains—of the evidently not very soluble resinous hemp-extract, which had been taken an hour and a half previously. Soon afterwards, the whole condition showed a decided improvement. There was a change in the physiognomy; he no longer swore and threatened; became more affable; and his answers were more composed. The heat and redness

of the face had abated, the hands and feet were warm, the heart quieter; but he said that his head felt still heavy, and he wished the cold applications to be continued. There was still a feeling of oppression in the cardiac region. After a copious motion had been produced by an enema of dilute vinegar, and he had slowly sipped a small cup of strong coffee without milk, he placed his body in a natural and semi-extended position on one side, and appeared inclined to sleep.

The next morning at eleven o'clock, Dr. Riedel found him still asleep; the skin moist and generally warm; the pulse quiet, of seventy beats; the appearance that of a sound sleeper. When awakened, he stated that he felt his head still somewhat numb. In the afternoon, he took a long walk with a friend, when he felt yet a little dizzy and confused; but the following morning he was able to attend to his duties in the shop as usual.

A week later, Dr. Riedel made some inquiries from his patient, in regard to the subjective symptoms. The first signs of the poisonous effect were said to have been an inclination to laugh and an irresistible impulse to move about. This increased *pari passu* with an obnubilation of his senses, making him feel giddy and as if he were intoxicated. In this condition, he had totteringly made for his bed-room, where he ran round the table which occupied the middle of the room, until he fell on the floor, as he thought, without consciousness. How he had got into his bed he did not know; but remembered that the summoning of his master and of the medical attendant had filled him with anger, and that he had great difficulty to withstand the impulse to swear and knock about him. Of the lovely and delightful sensations hoped for, he had experienced none—not any, even in his sleep. Instead, the fear of death and the feeling of repentance had harassed him, and caused him the keenest pangs of conscience. It is, further, worthy of note that a variety of subjective colours, with a preponderance of blue and green, but without coalescence to harmonious shapes or images, had for a while disturbed his beginning sleep.

The effects of the poison were doubtless complicated with and qualified by those of psychological emotion. Besides, but a relatively small portion of the article was absorbed, and thus, by way of the circulation, allowed to affect the system. The case does not, therefore, warrant any definite conclusion regarding the sphere and mode of action of the cannabis extract. It may, however, safely be inferred that a peculiar excitation of the brain, not unlike that produced by intoxication, is one of the essential and primary phenomena of the poison's action. Whether the symptoms of great cardiac anguish, much resembling those of angina pectoris, without any commensurate acceleration of the respiration or dyspnoea, justify the assumption of an elective affinity of the extract to the cardiac plexus, however plausible it appear, Dr. Riedel prefers to leave in abeyance. (*Deutsche Klinik*, No. 19, May 12th, 1866.)

UNIVERSITY COLLEGE, LONDON. At a session of Council, on the 4th inst., the following appointments were made: Mr. Erichsen, Holme Professor of Clinical Surgery, in succession to Mr. Quain, who was invited to assume the title of Emeritus Professor; Mr. J. Marshall, Professor of the Principles and Practice of Surgery, as successor to Mr. Erichsen; Dr. Harley, Dr. Wilson Fox, and Dr. Ringer, hitherto assistant-physicians, physicians to the hospital; Dr. Ringer, Examiner for the Filliter Exhibition for proficiency in Pathological Anatomy; Dr. Rickards resident medical officer of the hospital. The Liston medal was awarded to Mr. C. B. Laxon.



## THE CHOLERA.

A CASE of rapid death from cholera last week came before the Middlesex coroner at the London Hospital. A woman in Whitechapel saw a mechanic, about 55 years of age, walking on the pavement. He suddenly gave a loud exclamation of "Oh!" and made a run across the road and fell. A policeman came up, and, finding him insensible, ran for a doctor; some passers-by took up the prostrate man and carried him to the London Hospital, which was not far off. On admission, it was found that he was quite dead. Dr. Jackson, resident medical officer, said that death was so sudden that he at first supposed the case to be one of apoplexy, but a *post mortem* examination undeceived him. The brain and the organs generally were quite healthy. In the stomach were the remains of a meal. The intestines were found to contain the peculiar whitey substance indicative of cholera, and the livid appearance of the body also denoted cholera. There had been no time either for vomiting or diarrhoea. The deceased had been killed by Asiatic cholera before either vomiting or diarrhoea had set in—say within an hour. Except in the East, cases of such extraordinary suddenness were hardly known. It was very unfortunate that nothing was known of the habits or history of the victim in the present instance. A verdict of "Death in the street from Asiatic cholera" was returned.

At an inquest in Poplar, a nearly similar instance of the rapidity of the fatal effects of cholera was disclosed. It appeared that a seller of tools, who was in good health on Saturday, did not make his appearance on the Sunday; and on the Monday his landlord called in the police and broke open the door. He was found dead, kneeling by the side of his bed, as if he had been praying. One hand was clasped on his stomach, as if he had been suddenly seized with the fatal cramp while praying, and had spasmodically put his hand to the seat of the pain and died instantly. In this case, however, a cup with some cayenne pepper mixed in water was found on the table; and it was thence inferred that he had been attacked with some premonitory symptoms which he had endeavoured to cure. The medical evidence conclusively proved that death had arisen from Asiatic cholera.

The Rev. G. Driffeld of Bow says, in a letter: "If anything could have had the effect of paralysing local exertion, it would have been the removal of two such men as Dr. Ansell and Mr. Ceely; but their removal has only stimulated others to still greater efforts in the cause for which they may literally be said to have laid down their valuable lives." Mr. Ceely is, we believe, a brother of Mr. Ceely of Aylesbury.

Dr. G. Beaman recommends now, as he did in 1849, "common table salt as an antidote against susceptibility to cholera." The chlorine is evolved in the stomach, and acts upon the germs of the disease, which are seated in its lining membrane! One-sixth of an ounce a day will be effective for an adult. Peppers, also, are good in cholera time.

The reports from Liverpool continue favourable. The number of both deaths and admissions to the cholera-wards continue at the lowest average since the commencement of the outbreak. The cholera-sheds at the north end are now receiving patients.

A rumour that two deaths had occurred from Asiatic cholera in Birmingham is contradicted.

Two fatal cases of cholera occurred on the 3rd inst. in the Inner Temple. The authorities have caused

the three pumps belonging to the society to be chained up.

As might have been expected from the intensity with which the cholera has raged in the East London district, the localities attacked are found to be very defective in all sanitary arrangements and in the water supply. The past researches of Dr. Snow and Mr. Simon, as to the influence of poisoned water in spreading the cholera, have caused special attention to be directed to this part of the etiology of cholera, for it is only one element of the causative influences, although probably the most important. The engineer of the East London Water Company has vindicated the sources of their water supply from some of the imputations of the Registrar-General. But it is remarkable that the cholera district seems, according to the Registrar-General, nearly to correspond with the field of distribution of that Company's water.

Mr. A. Brady, writing of the cholera at Bow, says: "The medical men have done wonders; one (Dr. Ansell of Bow) has died in the discharge of his duty, and another (Dr. Elliot, our officer of health) is very ill. More noble and disinterested labours than those of the medical men of this neighbourhood are not on record."

Mr. Thomas Buxton, speaking of the cholera in the London Hospital, said they had given up one-third of the hospital to cholera patients, and one nurse to every three patients. The number of cholera patients admitted from the 10th of July to the 4th of August was 365, of whom 299 were suffering from cholera, and 66 from diarrhoea. Of these, 97 had recovered, or 48 from cholera, and 49 from diarrhoea; 158 had died from cholera, and 8 from diarrhoea, or 166 in all; and 102 remained in the wards, 93 of them afflicted with cholera, and 9 with diarrhoea. The number of out-patients during the same period was 6,251. The cholera staff of the hospital consisted at present of five resident medical officers, thirty-five day-nurses, thirty-five night-nurses, and four men. It had been perfectly astonishing to witness the zeal of the medical staff. At first there was a good deal of fear of contagion, but much of that had been abandoned; and all the authorities of the hospital, with many others, had volunteered their services in the emergency. Two nurses had died, and one was ill now; but the former were extra nurses, and had slept out in the neighbourhood of Bethnal Green, or other places where there was cholera; so that the authorities of the hospital hoped the death of the two nurses was no absolute proof of the disease being contagious.

The cholera has broken out in the Prussian camp, on the flat land which borders on the Danube; several men and officers are already down with it, and great fears are entertained that the hot weather may cause it to increase. The cases are not very numerous, but they are not confined to one particular regiment or one particular locality, which makes it appear as though the disease were lurking all through the lines, ready to burst forth every where if a day hotter than usual or a slight failure of good water should occur.

PRACTICE MEDICAL IN MEXICO. Dr. Morse, Surgeon of the 117th U. S. Coloured Infantry, at Brownsville, Texas, was waylaid near the city, by the Mexicans, who lassoed him, dragged him into the chapparel, and there murdered him.—Dr. A. W. Webb and his son were murdered in bed, at Little Rock, Ark., on the 14th ult., for the sake of the plunder in the house.



## Association Intelligence.

### THIRTY-FOURTH ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

THE meeting was opened on Tuesday last, in the Music Hall at Chester. At 2 o'clock P.M., the Board of Directors of the Medical Provident Society met and agreed on a report. At 3 P.M., the Committee of Council held a meeting; and at 4 P.M. the General Council assembled and agreed on the report to be presented.

At 8 P.M., the public proceedings were opened by the Retiring President, Dr. JEAFFRESON of Leamington; who, on taking the chair, addressed the members present in the following words.

Gentlemen,—At a meeting of the Council of this Association this morning, it was unanimously agreed that we should proceed to no general business connected with the Association until we had passed some resolution of condolence with the family, and regret at the loss which we have sustained in the death, of Sir Charles Hastings. [*Hear, hear.*] If I had a thousand times the eloquence that I have—or rather that I never had—nothing that I could say would express one-half of the feelings which I entertain towards the memory of our inestimable founder, Sir Charles Hastings. In every relation of life he was a man to be loved, to be respected, and, I may say, to be venerated. I was invited by the family, as the representative of your Association, to attend the funeral of Sir Charles Hastings; which I did yesterday. It was a painful duty to me; but it was made to me a happy and noble one, because I felt that by my attendance I represented the feelings of every single member of our Association. [*Hear, hear.*] I think it may be a satisfaction and a pleasure to you to know that, apart from the feelings which every member of our Association must retain of his memory, I never was more staggered than I was by the demonstration of feeling towards him as a man and a neighbour, in the town of Worcester. Short of any very great public character, or any member of the Royal Family itself, it was impossible that more respect could be shown. It was wonderful to see the number of places—both shops and private houses—that had their shutters up out of respect to the memory of our founder. I may mention one little anecdote, which I am authorised by his son, Mr. George Hastings, to mention. So much was Sir Charles attached to the Association, that the last words connected with any matter of business which he used previously to his death—either on the day before or on the morning of his death—were words connected with his ardent desire and hope for the prosperity of this Association. Up to his last breath, he retained his loving and kindly feeling towards the members of this Association, and his desire for its permanency and its prosperity. [*Hear, hear.*] The resolution suggested by the Council has been put into my hands, as your President; and I shall call upon Sir Charles's dear friend, neighbour, and medical attendant to the last, Mr. Carden, to be kind enough to second it. I should not wish to see any kind of discussion upon it. It will be passed unanimously; and it is intended that the resolution should be forwarded to the family. The resolution is as follows.

"That the British Medical Association, assembled at the general meeting at Chester, desires to express its deep sorrow at the loss the Association has sustained in the death of its much loved and highly esteemed founder, President of Council, and Treasurer, Sir Charles Hastings, who, from the period of its establishment to the present time, has, with singular courtesy and fidelity, exerted his highest powers for the promotion of the best interests of the Association; and that a copy of this resolution be forwarded by the President to the family of the late Sir Charles Hastings, with the condolence of the Association on the bereavement they have sustained."

Mr. CARDEN (Worcester) said: I can assure you that this is to me a most melancholy and, at the same time, satisfactory duty. I have been called upon by Dr. Jeaffreson and yourselves, who knew the value of our late friend, the founder of our Association; and I do most cordially second every word that has been said. But I feel it is unnecessary for me to enlarge upon the character of Sir Charles Hastings. It is well known to you. But I might perhaps say that, having known him intimately through a long and serious illness—more intimately than we can know any one during his appearances in public—throughout that long illness, and at the close of his long, useful, and earnest life, his great wish was for the success of your Association. The last words he said to me were: "When is the meeting at Chester?" I repeated, as I had done before, when it was, and he said, "I may not be able to go to Chester." Fancy a man with no pulse below the elbow, his soul, entering into the occasion, going beyond his body! Then he added: "If I am not able to go this time, it is just possible, perhaps, that I may never join the Association again. If so, I shall only say, as I have always said in my greatest disappointments, 'God's will be done!'" He could say no more; but this spoke volumes. It was the character of the man—a high and mighty soul, finding his bodily weakness so great, that he began to feel as if his soul should cast away the body that could not carry out his intentions. It was a beautiful sight! You have seen his buoyant manner, and heard his cheering voice, and seen his countenance, which you will never see again, except in recollection; but I can tell you his soul was with you, and I think it my duty, in so many words, to tell you so. I second, most cordially, the vote of condolence and the expression of the feeling of deep regret at the loss we have sustained; and I know, further, that the feeling of condolence thus expressed, when received by the family, will be one of the most consoling expressions of feeling that they could possibly receive from any quarter. [*Hear, hear.*]

Dr. RICHARDSON (London). I think, sir, before this resolution is passed, those who have worked with Sir Charles Hastings during many years past should give expression to those feelings to which he would have listened with respect and love. I cannot allow this resolution to pass with a silent vote. I must bear my testimony to the kindness, the geniality and goodness, of Sir Charles Hastings. There were three great attributes in his character which especially call for our attention: first, the wonderful power which he possessed, and which should be diffused through us, of amalgamating men of contrary opinions on many subjects, but of one opinion on those things which most pertain to us as a profession. The more we recognise this particular feature in his career, and feel the spirit in him which welded us together, the more we shall advance in the path of unity and progress. [*Hear, hear.*] Nor can I fail to recall his untiring industry. I have often thought that for the correspondence of the Asso-



ciation, which he performed alone, many a man would have required a secretary; and he would have been insufficiently remunerated, whatever his salary might have been. [*Hear, hear.*] For thirty-five years, since he commenced his work, his energy, his industry, through the whole time, is a great and marvellous model to us. And, lastly, I think of that quietness with which he proceeded through all. He went on through the long vista of thirty-four years, always doing something, and least of all presenting through himself that something was done. If we progress, using these three attributes, and sustaining the Association which he founded, we shall best perpetuate his memory. [*Hear, hear.*] I could not avoid saying these few words with reference to my dear and lost friend.

The resolution was passed unanimously.

The retiring PRESIDENT, after making some business announcements, said: And now, gentlemen, I make my bow. I shall not attempt to make a long speech; but I have to thank you for all the kindness I have experienced from every member of the Association during my year of presidency, and to express the feeling that, though I entered upon my office with great dread and fear that I should not be able to go through all the work in the manner I should wish, yet I owe so much to my good friend our Secretary, and to every member of the Association, that I hope I have not disgraced myself. [*Loud applause.*] With a loving feeling for the Association over which I have had the honour to preside during the last year, it is no small pleasure, no small consolation, for me to feel that I am succeeded in my office by one so well deserving of your confidence. [*Applause.*] I am quite sure that Dr. Waters will not be wanting in zeal and kindly feeling; and I feel that he will do more than justice to the office to which you have elected him. [*Applause.*] Certainly, my year of office has been one of great pleasure in many respects, and of great pain in others. I could wish that at some future time—perhaps when my friend Dr. Waters retires—the dying effort of the President should be to give some little sketch of the history of the year past—some little testimony to the memory of those dear friends we have lost during the year. In this respect, this year has been a very painful one to the Association, as we have lost many valued and very much esteemed friends. I might name amongst them my own cousin, Mr. Jeaffreson of Framlingham, the originator of the ovariectomy operation; my very dear friend Mr. Toynbee, an exceedingly useful member of the Association; and also our most worthy President, Sir Charles Hastings. I have not had the leisure or health to do this; but I do think that, if in future some retiring President should give some slight sketch or memorial of those who have been lost during his year of office, it would be a very valuable addition to the transactions of our Association. With these remarks, gentlemen, I wish you farewell; but I shall continue to hold all of you “to memory dear”. [*Loud applause.*]

The Chair was then taken by EDWARD WATERS, M.D., of Chester, who delivered an address, which is published at p. 145.

The Retiring President. Dr. FALCONER (Bath) then proposed a vote of thanks to the retiring President. The motion was seconded by Mr. JOHN HARRISON (Chester), and carried unanimously; Dr. Jeaffreson being at the same time elected a Vice-President of the Association.

Report of Council. Mr. WATKIN WILLIAMS, the General Secretary, read the following Report.

“Your Council has much pleasure in meeting the

Members of the British Medical Association in the ancient city of Chester. From the subjects for discussion, from the papers announced, as well as from the distinguished position of the gentlemen who have undertaken to deliver the Addresses in Medicine and Surgery, a very successful meeting may be confidently expected.

“The Committee of Council has held its usual quarterly meetings at Birmingham; at the last two of which they have had to regret the absence of their esteemed President of Council, Sir Charles Hastings, in consequence of his severe bereavement and the failing state of his health.

“On the 5th of July, Sir Charles resigned the office of treasurer, feeling himself unable any longer to perform its duties. On this occasion, the Committee of Council passed an unanimous resolution, which was ordered to be forwarded by the President to Sir Charles, expressive of their deep sympathy with him under his affliction, their regret that his declining health obliged him to resign the treasurer-ship of the Association, and their hope that his life might long be spared to fulfil the less onerous duties of President of Council. This hope is now lost. Sir Charles Hastings, the Founder of the Association, and for thirty-four years its leading spirit, died on the 30th of July last. The Council feel, that in no way could they better express their recognition and remembrance of their late friend and founder, than by vigorously sustaining the greatest effort and object of his life, the British Medical Association; which, so long as it shall last, will perpetuate his honoured name.

“It will be necessary for this meeting to elect some gentleman to fill the office of Treasurer.

“Your Council has much pleasure in congratulating you upon the continued improved condition of the Association. The number of members in 1865 was 2,368. Notwithstanding the unusual number of deaths last year, there are now on the books 2,462. Since the 1st of January last, 167 new members have been admitted.

“Your Council very gratefully acknowledges the valuable services of the Branch Secretaries.

“Your Council would suggest to some of the larger Branches the desirability of holding more frequent meetings, or of holding district meetings, such as have been established by that most admirably-managed Branch, the South-Eastern. A considerable increase in the number of members has resulted from these meetings.

“The following is the Financial Report for 1865; the accounts have been audited by the Auditors, Dr. Melson and Mr. Hadley:—

“*Financial Statement for 1865.* The improvement in the finances of the Association, which was reported with so much satisfaction last year, still continues, and is increasing. The subjoined cash account shows that the balance in favour of the Association on the 31st of December, 1865, was £318:14:8½, against £243:16:8½ in December 1864. It should be observed that a sum of £50, due for distributing the JOURNAL in 1864, has been paid during 1865, in addition to a like sum due for the latter year.

“1865.—RECEIPTS.		£	s.	d.
Balance from 1864	.....	243	16	8½
Subscriptions	.....	2229	3	0
Arrears	.....	105	0	0
Advertisements and Sales	.....	655	9	3
		3233	8	11½



## "1865.—PAYMENTS.

JOURNAL EXPENSES:	£	s.	d.
Mr. Richards (Printing and Stamps).....	1807	10	6
Mr. Richards (Directing, etc., <i>two years</i> ).....	100	0	0
Mr. Honeyman (Office Expenses).....	108	4	6
Mr. Davidson (Commission).....	63	1	9
Mr. Orrin Smith (Engraver).....	15	16	0
Editor of Journal.....	200	0	0
Dr. Henry (Sub-editor).....	50	0	0
Contributors.....	230	7	6
Dr. Henry (Salary, for work at Office).....	50	0	0
<b>EXECUTIVE EXPENSES:</b>			
Secretary and Clerk.....	167	0	0
Secretary's Petty Cash.....	37	3	2
Branch Secretaries and Collectors.....	30	4	9
Leamington Reporter.....	16	16	0
Mr. Moore (Gold Medal).....	21	0	0
Anniversary Expenses.....	3	17	8
Birmingham Stationer.....	18	8	10
Bank Cheque-Book.....	0	4	0
	2914	14	3
Balance.....	318	14	8½
	£3233	8	11½

## "CHARLES HASTINGS, Treasurer."

"Your Council, in August last, caused a memorial to be presented to the Council of the Royal College of Surgeons, urging the justice of allowing provincial fellows to vote by voting papers in the election of members of the Council of the College. In the early part of this year your Secretary procured about fifty memorials on the same subject, signed by a very large number of the fellows resident in the provinces, and which were presented by Mr. Paget, of Leicester. Notwithstanding this, the Council of the College returned the same answer, an *excuse* having been found this time by the presentation of a counter memorial. Your Secretary has endeavoured to ascertain the number of memorialists on each side respectively; but even this scanty information has been refused. Your Council leave it to the members of the British Medical Association to draw their own conclusions as to the value or importance of the counter memorial. The efforts of your Council having hitherto been unsuccessful, the Association should decide what further steps ought to be taken. Your Council recommends that a deputation be appointed to lay before the Home Secretary the injustice under which the majority of the fellows of the College are placed by the present charter.

"Your Council has observed with much pleasure the desire of the Medical Council to obtain an amendment of the Medical Act, and recommends that a deputation be appointed from this Association to wait upon the Home Secretary at the proper time.

"Your Council hopes that, at length, the medical officers of the army and navy have received at the hands of the authorities that measure of justice for which your Association has contended; warrants for increased pay and rank having been signed by Her Majesty the Queen.

"Your Council desires to offer its warmest thanks to Dr. Markham, Dr. Stewart, and Dr. Sibson, who for more than two years have so energetically worked for the good of their brethren in the united services.

"*The Charter.* The Charter Committee has, by direction of the Committee of Council, published in the JOURNAL a copy of the draft charter, which will be submitted to the General meeting for approval.

"*Medical Provident Society.* A Report will be presented by the Directors of this Society.

"*Scientific Witnesses Subcommittee.* A Report will be presented by this Committee.

"*Registration of Diseases Committee.* A Report will be presented by this Committee.

"*The Medical Benevolent Fund* continues a prosperous career, dispensing the blessings of charity among

our less fortunate brethren and their widows and orphans.

"Your Council has to deplore the death of Mr. Toynbee, whose services to this valuable charity have been beyond all praise.

"Your Council bears willing testimony to the continued improvement of your JOURNAL under the editorship of Dr. Markham.

"*The Hastings Medal* has been awarded by the adjudicators—Mr. Carden of Worcester, Mr. Hilton of London, and Mr. Southam of Manchester—to Mr. Furneaux Jordan of Birmingham, for an essay on Shock after Surgical Operations and Injuries.

"The introduction of subjects in scientific and state medicine for discussion having proved so very successful at Leamington last year, your Council has decided upon continuing such discussions; and your Council has good grounds for hoping that such discussions will this year be equally successful."

On the motion of Mr. STEELE (Liverpool), the Report was unanimously adopted.

*Medical Provident Society.* Dr. HENRY, Secretary of the Society, read a report, the adoption of which was moved and seconded, but was opposed by Mr. Steele and Dr. Morris (Spalding), who proposed and seconded an amendment in favour of the severance of the Society from the Association. After some discussion, in which Mr. Husband, Mr. Heckstall Smith, Dr. Davey, Dr. Richardson, and other members, took part, the amendment was withdrawn, and the motion for the adoption of the report carried.

*The Secretary.* On the motion of Dr. JEAFFRESON, seconded by Dr. RICHARDSON, Mr. Watkin Williams was unanimously elected General Secretary of the Association.

On Wednesday morning, the new Council assembled, and elected the following ten gentlemen as members of the Committee of Council for the ensuing year: E. Bartleet, Esq.; J. C. Burrows, Esq.; E. Charlton, M.D.; M. H. Clayton, Esq.; R. W. Falconer, M.D.; W. D. Husband, Esq.; B. W. Richardson, M.D.; T. H. Smith, Esq.; G. Southam, Esq.; and A. T. H. Waters, M.D.

Dr. Sibson was elected President of Council in the room of Sir Charles Hastings.

Letters were read from Dr. Stokes and from the University of Dublin and the Colleges of Physicians and Surgeons in Ireland, cordially inviting the Association to hold its annual meeting in 1867 in Dublin. A numerous signed invitation to meet in Brighton in 1867 or 1868 was also presented; and Mr. Nunneley stated that the Association would at an early date be invited to hold its meeting in Leeds. It was decided to recommend to the general meeting the acceptance of the invitation to meet in Dublin, under the presidency of Professor Stokes.

It was also determined to recommend Dr. Falconer for election as Treasurer of the Association.

At 11 A.M., the members again assembled in general meeting.

Dr. WATERS (Liverpool) proposed, and Dr. SIBSON (London) seconded, the election of Dr. Falconer of Bath as Treasurer of the Association, in the room of Sir Charles Hastings. The President, in putting the motion (which was unanimously carried), announced the election of Dr. Sibson as President of Council.

*Auditors.* Dr. WADE (Birmingham) then moved, and Dr. RUSSELL (Birmingham) seconded, a vote of thanks to the auditors for the past year, Dr. Melson and Mr. Hadley. On the motion of Mr. HADLEY (Birmingham), Dr. Marshall of Clifton and Mr. Church of Bath were elected auditors for the next year.



The *Hastings Medal* was presented by the President to Mr. Furneaux Jordan of Birmingham, for his essay on "Shock after Surgical Operations and Injuries".

*Medical Representation in Parliament.* Dr. MACKEY proposed the resolution regarding the representation of the medical profession in Parliament, of which he had given notice. After some discussion, however, the resolution was withdrawn.

Dr. HUGHES BENNETT of Edinburgh read the Address in Medicine.

A more complete account of the preceding, as well as of subsequent proceedings of the meeting, will appear in the next number of the JOURNAL.

#### READING BRANCH: ANNUAL MEETING.

THE annual general meeting of the Reading Branch was held at the Council Chamber, Reading, on Wednesday, July 25th; T. L. WALFORD, Esq., President, in the Chair. There were also present Drs. Cowan, Walker, Wells, and Woodhouse, Messrs. Barford, Brewer, Harrison, Hayes, Izod, O. C. Maurice, G. May, jun., Moore, Mixhay, Taylor, Vinen, Young, and two visitors.

*President's Address.* The PRESIDENT delivered an able and instructive address, which will be published in the JOURNAL.

*New Members.* Dr. Walker of Reading, and Mr. Barford of Wokingham, were elected members of the Branch and of the Association.

*President-elect, etc.* Mr. Barford was selected for the office of President-elect; Dr. Woodhouse as Representative in the General Council. The Branch Council and Honorary Secretary were re-elected.

*Retrospective Address.* Mr. BARFORD read the retrospective address of the Reading Pathological Society, which will be published in the JOURNAL.

*Dinner.* The members dined at the George Hotel. The President, T. L. Walford, Esq., occupied the chair; and Mr. Barford, the President-elect, the vice-chair. After the usual loyal and patriotic toasts, the proceedings terminated at an early hour.

#### YORKSHIRE BRANCH: ANNUAL MEETING.

THE annual meeting of this Branch was held in the Library of the Yorkshire Philosophical Society's Museum, on Thursday, July 26th, when the following members were present: J. Braithwaite, M.D., C. Chadwick, M.D., T. M. Greenhow, M.D., S. Hey, Esq., S. Smith, Esq., and T. P. Teale, Esq. (Leeds); T. Collin, Esq., J. H. Gibson, M.D., W. D. Husband, Esq., H. Keyworth, Esq., W. Matheson, M.D., S. W. North, Esq., and G. Shann, M.D. (York); J. Teale, Esq. (Scarborough); J. Ness, Esq. (Helmsley); J. Abraham, Esq. (Harrogate); J. H. Aveling, M.D. (Sheffield); G. Ord, M.D. (Brixton).

S. HEY, Esq., of Leeds, occupied the Chair, in the absence of the President, Mr. B. DODSWORTH, who was prevented by indisposition from being present.

*Report of Council.* Mr. NORTH read the Report of the Council, of which the following is an abstract.

"Since the last meeting of the Branch, Mr. S. Hornby has resigned the office of Secretary, which he has held for several years. Mr. North has been requested to perform the duties of Secretary prior to the Council meeting.

"By the death of Mr. Garlick of Leeds, and more recently of Mr. H. Jackson of Sheffield, the Society has lost two of its earliest members, both of whom ever took a lively interest in the welfare of the Association.

Mr. Jackson was one of the original members of the Branch. His genial disposition, courteous manners, and extensive acquirements, long endeared him to all who had the pleasure of his acquaintance. The Council feel that, in expressing their high sense of the many virtues and high character of their departed friend, and their sympathy with his family in their bereavement, they do but express the general feeling of regard and sympathy entertained by every member of the Association.

"But two topics of professional interest seem to call for any observation from your Council; viz., the status of the medical officers of the army and navy, and the question of Poor-law medical reform. As regards the first of these questions, the members will have observed with pleasure that there is every reason to believe that the suggestions of Sir A. Milne's Committee for improving the pay and promotion of the medical officers of the two services are likely to be carried out.

"On the wide question of Poor-law medical reform, your Council feel that every endeavour ought to be made, whilst the public mind is so strongly directed to the question, to urge on the authorities the necessity there is for extensive alteration in the existing arrangements.

"In the opinion of your Council, the best method to obtain at once a better position for the medical officer and better treatment for the poor, would be the establishment, in every town and village of sufficient size, of an efficient dispensary system, the drugs and a competent dispenser being in all cases provided by the guardians; in workhouses, the relief of the medical officer from all connexion with the supply or dispensing of medicines, and, if possible, a large diminution of the amount of desk-work which he is at present called upon to perform. By these means, more time would be placed at his disposal; and his position would more closely approximate to that of the medical officers of our public medical charities. By this method, your Council think the status of the Poor-law medical officers would be materially improved, and the poor largely benefited. Your Council think that, if the attention of the profession were directed as much to the improvement of the status of the medical officers of Poor-law Unions as to the mere question of pay, better results might be accomplished than have hitherto followed efforts in this direction."

*Next Annual Meeting: President-elect.* The Report having been received and adopted, it was resolved that the next annual meeting should be held at Sheffield; J. C. Hall, M.D., of Sheffield, being the President-elect.

*Council of the Branch.* The following members of the Association were elected to form the Council of the Branch for the ensuing year; viz., B. Dodsworth, Esq.; W. D. Husband, Esq.; H. Keyworth, Esq.; W. Matheson, M.D.; G. Shann, M.D.; W. E. Swain, M.D.; C. Williams, M.D. (York); C. Chadwick, M.D.; S. Hey, Esq.; Wm. Hey, Esq.; T. Nunneley, Esq.; S. Smith, Esq.; T. P. Teale, Esq. (Leeds); W. Favell, Esq.; J. C. Hall, M.D.; J. Haxworth, M.D. (Sheffield); J. Ness, Esq. (Helmsley).

*Representatives in the General Council.* The following members were elected to represent the Branch in the General Council: J. C. Hall, M.D.; S. Hey, Esq.; W. D. Husband, Esq.; W. Matheson, M.D.; T. Nunneley, Esq.; T. P. Teale, Esq.; C. G. Wheelhouse, Esq.; and S. W. North, Esq. (Secretary).

*Secretary.* Mr. S. W. North of York was unanimously elected Secretary of the Branch.

*Communications.* 1. Mr. Hey (Leeds) exhibited a



specimen of Fibro-cystic Tumour of the Heart, which presented some difficulties in the diagnosis.

2. Mr. S. Smith (Leeds) described an Improved Method of inducing Premature Labour. The method consisted in the introduction, through the os uteri, of a full sized male catheter, by the cautious rotation of which, without rupturing the membranes, the decidua might be easily detached to a much greater extent than could be accomplished by the finger. The author detailed the history of several cases in which he had adopted this method with the most satisfactory results.

3. Dr. Greenhow read a paper on Cholera.

4. Dr. J. Braithwaite read an account of a singular case, in which a large amount of Iodide of Potassium was excreted in the Urine, with subsequent disappearance of the Glucosuria which existed at the time.

*Votes of Thanks* to the Retiring President; to Mr. Hornby for his valuable services as Secretary to the Branch; and to the authors of papers, having been adopted, the meeting separated.

*Dinner.* In the evening, the members and visitors dined together at the Royal Station Hotel; Mr. S. Hey in the chair.

**INFECTION.** Practically, any diseased person scatters his infection broadcast almost where he will, typhus or scarlatina, typhoid or small-pox, or diphtheria; and, under present circumstances, if cholera were in a district, the patient with choleraic diarrhoea would form no exception to the general licence. In the case of any dangerous contagious disease the local authority, I submit, ought to have the power of requiring from the diseased person that, in regard of residence and otherwise, he shall so conduct himself as not unnecessarily to multiply the chances of extending his infection to others. Subject to the condition that proper hospital accommodation can be afforded, the authority ought to be able to enforce, in regard of any dangerous contagious disease, that the sufferer should not be in circumstances which promote the spread of disease to the general population. This power, exercised in seaport towns in relation to the poorer classes who might arrive infected from abroad, would, in effect, work thus: Such persons would be debarred from resorting to the common lodging houses and crowded tenement houses of the town, and would (as much to their own advantage as to that of others) be constrained to go to the local hospital, there to remain till cured.....Conditions of lodgment are not all that require consideration. Complaints are often made of the freedom with which persons imperfectly convalescent from contagious fevers (as, very notably, from small-pox) expose themselves in places of common resort, and a careless sending of sick children to school often does much to spread diphtheria, scarlatina, and other contagious diseases; the careless transmission of infected things to common laundries, and, of course, the traffic in infected rags imply dangers of the same sort; so, too, the use of public carriages by persons contagiously diseased. Against all such sorts of action the public ought to have some ready means of protecting itself. Other dangers are for personal rather than municipal precautions. I may observe, for the consideration of those whom it concerns, that Turkish baths are now among recognised means of treatment for persons with constitutional syphilis, who in some cases have local symptoms by which the disease can be communicated; and the question whether such patients take the general run of public baths, and are among the numbers who nakedly occupy the seats and couches of common sweating-rooms, is one which may greatly concern other frequenters of such establishments. (*Mr. Simon's Public Health Report.*)

## Reports of Societies.

### OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, MAY 2ND, 1866.

ROBERT BARNES, M.D., President, in the Chair.

SEVEN gentlemen were elected Fellows. Professor Lazaréwitch, of Charkoff, was elected an honorary Fellow of the Society.

*Specimens.* Dr. WILLSHIRE showed a new form of uterine tent, composed of sponge and laminaria, the sponge forming an outer casing to the laminaria.

Dr. BARNES exhibited an uterus, with its appendages, which were affected with colloid disease. He also showed a specimen, which he had received from Dr. Brunton, of abscess in the placenta. The abscess contained about an ounce of pus. There had been no symptoms of pain during gestation; but there had evidently been inflammation of the decidua. Dr. Barnes considered these cases very rare, and exceedingly interesting. He knew of but two or three on record, and they were described by French authors.

### CASES OF LACERATION OF THE UTERUS, WITH REMARKS. BY THOMAS RADFORD, M.D.

The author, after briefly alluding to the views of Hunter, Denman, and Douglass, on this most dangerous complication to labour, related minutely the histories of nineteen cases which had fallen under his notice. Of this number, in eleven the ages registered were from 21 to 40 years, and it was found that the accident occurred more frequently between the ages of 39 and 40. The number of labours which each woman had undergone, varied from the first to the eleventh; and it was shown that laceration of the uterus happened most frequently in women pregnant for the eighth time, and that in those *enceinte* for the first time, the accident took place quite as often as it did in any of the other cases which were registered. The duration of the labour, from its commencement to the occurrence of laceration (though in some cases not exceeding three or four hours) was generally from ten to thirty hours. Of the various causes or conditions mentioned as producing laceration, slight contraction at the brim of the pelvis appeared to have been the most frequent. The author considered that when the form of the pelvis was only slightly contracted, the os and cervix uteri partially descended during labour into or a little through the aperture of the pelvis, so that, as the head of the infant was forced down, the uterine tissues became fixed between this body and the pelvic bones. The fixity of this structure actually formed a *point d'appui* from which the uterine fibres during contraction forcibly pulled; and the great probability was that sooner or later the tissue either directly tore, or, being first contused and softened, yielded. As regarded the situation of the laceration, the cervix uteri was the part most frequently affected, and sometimes with it the body of the organ was also implicated. In eleven cases the laceration was longitudinal, in three transverse, in three oblique, and in one circular. Of the nineteen cases, three recoveries took place, or nearly sixteen or seventeen per cent. Dr. RADFORD, in his concluding remarks, observed that when we contemplated the frequent fatality of laceration of the womb, we were led to inquire whether there were no symptoms which showed themselves as universal precursors of this dreadful catastrophe; and if there were, were we possessed of the means of prevention. In all the



cases he now brought before the Society, there could not be found any with premonitory symptoms which of themselves would warrant any operative measures being taken, in order to avert the impending danger. Nevertheless, he thought we should carefully consider all the contingent circumstances of protracted labours, and especially of those which were prolonged by mechanical impediments; and whether they were produced by relative disproportion of the capacity of the pelvis to the size of the foetal head; if so, we should adopt measures of timely delivery.

Dr. GRAILY HEWITT acknowledged the great value of Dr. Radford's paper, but could not agree in the antiphlogistic treatment mentioned by the author. He (Dr. Hewitt) concurred in the opinion that there was an absence of uniformity of symptoms in these cases; and strongly urged the necessity for early artificial aid in some cases of protracted labour. He related a case of concealed hæmorrhage, in which the symptoms were closely allied to those observed in ruptured uterus.

Dr. PLAYFAIR could not approve of the treatment which had been adopted in those cases where the fetus had escaped into the peritoneal cavity. He thought a much better line of treatment would be to perform gastrotomy. He knew of twelve cases in which this operation had been performed, and in some with satisfactory results.

Dr. BRAXTON HICKS said that, with respect to the symptoms of rupture, it was generally asserted that recession of the head was a constant symptom, but that he had never seen a case where this had taken place. He believed there were many more cases of ruptured uteri than we were cognisant of. Dr. Hicks believed that one of the greatest safeguards against rupture was the use of chloroform.

Dr. EASTLAKE observed that, in the diagnosis of rupture of the uterus, some data were furnished by auscultation, the foetal heart-sounds becoming inaudible after the rupture. This point Dr. McClintock strongly insisted upon; as also that in these cases there is very little hæmorrhage.

The President regretted that, through indisposition, Dr. Radford was unable to be present. He considered that the first great cause of rupture was protracted labour, and the object to be had in view was to remove the obstruction as speedily as possible. A second cause was rigidity of the os uteri, and he agreed with the author as to the necessity of incising the os. A third and a fourth cause existed in the obliquity of the uterus, which caused it to become jammed in the pelvis; also, when there was a dead fetus *in utero* there was a want of the resiliency which a live child possessed, and the action of the uterus rather tended to squash than to expel it. He also mentioned disease of the uterine tissue as another cause leading to rupture. He thought that softening of the tissue might depend upon degeneration, either before labour, or during labour, by the pressure of the foetal head against the pelvis. With respect to gastrotomy, he would say that Dr. Radford had urged the operation, but that it had been overruled by others. The late President of the Society objected to any operative measures whatever when the fetus had escaped into the abdominal cavity; and he (Dr. Barnes) had seen a case where it was left, and the woman recovered.

Dr. BRUNTON observed that the cases which Dr. Radford had collected, were attended by midwives, and he knew that midwives were in the habit of giving very large doses of ergot. He believed that this was one of the great causes of rupture of the uterus; and when it did not cause rupture, the placenta was often retained, owing to the irregular contractions of the uterus produced by that drug.

## ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JUNE 12TH, 1866.

P. BLACK, M.D., Vice-President, in the Chair.

### A CASE OF PREMATURE MENSTRUATION.

BY T. C. ALLBUTT, M.B., LEEDS.

THE patient, M. A. W., was seen in the summer of 1865, and was reported to have menstruated within the last few days. Her age was one year and six months. The child was then suffering from emaciation, weakness, quick pulse, and other symptoms of hectic fever. These symptoms passed off in a few days, and the child partially recovered her health. On examination, the anal and genital regions were found free from discharge, and quite healthy in appearance. On the following month the discharge again appeared, and after it had passed away the author found the child, as before, in a state of hectic, and still presenting a perfectly healthy appearance about the anus and pudenda. He was unfortunately unable, being absent from home for a while, to see the child during the continuance of the flow. In about a fortnight the child had again recovered some degree of health. On many occasions the author carefully examined the child for disease in other organs, and did not find anything of importance. At the third monthly period he actually saw the child in a menstruating state. The discharge appeared with curious accuracy at the month, and lasted about two days and a half. The discharge was sanguineous, and in every way resembled that of a girl at puberty, but was more scanty in quantity. A return of the hectic fever followed, and the child's life was endangered. She recovered, but only to be again prostrated by a fourth appearance; and after a fifth she died, wasted and exhausted, without any effort to rally. There were no other signs of premature puberty. A *post mortem* examination could not be obtained. Among many cases of premature menstruation on record, there are two in which the menses appeared at the age of nine months, and one in which the discharge appeared at the age of two years. The first two cases are reported in the *Transactions of the Royal Medico-Chirurgical Society*, vol. ii, p. 116, and in the *Lancet* for November, 1828, from Meckel's *Archives*. The former cases were seen by Dr. Martin Wall. The third case is reported by Mr. Embling in the *Lancet*, 1848, p. 137. In these three cases obvious signs of puberty were seen in the genital organs, mammae, and elsewhere, and these signs formed a great part of the interest of the cases. In other cases of premature menstruation, exhaustion and death had occurred as in this.

### CASE OF MYELOID TRANSFORMATION OF THE LUNG.

BY T. C. ALLBUTT, M.B.

The present perhaps unique case of complete myeloid transformation of the lung occurred under the author's care in the Leeds Infirmary. During life there were found complete dulness and stillness all over the left chest, and absence of vocal sounds and fremitus, or at least these, from the feebleness of the subject, and the distance of the voice, were indefinable. The heart was seen to beat under the right nipple. Cough was almost absent, and there was no great dyspnoea. The intercostal spaces were not bulged, and the circumference of the left chest only exceeded that of the right by three quarters of an inch. There was some degree of emaciation, and of hectic fever present. The duration of the disease was uncertain, but certainly of 'eighteen months' standing. There was no marked cancerous cachexia



of appearance, and the progress seemed to have been slow. The boy was fourteen years of age. He remained in the house about eight weeks in the autumn of 1865, and becoming more and more exhausted and short of breath, he left the hospital for home, where he died in a few weeks. Mr. Jessop performed the *post mortem* examination for the author. The whole of the left chest was found filled with solid substance, thrusting the heart out of sight on the right side, and pushing down the diaphragm to the left kidney. The solid contents were of two kinds. The upper portion, which appeared on opening the chest, was of a dense fibrous character, of a greenish-white colour, and presented the form of an enlarged lung. Below this, occupying the whole back of the chest, and in contact with the costal pleura, was a considerable quantity of true myeloid matter, soft and sanguineous. Both substances contained myriads of little bones, varying from the size of a pea to that of the thumb. These, being densely packed in the upper and firmer mass, made it almost impenetrable. The origin of the disease was probably in the chest walls, and had thence impregnated the lung. No attachment could be found, however, nor disease of ribs or spine. The friends of the lad stated that he had been short-winded since his earliest age, and had presented some prominence of the chest for many years.

AN INQUIRY INTO THE INFLUENCE OF PREGNANCY, THE PUERPERAL STATE, AND LACTATION ON THE DEVELOPMENT AND PROGRESS OF CHRONIC DISEASE OF THE SKIN. BY BALMANNO SQUIRE, M.B., F.L.S.  
(Communicated by WILLIAM JENNER, M.D., F.R.S.)

Mr. SQUIRE related several cases of psoriasis (lately under his notice) in which the development and progress of the disease appeared to be influenced in a remarkable manner by pregnancy, the puerperal state, and lactation: From the data afforded by these cases he drew the following conclusions.

1. Lactation is an exciting and sustaining cause of psoriasis.

2. The period occupied by pregnancy and its sequel, the puerperal state, is unfavourable to the manifestation of the disease.

Why the puerperal state should exert the same influence as pregnancy on the eruption, and why the effect of lactation should be of the opposite kind, might not at first appear. The explanation, Mr. Squire thought, was to be found in the fact that the uterus, either when gravid or when undergoing the process of involution, was at its maximum of functional activity; whereas during lactation its functions were more in a state of abeyance than at any other period of its functional life—more so than when menstruation was regularly taking place, and more so certainly than when the organ was either gravid or undergoing involution. He arrived, therefore, at the following proposition: "That, when a woman has exhibited a predisposition to psoriasis, her liability to an eruption of the disease at any time during the catamenial era will be inversely as the functional activity of the uterus at that time. In further support of this view he adduced the details of two more cases of psoriasis, which showed that the development of the disease may be connected with amenorrhoea. Of these examples, the one occurred at the commencement, and the other at the close of the catamenial era. In the former, the first appearance of the disease coincided with the first molimen menstruation. In the latter, the sudden and apparently premature arrest of the catamenia was promptly followed by the appearance, for the first time in the patient's life, of an eruption of psoriasis. The cases he had brought forward, it would be ob-

served, were all of them cases of psoriasis. This was owing to his having preferred, in the first instance, following out his inquiry in one channel. He was, however, by no means prepared to say that psoriasis was the only chronic disease of the skin that exhibited the peculiarities he had described, but thought it extremely probable that further inquiry would show that other chronic diseases of the skin besides, were similarly influenced by the state of the uterine functions. That pulmonary consumption might be arrested by pregnancy was well known, as well as that its course became unusually rapid shortly after delivery. But similar observations, so far as he knew, had never as yet been made on psoriasis; and it might be that there were many other instances of chronic disease, whether of the skin or of other organs, in which the control exercised by uterine influence, in determining their commencement, and in modifying their progress, has, in like manner, escaped observation.

## WESTERN MEDICAL AND SURGICAL SOCIETY.

FRIDAY, JUNE 1st, 1866.

GEORGE POLLOCK, Esq., President, in the Chair.

*On General Paralysis of the Insane.* By G. F. BLANDFORD, M.B. The author, in this paper, simply confined his attention to the diagnosis and pathology of this disease; and the prognosis was involved in the diagnosis, the disease being terribly fatal. The typical paralytic patient had delusions of exalted position, riches, and grandeur, together with some slight difficulty in articulating his words. He was very happy and elated; and thought he was about to be made a king or become very rich. Such a man, with a delay or stutter in his words, was a paralytic and incurable. All cases were not, however, so well marked. The stutter might exist without the exalted ideas, or *vice versa*; or neither one nor the other might be discernible.

The author was called to a gentleman who had no stutter, and whose ideas were but little exalted. There was, however, a general air of self-satisfaction and hilarity, incompatible with his position in an asylum, and not characteristic of ordinary monomania; his memory was, moreover, incorrect. Losses of memory, in recent cases of insanity, when the mental disturbance was not very great, were unfavourable symptoms. This was the chief symptom in another case, in which no exalted ideas or stutter existed. This patient varied much; being often as much depressed as at other times elated. His memory was, however, very bad, and he had irregular pupils; which caused his disorder to be diagnosed as general paralysis, of which he eventually died. Another patient was much depressed, being more melancholic than elated. He had a slight hemiplegic affection; but maintained that he was quite well and strong, although he had but little use of his hand. The self-satisfied contentment of this patient, even in his despondency, and his assertion that he was quite well, betrayed the paralysis. Another patient showed no mental symptom of the disease. His gait was tottering and uncertain; his mind weak and incapable of effort. The previous history indicated the complaint, which was for the time arrested. Another was hilarious; irritable when opposed; thought himself very rich, and was reckless with money. This was diagnosed not to be a case of general paralysis, because the speech was quite clear, memory quite perfect, and the intellect keen and acute. A similar case was pronounced not paralytic



on account of the lapse of time. More than three years had elapsed since the commencement without any great alteration of symptoms. He considered himself neither well nor unwell.

Where the delusions of grandeur, or the stutter, were not found, we must look for losses of memory, a childishness of action or speech, a precursor of the imbecility to follow; without any prominent delusions, the patient might be quite unequal to any mental work.

It had been said that general paralysis might be confused with certain disorders of the muscular system, as "ataxie", lead and mercurial palsy, ordinary paralysis, or chronic alcoholism. In the first three, however, mental symptoms would be wanting; neither would they be at all similar, even if they existed in ordinary paralysis. Chronic alcoholism, in an advanced stage, was more like it, and was also marked by great loss of memory; but there was not the hilarity and delusion of the early stage of general paralysis.

In opening the head of a case of general paralysis which had run the usual time of three years or so, the chief alteration would be in either the membranes or cortical structure of the brain. The skull-cap must be vascular, or thickened, or indurated, indicating degenerative change. The arachnoid was usually thickened, with fluid effused beneath it; jelly-like layers might also there occur, called by some false membranes, colloid exudations, etc. But such effusions were not peculiar to this disease alone. The pia mater was also thickened, and very adherent to the cortical portion, which tears and bled when the membrane was separated from it. The convolutions often appeared shrunken; the grey matter thin and atrophied, more vascular than usual, at times discoloured; its texture was more friable and less transparent than usual. The specific gravity was increased. The white matter was harder than usual and more vascular, with coloured stains. The choroid had often minute cysts in it.

The pathology of the disease was supposed, by Dr. Franz Mischede of the Schwetz Asylum, to be a parenchymatous inflammation of the brain beginning in the inner layer of the cortical substance. This set up degeneration of the nerve-cells, which he had found in all stages of turgescence and annihilation. The stages of the disease were first hyperæmia and parenchymatous swelling of the inner layer, and then fatty and pigmented degeneration of the nerve-cells.

This much must be concluded from the symptoms during life and the *post mortem* examination. 1. The seat of the disorder we term general paralysis, is the same as that of ordinary insanity—viz., the grey matter of the hemispheres; but the disorder which in ordinary insanity is cured or arrested, progresses in general paralysis to degenerative destruction of the part. 2. The difference is to be illustrated by the difference between innocent and malignant tumours. There is a greater departure from the healthy structure in the one than the other, just as in the kidney we sometimes find a transient stage of congestion and inflammation which passes away, while in others this condition of degeneration once commenced never ceases till disorganisation is completed. It would seem, then, as though general paralysis is the special degenerative disease of the grey matter of the brain.

**MORTALITY AT HONGKONG.** The Select Committee appointed to investigate the late mortality of troops at Hongkong have brought their deliberations to a close. Its general purport is that nobody is particularly to blame.

## Correspondence.

### THE PATHOLOGY AND TREATMENT OF CHOLERA.

LETTER FROM J. S. LAVIES, M.D.

SIR,—The writer of two leading articles on the above subject in one of your contemporaries offers to his medical brethren some "food for reflection". I have tried it, and find it so very indigestible, that I have been forced to reject it at once, and now proceed to subject it to partial analysis.

The love of "facts" is a commendable love; but then it is necessary that so-called facts should be really such; that conclusions should be drawn from logical premises—analogies be true analogies—parallels not clearly divergent. For example, "a medical man has sickness and diarrhoea after exposure to the smell of a cholera-room": is it a fact "that he has necessarily imbibed the cholera-poison, and his whole body and blood become impregnated with it"? Again: "It is asserted," says the writer, "that elimination by copious serous (?) bowel-discharges is necessary for the safety of persons who have imbibed the cholera-poison". By whom? Certainly not by Dr. Johnson, against whom the article is plainly directed. Is it also a "fact", that "the nineteenth century is prepared to *smash* the idea of the *vis medicatrix nature*"? Can any one pretending to know anything of disease fail to recognise this wonderful power in the progress of *every* acute disease towards recovery, and to deny that the physician's science and art would be well-nigh powerless without it?

Next, let me inquire who it is that has proposed to vomit and purge all the serum (?) out of a poisoned patient's blood, and strip the epithelium off his small intestines, in order to assist in the removal of an unhealthy discharge. "If a rat," says the facetious writer, "gets into a kitchen, shall we set the house on fire?" Certainly not. But are we to let the vermin remain and do his worst? Is there no medium—no milder course—either by means of the domestic cat or otherwise, for the elimination of the nuisance? Does the surgeon amputate a patient's limb, that he may remove a piece of carious bone? Would it be necessary to exterminate a journal, in order to get rid of a writer of articles on cholera?

The question of the treatment of a fearful disease which has again fallen upon us, and which may destroy thousands, as it has done before, is one of vital interest; and it is under a deep feeling that no one able to bring upon the subject the light of experience or of sound pathological argument ought to be silent at such a crisis, that I consider it my duty to address you, more particularly at the present time, when there seems a strong tendency among very many to deride, and cast away as unworthy of serious thought, any views opposed to those which run in the old beaten track.

If I had time, and you could afford me space, I would examine sentence by sentence the articles to which I have been referring. As it is, I can only commend them for careful perusal to our patient profession; and I am persuaded it will be admitted on most, if not on all hands, that the main arguments directed against the eliminative treatment of Asiatic cholera are really strong ones in its favour; and that the suggested analogies and parallels tell directly against the writer's own case.

I would make one observation here on the confusion with which the writer of these articles alludes to ordinary summer diarrhoea and Asiatic cholera; and to the expression "lesser grades", as implying that the two diseases are the same in essence. Nothing can be more



mischievous than such an assumption, more likely to lead to the very worst practical consequences. It is the belief of all men who have had large experience in Asiatic cholera, and have compared it with ordinary summer diarrhoea, that the two diseases are radically different, though they happen to have some symptoms in common. It is not necessary that I should enter here on the question of the treatment of the ordinary summer diarrhoea, though I trust much that is said on this subject in the course of the "articles" will be received with great caution; but, keeping to Asiatic cholera and to my very large and close experience of it in 1849 and 1854, I have no hesitation in asserting that I never treated a case with opium, brandy, or both, that I did not soon regret having done so. The brandy was by far the less harmful of the two; because, as a rule, it acted as an emetic, and returned immediately. The opium in some cases remained in the stomach; when it did so, the state of the sufferers became worse and worse; they soon sank into a condition of hopeless collapse, expressed themselves "very comfortable", and died. This occurred over and over again; and it was not until mustard emetics and small doses of aperient medicines were resorted to, that any good results seemed to follow. The mustard emetic proved to be a most valuable remedy. Not only did it empty the stomach, but it seemed to give a stimulus to the heart. Cramp under it was frequently relieved; the suspended pulse would often reappear; and then, if no further sickness took place, and *purging went gradually on*, the patient recovered quickly and surely. Indeed, the contrast with former treatment was so marked as to lead to a firm belief in my mind that in similar cases, which had been formerly treated with opiates and astringents, the offending matter was forcibly retained, perhaps reabsorbed; and the patient either sank gradually into a state of collapse, or, if he recovered, did so through a long and painful course of what is known as consecutive fever.

The following were the conclusions at which I arrived with regard to the treatment of Asiatic cholera, derived from my experience of it in the epidemics of 1849 and 1854.

1. That the disease is one *sui generis*, and has nothing but an accidental symptom or two in common with ordinary summer diarrhoea.
2. That the safest method of treatment consists in a steady and careful evacuation of the stomach and bowels; and that, until this has been effected, restoratives are worse than useless.
3. That the worst cases come on in a moment, collapse supervening almost immediately.
4. That in such cases there is often very little sickness, and sometimes no purging at all.
5. That in bad cases—not of the very worst kind, but when all the characteristic symptoms are present—there is no treatment so efficacious as that by mustard emetics, repeated frequently; and by small doses of some gentle aperient medicine. By the use of these, the choleraic poison poured out into the stomach and bowels is most speedily got rid of; the patient has to endure for as short a time as possible its depressing influence; while its chance of reabsorption becomes proportionately lessened.
6. That brandy and stimulants of all kinds do harm, unless they act, as they usually do, emetically.

Lastly. That opium is the most pernicious medicine that can possibly be administered, hindering the relief without which recovery cannot take place, and increasing all the worst symptoms.

I have only to add, that it is most satisfactory to me to find this experience of mine quite confirmed by that of Dr. Johnson; while much that I was unable to explain is now made quite clear by the masterly exposition given to us in that gentleman's book. Every difficulty to my mind is now removed; and I venture to

predict that the day is not far distant when these views will be generally accepted as truth.

I may mention supplementarily, that, on revisiting Edinburgh in the late autumn of 1849, after I had spent nine weeks within the walls of a great metropolitan establishment containing more than a thousand inmates, where cholera was raging, one of the most distinguished of the infirmary physicians told me that "in bad cases he had found blood-letting followed by excellent results". The announcement, I confess, startled me at the time; but the point is beautifully elucidated in Dr. Johnson's treatise.

Sir, I am ashamed to have trespassed so long upon your space. The journal to which I refer is read by many both in and out of the profession; it is conducted by men of high character and exalted scientific attainments; and I am really sorry to read in it such articles as those to which I have called your attention. I think you will agree with me that, when a writer of Dr. Johnson's distinguished position gives to the profession and to the world the benefit of his experience, together with a philosophic explanation of his views, he should be met by calm and dignified discussion, and not with levity.

I am, etc., JOSEPH S. LAVIES.

11, Warwick Square, Belgrave Road, July 1866.

## THE TREATMENT OF CHOLERA.

LETTER FROM JAMES GARDNER, L.R.C.P.ED.

SIR,—A year has nearly elapsed since I sent two letters to the BRITISH MEDICAL JOURNAL on the Treatment of Cholera, with which disease we were then threatened. I then invited the opinions of others, and gave my own experience of the disease. My object was to elicit from those who had formerly had some experience of the disease the best method of treating it in a practical way.

Much that is valuable and instructive has since been written in the JOURNAL, from men of high standing and practical worth; and I trust that we are in a better position to treat the disease with which we are now again threatened—nay, there can be no doubt of its being already established amongst us. Dr. Skinner, who has written some excellent letters on the subject, asks the very question in the number of July 14th that I did a year ago. I wait for his treatment. In the last number of the JOURNAL, Dr. G. Johnson has favoured us with advice on the practical treatment of the disease. I trust that the cases now occurring will be faithfully reported, with the treatment pursued; as "one grain of practice will be worth a ton of theory", as Hunter said.

My principal object, however, in addressing you, is to draw attention to what I mentioned in my former letters, as, in my opinion, the true cause of the collapse—viz., the poison of cholera acting with deadly force at once upon the great sympathetic system, first in the great solar plexus, the pneumogastric and cardiac branches being secondarily affected. Therefore, the spasms of the smaller branches of the pulmonary arteries (Dr. G. Johnson) are the effects of the collapse, not the cause. With your permission, I will quote a few remarks from some of the late writers in the JOURNAL who are of the same opinion.

Dr. Greenhow of Leeds (JOURNAL of July 14th last) says: "All the processes of life depend upon the healthy action of the nervous system. We know how instantaneously it may be affected by other deadly poisons; and is it not in accordance with analogy, and in agreement with the subsequent train of symptoms—namely, the suspension of secretion in the most important organs—to conclude that interrupted nervous energy, and not a depraved condition of the blood, is the immediate effect of the poison of cholera." Again, Mr. C. Trustringham of Tunbridge Wells, in his excellent



practical address to the South-Eastern Branch, reported in the last number of the JOURNAL, in speaking of cholera, winds up by saying, "What if, in the end, we should find it to be modified typhus, which, instead of attacking the brain, tries conclusions with the sympathetic?" If so, spasms of artery and engorgement of veins may be more dependent on the sympathetic than on the direct action of a morbid agent. After all, is it not perfectly true what Mr. Frith of Macclesfield says, in the last number of the JOURNAL, under the head of "How shall we Treat Cholera?": "Until we know more of the nature of these zymotic poisons, I do not think we are in a position to treat cholera or choleraic diarrhoea otherwise than as practical experience shall direct us. No two cases can be safely dealt with alike," etc. And, as with all other diseases, so must it be with cholera in a certain measure—no two cases of any disease are exactly alike, and therefore require some modification in treatment. When I am asked the question, how I would treat fever, or any other disease, my answer is, Show me the case before I can answer. In cholera, it is true, there can be but one opinion as to the employment of sanitary measures and attention to diet in warding off the disease; but, so far as the actual practical treatment of the disease is concerned, each case must be taken on its own merits and treated accordingly.

I am, etc., JAMES GARDNER.

Bungay, July 25th, 1866.

### THE BROMIDES.

LETTER FROM EDWARD LONG FOX, M.D.

SIR,—A letter from Dr. Drysdale in a late number of the JOURNAL, on the uselessness of the bromides, is calculated somewhat to mislead practitioners who have had little experience of these remedies.

I have used the bromide of ammonium in between forty and fifty cases of whooping-cough; and, although I have only in six cases seen the rapid success which Drs. Harley and Gibb have met with, where the spasmodic affection has ceased within the first week, yet I consider the drug most useful. In some few cases, the bromide has no effect at all. In the majority of instances, it seems to diminish the number and violence of the attacks very rapidly, and, if steadily persisted in, will generally cure the disease in three weeks. In eighty cases of whooping-cough in which I noted the effects of small doses of prussic acid, the average duration was twenty-two days; but the bromide is a safer remedy, especially amongst the poor.

I have tried the bromide of potassium much more extensively in various kinds of convulsions. It is certainly very useful in all forms of infantile convulsion, especially where laryngismus stridulus is the prominent symptom; but, of course, in these cases it is often wise to combine it with cod-liver oil. I cannot say that I think the bromide a sure remedy in idiopathic epilepsy. Indeed, this complaint should be seen from the commencement, if any remedy is to have a fair trial. But the bromide of potassium checks the frequency and the severity of attacks for a longer period than most of the other reputed remedies; and I believe it does so by diminishing the sensibility of the nerves to external impressions, and so saving the nerve-centre from being constantly excited through eisdic nerves. For the last fourteen months I have had a woman, aged 61, under my care, who for some months previously had had severe spasmodic attacks, with violent clonic convulsion of all the muscles of the face, arms, and hands, and with intense shaking of the head from side to side, but without any loss of consciousness. The attacks were most distressing to witness, and most exhausting. They occurred many times a day. Under the bromide, they are almost altogether absent; and, when they do occur,

they are not nearly so violent. If she leaves it off for three days, they recur as before.

This drug seems also to benefit many obscure forms of headache; but I cannot say that it can be taken for a long time with impunity. After a period which varies much in different individuals, it seems to produce a sensation of debility and *malaise*, and must either be intermitted or combined with cod-liver oil.

Let me say, then, that the bromide of ammonium is a good remedy in whooping-cough; and that the bromide of potassium is sufficiently useful in convulsive diseases to warrant us giving it a far more extended trial before we condemn it as utterly as Dr. Drysdale does.

I am, etc.,

EDWARD LONG FOX,  
Physician to Bristol Royal Infirmary.

July 1866.

### THE CAUSE, PREVENTION, AND CURE OF CLUB-FOOT, OR TALIPES.

LETTER FROM WILLIAM PARKER, Esq.

SIR,—The deformity of club-foot is disfiguring and often painfully distressing. The subject may, therefore, well come under discussion. No deformities of the human frame, perhaps, seem to be more simple and easy of remedy than this, if correct anatomical and physiological views are carried out. I, therefore, submit them for the profession to consider dispassionately, especially as sufficient attention has not been paid to this class of sufferers at the earliest period of life, before the present surgical operations of cutting are resorted to.

It appears to me that this deformity is evidently the result of a greater mechanical power of muscles overcoming a lesser power of muscles, thereby causing contraction of several tendons at the further extremity of muscles. Also, that the deformity is not detected before muscular action is, or should be, established for the purpose of walking. We thus see the beginning of the deformity at the earliest period of life; which can easily and readily be treated with success in the course of three or four weeks on each foot—instead of employing years under the iron system, or months under the plan of division of the tendons with the knife and extension of the tendons with a curiously contrived instrument. Experience, the best teacher, in three or four cases, has supplied this desideratum by the use of tin-plate splints and leather strap, which were invented by myself, to fit any and every part of the body.

The object of these appliances in club-foot is to overcome the action of the gastrocnemii and other muscles and flexors of the foot and toes, which draw up the heel and bring the toes to bear on their upper and outer surfaces, according to the severity of the case. By fitting these splints to the calf of the leg, heel, and ankles, and fastening them by the aid of the leather strap, and keeping them constantly applied for three or four weeks, thereby giving time for the weaker muscles to gain strength and their tendons to elongate, prevention of club-foot is effected; and the cure is thus accomplished in bringing the sole of the foot to bear flat on the ground with little or no pain to the patient.

It should be observed that at two years of age hitherto much difficulty has arisen how to assist nature, when some surgeons occasionally recommend well-padded wooden splints, whilst others recommend the use of irons that are manufactured by surgical instrument makers to be applied on either side of the leg, extending from the knee to the ankles, and fastened by a hinge at the ankles into a stiff-made shoe. The latter is directed to be removed at night; and it is obvious that neither one nor the other plan can oppose specially the action of the gastrocnemii and other muscles, and



the removal of splints at night would give those muscles full power of action, and thereby greatly undo the previous day's work. It also frequently occurs that such mechanical contrivances cause very painful and troublesome sores, obliging them to be left off for a time.

In stating this brief plan of practice, though omissions may be made, yet it will, I think, be allowed that a vast field for improvement is evidently opened for others to work in to relieve human sufferings. Only picture the patient undergoing the severe torture of the division of one or more tendons, and their extension by means of the tightly adjusted instrument employed for months to keep the foot in a proper position for walking after the division of the tendons, and the sympathy of every one must be keenly excited. Although this operation has been in vogue some twenty-five years, we should not hesitate to put forth other plans, when such difficulty in procuring relief still exists.

The primary, or remote, cause of club-foot may be attributed to dentition, or some other infantile disease affecting the nervous system. It will be allowed that the joints of infants can be adjusted easily to any necessary form without distress to the patient, and that an early habit of exercising muscular action can be also safely and advantageously maintained without injury. Consequently, waiting until the child shall be six or seven years old before mechanical means shall be adopted, would be attended with much more difficulty and pain. These considerations of themselves would direct us to immediate treatment at two years of age, when the deformity always first shows itself. As no disease exists in the joints, we have only to attend to the mechanical action of muscles and extension of their tendons.

The various forms of talipes are produced by the same cause—viz., contraction of tendons—which have been often treated unsuccessfully with the iron system and ultimately have been divided with the knife, and the limb has been kept in proper position for walking by means of an instrument to elongate the tendons; whereas the adoption of the simple and painless remedy I have above suggested, would obviate entirely the necessity of resorting to either of these plans, attended as they must be with severe and protracted torture. The cases above referred to in my own practice can be given to any who may require them. I am, etc.,

WILLIAM PARKER.

2, Lynard Villa, Bath, July 24th, 1866.

THE SALARY OF DR. TRENCH, the energetic and talented Medical Officer of Health of Liverpool, we believe, is to be raised from £700 to £1,000 *per annum*.

SISTERHOOD NURSES AND THE CHOLERA. We heard with some surprise that the services of a sisterhood had been declined by the persons charged with providing nurses for the cholera patients at Liverpool. Now that we are favoured with the reasons for that refusal our surprise is still greater, and we cannot but remember the story of Lord Thurlow getting his brother a living, though George III refused it. "He refused me at first," said the Chancellor, "but he gave me his reasons and I beat him." The reasons of the Liverpool special cholera committee are, that the cholera hospital will be provided for people of all religious denominations, and that these patients "ought not to be placed under the sole charge of persons who, rightly or wrongly, will be generally considered as a portion of an agency of a character distinctively religious." We should have thought it the part of an agency "distinctively religious" to act on the principle, "I was sick and ye visited me." (*Pall Mall Gazette*.)

## Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on July 24th.

Ash, Robert Vacy, Stratton, Cornwall  
Bell, John Hougham, Caroline Street, Bedford Square  
Burton, Thomas Beard, Barbadoes, West Indies  
Clarke, Edward, M.D., Philadelphia  
Coles, Charles George, Blenheim Crescent  
De la Cour, George Francis, Chatham  
Dodsworth, George Henry, Turnham Green  
Eager, Reginald, Guildford  
Evans, Owen, L.S.A., Panby Trifriev, near Conway  
Foxon, Foxon, Maddox Street, Hanover Square  
Jackson, Frederick William, Broadstairs, Kent  
Moore, George, Birmingham  
Parks, John, Bury, Lancashire  
Power, Frederick Douglas, Queen Square, Bloomsbury  
Pringle, James Marr, Tyneworth  
Richardson, John Ashton, Hull  
Ridout, Charles Lyon, Egham, Surrey  
Robbs, Charles Henry Denny, Grantham, Lincolnshire  
Trimnell, Edward Alfred, L.R.C.P.E. & L.S.A., Lewisham Road  
Turner, Thomas Aubrey, Wellington Square, Chelsea  
Watson, Frederick Hastings, Norwich  
Wilson, Henry Grattan, Great Malvern

At the same meeting of the Court—

Beale, George Bewsher, H.M.S. *Excellent*  
Bett, Robert Longstaff, Royal Naval Hospital, Haslar, passed their examinations for Naval Surgeons. These gentlemen had previously been admitted members of the College; their diplomas bearing date respectively January 7th, 1858, and April 15th, 1859.

Admitted on July 25th—

Bainbridge, George, Harrogate  
Cardozo, Frederick Vinay, Madras  
Chaldecott, Horace, Dorking  
Flint, Frederick, Canterbury  
Hallows, Adolphus Henry Blackwood, Canterbury  
Hay, Thomas Bell, L.S.A., Caledonian Road  
Lambert, Frederick William, Farsley, near Leeds  
Langmore, John Wreford, Sussex Gardens, Hyde Park  
Moon, Robert Charles, Brighton  
Reilly, Maxwell Francis, Dublin  
Salzman, Frederick William, Brighton  
Stedman, John, Islington  
Taylor, Alfred Claude, Nottingham  
Taylor, Frank Askwith, Romsey, Hants  
Vaudagne, Jean Baptiste Polyxen, Mauritius  
Ward, John Lewis William, Cardiff, South Wales  
Wheatcroft, Thomas Charles Croose, Cannock, Staffordshire  
Williams, Evan Elias, Bangor, North Wales  
Wilson, Thomas, Longford, Ireland

Admitted on July 26th—

Carruthers, James Gurney, Northampton  
Chester, John Charles, Redruth, Cornwall  
Coombs, Rowland Hill, Bedford  
Hallett, Lytleton, Bedford Place, Russell Square  
Harris, William, Carshalton, Surrey  
Hayue, Frederick Greaves, Northfleet, Kent  
Marsh, Thomas Charles, Brixton, Surrey  
Moore, Joseph, M.D. McGill College, Montreal  
Norris, Henry Frederick, Charmouth, Dorset  
Pryce, Richard Matthews, L.S.A., Caersws, South Wales  
Rumsey, John Henry, Fulham  
Smith, Samuel Hignett, L.S.A., Weaverham, Cheshire  
Taylor, Henry Shinglewood, Alton, Hants  
Waller, John, Jattlingstone, near Ipswich  
Williams, Evan, Llechylid, North Wales  
Young, Frederick William, Salisbury

At the same meeting of the Court—

Roche, Thomas, Royal Naval Hospital, Haslar  
Fisher, William Shute, M.D., Dub., Royal Marines' Infirmary, Woolwich, passed their examinations for Naval Surgeons. These gentlemen had previously been admitted members of the College; their diplomas bearing date respectively July 24th, 1854, and June 12th, 1857.

UNIVERSITY OF EDINBURGH. List of candidates who received the degree of Doctor of Medicine, the degree of Bachelor of Medicine, and the degree of Master of Surgery, in the University of Edinburgh, on August 1st, 1866, with the titles of their theses. [Those whose names are printed in CAPITALS, passed



the examinations with honours; *a*, those who have obtained prizes for their dissertations; *b*, those deemed worthy of competing for the dissertation prizes; and *c*, those commended for their dissertations.

*Candidate who received the Degree of Doctor of Medicine under the New Statutes.*

Groves, Charles Henry, B.A., M.B., and C.M., England.

*Candidates who received the Degree of Doctor of Medicine under the Old Statutes.*

Allshorn, Adolphus Hahnemann, England. On Tubercular Meningitis.

cBriggs, Edwin Adam, England. On Mercury, its Chologogue Action.

cCowie, Robert, M.A., Shetland. On the Inhabitants of the Shetland Islands.

Crane, Charles Albert, England. Some Remarks on French Hospital Practice.

Henderson, Wm. Patrick, Tuscany. On Acute Hydrocephalus.

cHewan, Archibald, Jamaica. On Malarial Poisoning.

Jones, James, England. A Report of Certain Cases in the Clinical Wards, Session 1865-66.

M'Dowall, Thomas Wm., Scotland. On Tumours of the Jaws.

M'Nab, W. Ramsay, Scotland. On the Development of Leaves.

Miller, Andrew, England. On Uric Acid Gravel.

Moniot, Jno. Adolphe, East Indies. On the Diseases of Joints.

Murray, William Berkeley, Barbadoes. On the Hereditary Transmission of Disease.

Rawlings, J. H., England. On some Cases of Albuminuria.

Ritchie, Alexander Ramsay, Scotland. On a New Modification of *Ecraseur*, and its application to Decapitation of Fetus in Crossbirths.

cThomson, John Robert, Scotland. Clinical Observation, illustrating some Forms of Hepatic Disease.

Watson, George, Scotland. On Ovarian Dropsy.

Weston, George Blyth, South Carolina. On Yellow Fever.

Whittle, Alfred, England. On Typhus Fever.

cWilliams, William Jones, Wales. On Wasting Palsy, or Progressive Paralysis.

Wright, Robert Temple, England. On the Fœtal Pulse-rate, as a Means of Predicting the Sex.

*Candidates who received the Degrees of Bachelor of Medicine and Master of Surgery.*

ADDREN, Robert, England. On an Epidemic of Small-pox.

cAnderson, David Hawley Burn, Scotland. On the Action of Remedies.

cAnderson, Francis Henry, Jamaica. On Pyæmia.

Andrew, James, Scotland. On Apoplexy.

cBent, John Francis Vincent, England. On Diphtheria.

Brown, Joseph, Scotland. On Enteric Fever.

cBRUNTON, Thomas Lauder, Scotland. On Digitalis, with some Observations on the Urine.

Cadell, Francis, Scotland. On Cataract, and the Operations for its Removal.

Downie, Kenneth Mackenzie, Scotland. On Excision of Joints.

Drummond, Alexander, Scotland. On Tedious Labour.

cFulcher, George Frederick, England. On the Change of Type in Disease.

Gell, Thomas Silvester, England. On Urethritis, and its Complications.

Gordon, John Mackenzie, Scotland. On Acupressure.

cHair, Philip, Scotland. Observations on the Arrangement of the Muscular Fibres of the Alligator.

cHowells, Thos., England. On the Excision of the Knee-joint.

Hunter, Wm. Brown, Ireland. On Hygiene.

cHusband, Henry Aubrey, Jamaica. On the Treatment of Nervous Affections following Gun-shot Wounds and other Injuries.

cLOWE, George May, England. On the Structure, Relations, and Functions of the Ligamenta Rotunda Uteri. On the Diagnosis and Treatment of the Retained Menses. On the Occurrence of a peculiar Crystalloid Substance in a certain form of Dilatation of the Bronchi.

cMACBETH, John, M.A., Scotland. The Influence of the Nervous System on Nutrition.

MacLaren, George Gilbert, Scotland. On Rheumatic Fever.

cMalins, Edward, England. On Fatty Degeneration of the Placenta.

cMoir, John Wilson, Scotland. On Excision of the Knee-joint.

Moon, Charles, Scotland. On the Pathology, Symptoms, Diagnosis, and Treatment of the Gastric Ulcer.

Munro, Wm., Scotland. Moral Insanity, with Especial Reference to its Manifestation as Kleptomania and Dipsomania.

Paterson, Alexander, M.A., Brazil. On Typhus Fever.

cPullar, A., Scotland. On Glaucoma, its Nature and Treatment.

cRAMSEY, James, M.A., Scotland. On Syphilisation and the Syphilitic Virus.

cRhind, John, England. On Stricture of the Urethra.

Sharp, David, England. Additions to the Catalogue of Scottish Coleoptera.

Shaw, Robert, Scotland. On Cutaneous, or Exanthematic Typhus Fever.

Smith, John, Scotland. On Aneurism.

Steven, Alexander, Scotland. On Angina Pectoris.

Stewart, William, Scotland. On Fistula in the Genito-Urinary Organs of the Female.

Stolterfoth, Henry, M.A. Cantab., England. On the Influence of the Mental Faculties both as a Cure and Cause of Disease.

Sykes, Walter John, England. On the Human Voice.

Symes, Wm. Henry, England. On Accommodation of the Eye.

Treutler, Wm. John, Bengal. On the Evolution of Light from the Living Bodies of Man and the Lower Animals.

cWatson, Jno. Douglas, Scotland. On the Poison-resisting Power of the Hedge-hog.

Yarrow, Thomas, Scotland. The Pathology, Complications, and Connections of Rheumatism.

*Candidates who received the Degree of Bachelor of Medicine.*

Buchan, Peter, Scotland. Pleus, its Pathology and Treatment.

cHaughhey, Alexander Richardson, Ireland. On Asthma.

cWigg, Henry Carter, England. On the Physiological Action of Nitro-benzole.

A Gold Medal has also been awarded to Mr. Franklin Gould, for his Thesis "On the Thermometer in Disease"; but as he has been unexpectedly called to go abroad, the conferring of his degree, and the presentation of the medal, are unavoidably postponed.

**APOTHECARIES' HALL.** On August 2nd, 1866, the following Licentiates were admitted:—

Argent, Samuel, 25, South Molton Street

Charlton, Alfred, Tunbridge

De la Cour, George Francis, Chatham

Folkes, William, Dukinfield

At the same Court, the following passed the first examination:—

Burroughs, Thomas John, Guy's Hospital

Davies, William Richard, University College Hospital

Dukes, Clement, St. Thomas's Hospital

## BIRTHS.

CHISHOLM. On April 28th, at Camden, New South Wales, the wife of Edwin Chisholm, Esq., Surgeon, of a daughter.

FOSTER. On August 7th, at Edgbaston, Birmingham, the wife of \*B. W. Foster, M.D., of a son.

HOWELL. On July 21st, at Great Dunmow, Essex, the wife of H. S. Howell, M.D., of a son.

LEADM. On July 29th, at Iver, Bucks, the wife of W. W. Leadam, M.D., of a daughter.

LICHTENBERG. On August 1st, at 47, Finsbury Square, the wife of George Lichtenberg, M.D., of a daughter.

WEBER. On July 30th, at 49, Finsbury Square, the wife of \*Hermann Weber, M.D., of a daughter.

**ROYAL MEDICAL AND CHIRURGICAL SOCIETY.** The Library will be closed from Monday August 13th to Saturday September 8th, both days inclusive.

**LITHOTOMY UNDER THE ETHER SPRAY.** The *Cincinnati Medical Journal* gives a case of lithotomy, in which local anaesthesia was produced during the operation (medio-bilateral of Civiale) by means of Richardson's spray ether douche. The douche was used for two minutes and a half, and the incision into the bladder gave no pain.

**POISONED WATER.** Dr. Lankester reported to the vestry of St. James's, Westminster, a case of a young woman who had been down to Poplar and brought the disease from that quarter. He says, "What we have to dread is an outbreak or spread of the disease by poisoned water such as is now occurring in the east of London. Our pumps are manifestly unsafe. A rat finding a connexion between a cesspool and one of these wells might repeat the catastrophe of 1854. The Marlborough Mews pump I have directed to be shut up. The water in the pump in Duke Street has suddenly disappeared. I only wish that every other pump in the parish may be thus providentially closed if the vestry will take no steps in the matter." The Works Committee having reported to the vestry that the sewer in Broad Street was constructed half a brick in thickness, and that the sewage would easily percolate into the well of the pump there, the surveyor had been instructed to chain up the handle of the pump in Broad Street, and recommended that it be not re-opened until the water be chemically tested by some eminent chemist. The vestry approved the report.



**ROYAL MEDICAL BENEVOLENT COLLEGE.** The Founder's day was held at Epsom College, on July 19th, Earl Manvers presiding. The Rev. Dr. Hessey, Master of Merchant Tailors' School, gave the prizes, and addressed the pupils.

**THE WAY TO DO IT.** The Boston people know how to prepare for the reception of a dangerous enemy. Those of the emigrants who are well, are disembarked on Galloupe's Island, where are commodious barracks, and plenty of room for exercise and amusement. The barracks are the same which were built for the accommodation of the United States troops, and are sufficient to comfortably lodge five thousand persons. They have been put in perfect order, and are ready for immediate occupancy. Both these islands are isolated from the main, and from the other islands in the harbour, so as to be sufficiently exclusive to intrusion from without, or escape from within.

**WORKHOUSE NURSING.** Miss Twining has addressed a letter to the President of the Poor-Law Board concerning the treatment of the sick and incurables in workhouses. She "cannot but rejoice that the time has at length arrived for a complete exposure of a state of things that could not have existed so long had it been known or realised." Eight years ago she called attention to the evils of pauper nursing. She lays great stress upon the importance of a higher and constant supervision by educated, conscientious, and responsible women. We may, with some hope of success in Miss Twining's opinion, call upon women of education and a high sense of duty to come forward to aid us in this great work of caring for the sick and afflicted in hospitals; but not to act under the present matrons. She earnestly hopes that the claims of the sick and incurable may be considered apart from all other classes of inmates, for whom, indeed, not more indulgence, but far stricter discipline and treatment are as urgently called for. Mr. Hart must welcome the accession of testimony so trustworthy, and extending over so long a period, to the reality and extent of the evils which he has exposed, and the approval of his plans by witnesses so competent and disinterested. (*Pall Mall Gazette*.)

**SANITARY REFORM IN THE ARMY.** Earl Fortescue said formerly the average death-rate in the army was seventeen, and in the Guards twenty; but for some little time it had been reduced to nine per thousand. In India the death-rate was formerly about sixty, but it had been reduced to twenty per thousand. The Duke of Wellington stated that the average illness in the army might be reckoned at ten per thousand; but complaints were now made that the Herbert Hospital at Woolwich, which was built to hold seven per cent., had been constructed on too large a scale, that it was not occupied. The frightful mortality experienced in Hongkong showed that much remained to be learnt. The average death-rate in the French army was formerly nineteen per thousand, but it was now as low as nine. In Algeria it was in one part once one hundred and forty per thousand; but for some time it was sixty-four, and now the average was seventeen per thousand, which, it would be seen, was lower than the mortality in our Indian army. He concluded by asking whether any arrangements had been made for carrying on observations as to the application of sanitary science in foreign armies. The Earl of Longford said he could assure the noble earl that the Army Medical Department was fully competent, and kept pace with medical knowledge at home and abroad. He could not say whether a medical expedition had visited Algeria. In 1865 a medical officer of eminence was sent to the United States to study and report upon

matters connected with army medical science; his report had not been received. Application had been made to the Foreign Office to send medical officers to Germany; the departure of these officers had been delayed only by the change in the government; from their reports, however, much valuable information might be expected. The general reports of the Army Sanitary Commission are circulated. The report of the Royal Commission on the Indian Army, and a pamphlet drawn up by the Army Sanitary Commission in connexion with it, have also been circulated. The engineers have also the advantage of an annual course of lectures by the Professor of Hygiene to the Army Medical School. £30,000 a year has been now authorised for some years for sanitary improvements. He could assure the noble earl that the Army Medical Department fully appreciated the necessity of progressing in a sanitary direction; he thought he could also assure him that the officers of the Royal Engineers were competent to conduct the necessary inquiries.

### OPERATION DAYS AT THE HOSPITALS.

**MONDAY.....**Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.  
**TUESDAY.....**Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.  
**WEDNESDAY....**St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.  
**THURSDAY....**St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.  
**FRIDAY.....**Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.  
**SATURDAY....**St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

### TO CORRESPONDENTS.

\* \* \* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

**COMMUNICATIONS.**—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

**CORRESPONDENTS,** who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

**FENESTRATUS** asks: "Is Mr. Baxter Langley, whose advertisements about practices to be disposed of appear in your advertising columns, the speaker whose name has lately been mixed up with the meetings in Hyde Park?"

**NEW REGULATIONS.**—A correspondent writes: "Are we not in a fair way of being made April fools? General Peel makes certain promises, says that he will fulfil them next April; and as he is an honest man, no doubt he intends to do so. But all the world knows that next February, at the latest, Lord Hartington will be back at the War Office, not at all bound by his predecessor's pledges."

**A CURE FOR ITCH.**—SIR: Will some of your readers kindly give me the benefit of their experience as to the best treatment for itch in an Union Workhouse. According to my experience, benzine seems to be the quickest and most effectual means of cure when applied to each spot after the head has been removed, but this remedy is scarcely applicable to Poor-law practice where there are others far less costly. With regard to sulphur, I have used it both in ointment and made into a lotion, with slaked lime and water, heated over a fire, forming a liquid, which is called by some "Liq. calcis sulph." With either of these remedies, the patient is rubbed over where required, and put to bed with it still on the skin—and rubbings being continued as long as is requisite. Of the two, I am inclined to prefer the ointment. What I want is an inexpensive yet certain and quick cure; and, if possible, less nasty than the old sulphur plan. I am, etc., J.R.C.P.



# Addresses and Papers

READ AT

## THE THIRTY-FOURTH ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

[Held in CHESTER, AUGUST 7th, 8th, 9th, and 10th, 1866.]

THE

## ADDRESS IN MEDICINE.

BY

JOHN HUGHES BENNETT, M.D., F.R.S.E.,

PROFESSOR OF THE INSTITUTES OF MEDICINE, AND SENIOR  
PROFESSOR OF CLINICAL MEDICINE IN THE  
UNIVERSITY OF EDINBURGH.

GENTLEMEN,—In discoursing before such an audience as I have now the honour to address, on the Science and Art of Medicine, nothing would be more gratifying for me than to dwell on the unquestionable benefits which mankind has derived from the practice of the healing art—praise and hold up for imitation the great men whose genius and labours have assisted its progress—describe the improvements which have been made in recent times—expatiate upon some doctrine which, at the present moment, strongly excites attention—or repel the covert sneers or open attacks which have been made upon its dignity, honour, or utility. Able addresses of this kind, however, have been so frequently brought before you; the names of Harvey, Hunter, Jenner, and Bell, have done such good service; graphic illustration, sound reasoning, and vivid eloquence have been so well and forcibly employed on these topics, that I trust you will forgive me if, on this occasion, I venture to regard the future rather than the past; and, while admitting that much has been done, contend that more remains to be accomplished. I propose, then, to inquire, from the present aspect of medicine, theoretical and practical, how we can best assist its onward progress, and establish more firmly its claim to scientific eminence and public confidence.

And here allow me to observe that my position as a teacher of Physiology in the University of Edinburgh obliges me to review annually the incessant labours of the histologists, naturalists, chemists, physicists, physiologists, and pathologists, who are seeking to determine the laws which regulate vitality in all its phases. From such a survey, it is now manifest that the theory of medicine during the last twenty-five years has been completely changed, that most of the principles which governed its practice as an art are no longer applicable, and that during this period our science has advanced with such astonishing rapidity as to have imposed upon those who kept pace with its progress a task of no ordinary difficulty and labour.

On the other hand, as a physician in active practice, and as a Professor of Clinical Medicine engaged in teaching the art at the bedside, I am surprised at the indifference with which this great advancement in the science is regarded by the majority of medical men. I see an army of practitioners scattered over the country, without organisation or central government, engaged in efforts to cure disease and alleviate suffering. In this they are mainly guided by a knowledge, partly traditional, partly acquired by themselves, called experience, which is not only often opposed to the exact observations and careful inquiries of modern times, but is too frequently most contradictory in itself. The greatest differences consequently prevail among intelligent medical men as to the best methods of treating many important diseases; theory and practice—advanced science and past authority—scepticism and blind faith—often being arrayed against each other.

What, then, seems to me desirable in the actual condition of medicine is to bring the scientific and practical departments of the profession into harmony with one another, and to produce such co-operation among practitioners that their methods of treatment should assume more of a fixed and uniform character. To assist us in arriving at this end, I propose shortly to describe what seems to me the actual stand-point or condition of Medicine, both as a Science and as an Art; and, in doing so, point out how one necessarily influences the other. I shall then consider how far, by greater union among its cultivators than has hitherto prevailed, professional advancement may be best secured.

### PRESENT STATE OF THE SCIENCE OF MEDICINE.

1. It must be admitted that the Descriptive Anatomy of the human body is perfect—a fact in itself of the highest importance in the consideration of medicine as a science. It is in determining its ultimate structure, by means of magnifying instruments, that the greatest progress has been made in recent times; and it is now determined that vital phenomena are essentially dependent on the minutest particles of which every tissue consists. The organs and textures, in fact, are but aggregations of fine molecules, an acquaintance with the properties of each of which can alone lead us to a knowledge of the whole. All attempts to restrict vital action to a cell, to a nucleus, or to any particular element of structure, appears by me to be opposed by an overwhelming series of facts; the truth being, that growth, contractility, and spontaneous movement are as capable of being demonstrated in a molecular vibrio one twenty-thousandth of an inch in diameter, as in the largest cell or muscular fibre. Neither is vital action confined to a so-called molecular or germinal mass, but may exist in perfectly hyaline intercellular substance, as in cartilage, where those changes primarily occur that transform it into bone. It follows that those views whereby, according to some, organic matter is always evolved from within, while, according to others, it is always superimposed from without, are too exclusive, Nature sometimes acting in one way and sometimes in another,—here within, and there external to cells.

So far, then, as our present magnifying instruments will allow us to judge, the ultimate structure of a living body is composed of molecules. These possess independent physical and vital properties, which en-



able them to unite and arrange themselves so as to produce higher forms. In this way nuclei, cells, fibres, tubes, and membranes are produced, the union of which in their turn constitutes the various tissues and organs of the body. Not unfrequently the breaking down of one substance is the necessary step to the production of another; so that, either directly or in solution, the histolytic or disintegrative molecules of one period may become the histogenetic or formative molecules of another. This theory of organisation not only reconciles the conflicting views of those who still found their notions of development upon the powers of a cell, of a nucleus, or of inter-cellular substance, but seems to me consistent with all the known facts yet discovered in the organic world.

As an illustration of this process, we can trace with tolerable accuracy the structural history of food as it passes into, through, and out of the body. Thus, an organic mass—say a piece of bread or a beef-steak—first undergoes the histolytic process of disintegration, partly by the mechanical action of the teeth, stomach, and intestines, and partly by the solvent action of the salivary, gastric, and other juices, until it is reduced by a molecular pulp called chyme. From this pulp a fluid is prepared, which, passing through the villi, enters the chyle-ducts, and in the lymph-glands and thoracic duct, by a histogenetic or formative action produces the blood-corpuscles. These become coloured in the lungs, circulate for a time, and in their turn undergo histolytic solution, and thereby serve to elaborate the liquor sanguinis. This viscous fluid, drawn out through the capillaries, supplies the various tissues, molecule by molecule, with the histogenetic or constant formative material which keeps up their substance. Such substance having served its purpose, is constantly undergoing a histolytic or disintegrative process—is again reduced to a finely molecular fluid, and once more joins the liquor sanguinis of the blood. From this it is finally removed through various channels by the process of secretion and excretion, which in their turn only present still further evidence of this law of molecular organisation. Thus the bread or beef-steak, having entered the frame, may be shown structurally to have undergone successive histogenetic and histolytic changes; enjoyed, as it were, life for a time, and ultimately been discarded as inert or dead matter. Compositions and decompositions, however, are not only structural but chemical, and to these we must next pay attention.

2. The great impulse communicated to Animal Chemistry in recent times dates from the labours of those who, by careful analysis, have followed the chemical transformations which plants and animals undergo during their development, growth, and decay. These have shown the relations which exist between the atmosphere, the soil, and the plant—what the latter takes from the two former, and what it gives to the animal who feeds upon it. In the same manner that plants can only grow in those soils which contain the substances necessary to form their tissues, so animals can only be nourished upon those compounds which contain the chemical elements they themselves require. All this being ascertained, what next interests us is the relation which exists between the supply of food and waste of the tissues during their exercise.

Viewed chemically, food may be regarded as a

mixture of albumen, fat, and mineral matter, all of which pervade the economy, although the first is most abundant in the fibrous tissues, the second in the adipose and gland tissues, and the third in the bones and teeth. These substances, prepared by the molecular disintegrative process formerly alluded to, are but little changed chemically before passing into the tissues. But in leaving them in order to be excreted, remarkable chemical combinations and decompositions occur, whereby they produce different compounds, such as carbonic acid, water, urea, numerous organic salts, and so on. The nature of these chemical actions within the body is not yet fully understood; so that, although we know the composition of the ingesta and egesta, how the one is transformed into the other by the animal is not so clear.

The view put forth by Liebig—namely, that food should be regarded as nitrogenous and non-nitrogenous—the former being sanguigenous or flesh-forming, and the latter respiratory or heat-giving—has long appeared to me erroneous on histological grounds. Every tissue requires both principles. Even chemists themselves have shown by experiment that the idea of the tissues being oxidised during action, and yielding a proportionate degree of refuse like a steam-engine, is not correct. Recently, Messrs. Fick and Wislicenus of Zurich went to the summit of the Faulhorn, one of the Swiss alpine peaks, an ascent which occupied eight hours. During this period, as well as for eighteen hours previously, and for six hours subsequently, they only ate hydro-carbonaceous food, yet a chemical analysis of all the renal secretion passed showed that during and shortly after the ascent the urea excreted was only slightly increased. These facts are irreconcilable with the prevailing chemical theory; for, had muscular exertion increased the oxidation of albuminous material, urea should have been largely augmented, but it was not so; muscular energy in this experiment having been carried on, without fatigue, at the expense of the carbonaceous substance of the tissue.

Indeed, numerous observations now being prosecuted prove that much has to be accomplished before the chemistry of food becomes the physiology of food, and before the slice of bread or beef-steak can be traced in its progress through the body with the same exactitude chemically as it has been structurally. Even when this is accomplished, we shall have much to learn which chemistry cannot teach us; for, as has been pithily observed, although in the laboratory a pound of flesh is enormously superior in nutritive power to a pound of cabbage, yet, to a rabbit the cabbage is the superior food, whilst to a dog the cabbage is no food at all (Lewes, p. 115). It follows that, though chemistry can teach us much, nutrition, like all other vital processes, can only be rightly studied by the physiologist.

3. The researches of naturalists, it is now admitted, have thrown much light on the Laws of Germination and Reproduction, and have demonstrated to us the nature of several obscure diseases. The observations of Bassi as to the cause of death in certain epidemics affecting the silkworm led to the discovery of the vegetable parasites causing favus, pityriasis, mentagra, and other diseases of man; while the observations of Sars, Von Siebold, Steenstrup, and others, have determined the laws which govern the production of animal parasites. These



in turn are related to several interesting facts and generalisations, all of which have tended to augment our knowledge of the animal economy. Need I allude to the doctrine of alternate generation by Steenstrup, of parthenogenesis by Owen, of the origin of tapeworm by Von Siebold, of the economy of the hive by Dzierzon, of pisciculture by Coste, of the formation of the coral reefs and islands of Florida by Agassiz, and the origin of species by Darwin—all of them noble examples of physiological generalisation, several of which have already found important practical applications, while not a few have been of direct service to medicine.

4. A study of Natural Philosophy has led in recent times, perhaps more than that of any other branch of science, to an elucidation of the functions of living beings. What are physical and what are vital actions has long been a subject of discussion. The attraction which the sun exerts upon the earth, that which the earth has upon the magnetic needle, and that which one chemical substance has for another, though differing entirely in their nature, are called physical; but the attraction which the intercellular substance of cartilage exerts upon the lime-salts dissolved in the blood, or that by which any other tissue selects and draws from the liquor sanguinis what enters into its substance, is called vital. Again, the conduction of electricity along a wire is physical; the conduction of nervous influence along a nerve is vital. We know nothing of the nature of any of these actions, which constitute ultimate facts in science; but, inasmuch as they are not identical, we call those which occur in living beings vital. Some of these are altogether peculiar,—such as growth in particular directions, muscular contractility, nervous excitability, and mental acts. We observe, however, in a living being, that these properties are more or less dependent upon, mixed up with, and give direction to physical properties. It is the determination of what is due to the one class of phenomena and what to the other, as well as their mutual relations, that has for some time engaged the attention of what is called the physical school of physiology.

And here it must be confessed that, just in proportion as the physical have been made to encroach upon what were supposed to be vital actions, our knowledge has advanced. It has now been proved that much of what was mysterious must be considered due to gravity, imbibition, endosmose, or chemical, electrical, and mechanical operations. Now, as the laws regulating these physical forces are better known to us than such as govern the vital ones, not only in this way can we comprehend them better, but, when required to modify them by art, we are enabled to do so with more effect. We cannot, therefore, too strenuously urge forward all that physical research can do for us, although still conscious that, while in this way we may learn much, physics, no more than chemistry, will ever wholly clear up the mysteries which surround the great fact of life.

It is curious, however, to observe that while chemistry has succeeded in manufacturing in the laboratory many of the excretory products of the body—such as urea, taurine, allantoin, formic, oxalic, lactic, butyric, and other organic acids; so the histologist, by the mechanical union of oil, albumen, and mineral matter, has succeeded in forming arti-

ficial molecules, nuclei, cells, membranes, and concretions, very similar to what we find in the animal. True, in both cases we must take the proximate principles, which can only be formed by nature; but, these given, we learn much of the structural mode of formation and of the chemical decompositions occurring in the animal from what physical experiment has taught us.

Of the numerous ingenious instruments now invented, which have enabled us to determine with rigorous exactitude the time, area, and intensity of phenomena in the living body, whether applied to the velocity of the circulation, force of the pulse, production of electrical currents, rapidity of the nerve-force altered, curves of the crystalline lens, and many other most important facts, I have no time to speak. I have requested my assistant, Dr. Rutherford, to bring with him to this meeting the very ingenious myographion of Du Bois Reymond, with which he will show, what may prove interesting to many present, how the rapidity of the nerve-current can be accurately determined. The inspection of such an instrument, an idea of its construction, and the witnessing one of the experiments which have given such reputation to the name of Helmholtz, will do more than any feeble description of mine to convince you of the great talents and ingenuity of those who now prosecute our science in this direction.

5. Experiments upon the lower animals, I need scarcely say, have added largely to our knowledge of the vital functions. On the propriety of this kind of research I agree with what was stated by Dr. Sharpey in the able address which he read to this Association in 1862; viz., that “when we consider the countless myriads of the brute creation that are daily slaughtered for man’s sustenance, or are left to perish from hunger or the severity of season, or fall a prey to their natural enemies, to say nothing of the multitudes killed for sport, surely it is not too much to claim that an infinitesimal share of this vast sacrifice be applied towards the extension of human knowledge and the alleviation of human suffering.” It is unnecessary, however, to dwell upon the brilliant results which have been derived from this method of investigation. I would only point out, that a reluctance to engage in it when necessary has vitiated the most important conclusions, of which we have an excellent example in the ideas formed by Sir Charles Bell as to the functions of the anterior and posterior columns of the spinal cord. Having cut the anterior and posterior roots of the spinal nerves in a living animal, and shown that thereby voluntary motion and sensation connected with the parts which received nerves from them were paralysed, he supposed that the columns of the cord were continuations of these roots, and that section of them would also destroy motion and sensation. But when Brown-Séquard cut across the posterior columns in a living animal, which he did with a knife made for the purpose, it was found that, so far from sensation being prevented, pressure on the leg of the animal gave rise to increased pain. The cause of this is now thoroughly understood from the admirable histological researches of Mr. Lockhart Clarke, who has demonstrated, among numerous important facts for which science is his debtor, that the nerve-tubes of the spinal roots, instead of turning up towards the brain, as had been generally



supposed, pass directly inwards to the grey matter, and are there so distributed that no single section of those columns can destroy their power of conducting influences to the brain. Indeed, experimental and histological research have been so well combined in recent times as to throw a flood of light over the functions of the nervous system. In proof of this, I need only refer to the labours of Bernard as to the influence of the vaso-motor nerves over animal heat.

6. Lastly, the pathologists, who seek to discover, from an inspection of diseased organs after death, the relations existing between morbid conditions and the symptoms or phenomena they occasion during life, have also added largely to the science of medicine. In the same manner that the healthy body has been explored to obtain a knowledge of its structure, so has the diseased body been scrutinised to ascertain the changes produced. As the descriptive anatomy of man is perfect, so is his morbid anatomy; and pathological is as far advanced as physiological histology. Indeed, they may be said to constitute one science. If the organic chemistry of the healthy processes is imperfect, the pathological chemistry of the body is still more so, the latter necessarily being dependent on the former. Such, however, is the activity with which morbid phenomena have been investigated during the last quarter of a century, that in no department of the science, probably, has greater progress been effected.

The meanings of the old terms, inflammation, tubercle, cancer, and so on, are still discussed; but the morbid processes themselves are now well known. These consist of congestion of the blood-vessels, and, as a result of this, serous effusion, exudation of the liquor sanguinis, or extravasation of blood. Each of these products undergoes subsequent changes, whereby they are again absorbed into the circulation, either directly, as in the case of serous effusion; or through cell-growth, as in the case of exudation; or by disintegration, as in the case of internal hæmorrhages. Not unfrequently morbid growths occur, which may originate from irritation of the existing textures, which they more or less resemble; or they may spring up in exudations giving rise to tubercle, pus, and cancer. The tissues also atrophy or degenerate, and in this last case may undergo the fatty, albuminous, pigmentary, or mineral transformations. Concretions of various kinds are deposited in cavities, and obstruct ducts, giving rise to formidable lesions. There may be animal and vegetable parasites. Lastly, the blood itself may undergo alterations from an excess or diminution of its structural or chemical constituents, or it may be contaminated by noxious poisons derived from without, or generated within the body.

A knowledge of these morbid states has now made great progress; and our general ideas of their nature have, in consequence, undergone a remarkable change. It has been shown that the same general laws which regulate growth and other vital functions in health, also influence them when so disordered as to constitute disease. The same theory of organisation which has changed our views of physiological processes, has had a similar influence on pathological ones. It is not so much the peccant humour or the vascular action of our forefathers to which we attribute structural effects, as it is to the altered chemical, electrical, or vital condition of the

ultimate molecules of the tissues themselves. This being the organic cause of disease, our efforts are no longer engaged in the mere study of symptoms, and the grouping them together in accordance with artificial nosologies, but in endeavouring to determine with accuracy the character of the lesion itself, and the precise texture and organ which is involved.

Only a limited idea, however, can be formed of the position of scientific medicine from viewing what has been accomplished by these six methods of investigation separately. It is their union, the assistance that one gives to the other, and the necessity which exists for knowing them all, that require attention in founding a proper basis for medical education. So long as it was supposed that diseases were groups of external symptoms, and that the removal or alleviation of these was the great object to be attained, the rules of art flowing from past experience were easily acquired. But now that every practitioner is expected to ascertain the nature and seat of the morbid change, not only must these be previously understood, but he must be capable of using all those means whereby they can be detected. A knowledge, therefore, of certain sciences, and of the laws which regulate their course, and their relations with one another, has now become imperative as an introduction to practice.

This mutual relation of the sciences has led to generalisations of the highest importance to our knowledge of vital action both in health and disease. Thus, it having been shown by Grove that the various physical forces—such as heat, light, electricity, gravity, and chemical action—are all correlative, it soon became apparent not only that there was a similar relation between the vital forces—such as those governing growth, nutrition, contractility, and excitability—but also between these and the physical forces. It has further been shown that, just as matter is indestructible, only changing its condition, so is there a conservation of force which only alters its form. In the same manner that heat, light, electricity, gravity, and chemical action are capable of being perpetuated in an incessant round one to the other, so we must regard growth, contractility, sensibility, and even the exercise of the mind, as only varieties in form of that chemical force generated in nutrition, as this in its turn is only an altered manifestation of some other force.

It is by studies in this direction, and in this spirit, that we shall do most to advance the science of medicine, in proof of which I would for a moment refer to the assistance which the sciences referred to have given to one another in advancing our knowledge of disease, and its detection in the living body. How anatomy and physiology aid pathology, and how this in its turn confirms and extends physiology—of this we have an excellent example in the discovery of leucocythæmia, which has proved to us that the views of Hewson, which were so long neglected and held to be doubtful, as to the functions of the spleen and lymphatic glands, are correct, and that they do, as he maintained, form the corpuscles of the blood. Again, many alterations of texture, which morbid anatomy has made us acquainted with, would only have been suspected, but for the help which physical science has furnished in various ways; more especially by chemical tests and analyses, and nu-



merous ingenious instruments. Need I refer to what we now accomplish by means of percussion and auscultation, and to the use of the microscope, speculum, laryngoscope, ophthalmoscope, sphygmograph, thermometer, etc.?

The present stand-point of scientific medicine, therefore, may, I think, be summed up as follows.

1. That the descriptive anatomy of the human body is perfect, and has been thoroughly worked out.

2. That the structural and general anatomy of the human body is very nearly so.

3. That physiology, though greatly advanced, has yet much to teach us as to the functions of the human body, and is at this moment apparently waiting (1) for the organic chemists who are investigating the transformations which food undergoes in passing through the economy; and (2) for the physicists who with newly invented and delicate instruments are investigating the vital functions with a care and exactitude only recently arrived at.

4. That pathology has demonstrated to us the structural alterations produced by morbid states; but is still very deficient in a knowledge of the chemical alterations these occasion. It must necessarily be dependent, however, on the progress of physiology, so that the laws which regulate many diseased processes have yet to be ascertained.

5. That the diagnosis of diseases, owing to our combined knowledge of physiological and morbid states, and the cultivation of physical exploration in conjunction with observations of symptoms, is rapidly becoming more exact, and losing its conjectural character. What John Hunter effected for surgery by placing it on a scientific basis, is now the object of the well informed physician with regard to the practice of medicine.

#### PRESENT STATE OF THE ART OF MEDICINE.

I now turn to the practical side of medicine, by which is to be understood an available knowledge of all those means which contribute, directly or indirectly, to the cure of disease, prolongation of life, or alleviation of suffering.

The long discussions that formerly occurred as to whether the practitioner should be guided by dogmatism or empiricism—theory or observation—deduction or induction—have lost their interest. There are more observers than reasoners, although it may be questioned whether a really perfect observation is not more rare than a sound theoretical conclusion. It is now recognised that science must prevail in the schools, practice at the bedside; and that the more we acquire of both, so much the clearer it is seen how good observation corrects and perfects theory, and how science improves and extends observation. Both have added largely to our resources. Thus it will be admitted that the doctrines of the circulation of the blood, of the independent functions of nerves, the reflex function of the spinal cord, cell-growth, and so on, have been directly serviceable in practice. It by no means follows, however, that great physiological discoveries are often immediately available in this way. The practical value of the discovery of Harvey was not recognised for several years after its publication; and the recently established doctrines of the functions of the pancreas and of the lymphatic glands, and of the glycogenic functions of the liver, have not taught us as yet how better to regulate digestion, influence the formation of the

blood, or cure diabetes. But that every physiological truth adds largely to our conceptions of the correct treatment of maladies, is a proposition I must not occupy your time with attempting to demonstrate.

On the other hand, many of those remedies which have been proved to be directly curative of disease—such as quinine, sulphur-ointment, lemon-juice, cod-liver-oil, and so on—are entirely the result of empirical observation. With regard to these, it is our constant aim to determine the *rationale* of their influence. Up to this moment, notwithstanding, there is an uncertainty about the action of numerous powerful drugs in daily use, which is a constant reproach to us, and which we should make a strong effort to remove. It cannot be correctly said, in face of the researches and additions constantly made to our knowledge, that we have been altogether supine on this subject. But it is unquestionable that no vigorous attempt is being made, nor does any organisation, so far as I can perceive, hold out a prospect that any is likely to be made, of advancing our knowledge in this direction. In the excellent paper read at the annual meeting of the Association by Dr. Handfield Jones, in 1862, the conflicting opinions which prevail with regard to the action of some of our most valuable drugs, more especially of digitalis, opium, and quinine, were pointed out. The settlement of these differences is certainly within the reach of scientific investigation, and all that is required are capable workers to solve the difficulties they present. Numerous other agents, however, might be mentioned, the power of which is great, though as yet we know little of their effects. Among these is electricity, the operation of which upon the nerves and muscles has recently been studied by the physical school to a great extent, without, as yet, furnishing us with any exact principles for its application. Duchenne and Remak, it is true, have made many valuable observations, but their views are much opposed to each other. The first considers that an interrupted current should be applied directly to the muscles, while the latter believes that a powerful continuous current sent along the nerves is most beneficial. This and many similar questions require to be solved by investigation.

There are few, however, I fear, who have clearly placed before themselves the great difficulty, labour, and sacrifice of time which therapeutical inquiries necessitate. Indeed, it may be questioned whether any one man, however talented, is capable of such investigation. The wisest among us is apt to be biassed by accidental circumstances. A case, or series of cases, which have done well under a particular management; the unexpected recovery of an apparently hopeless disease following the administration of a particular medicine; or the fascination which lingers about some plausible theory, may all tend to mislead. The influence of one mind should be corrected by that of another; and the best knowledge in all the departments of the science and art of medicine should be concentrated on the solution of the question proposed. A committee, therefore, would be requisite, which should combine the skill of the anatomical operator, the analytical power of the chemist, and the varied knowledge, theoretical and practical, of the histologist, physiologist, physicist, pathologist, therapist, as well as of the physician whose knowledge of diagnosis is unim-



peachable. It would be also advisable to temper the energy and sanguine character of youth with the caution and reasoning power of age. A physiological laboratory, with every necessary instrument, appliance, and chemical, together with a hospital, would be necessary adjuncts.

But when such a committee have completed their labours, published their report, and made their suggestions, even with the assistance of one or more hospital physicians, the co-operation of a large number of practitioners becomes necessary to give it that general and varied trial which is necessary to test its value. No one practitioner, even with the assistance of a large hospital, can hope to examine and carefully record such a number of cases of any one disease as will render his trials of great value. Such, at the same time, is the want of union among medical practitioners, and so difficult is it to impress them with the advantage of working in concert to advance medicine, that several years may elapse before any investigation is finally completed and receives the authoritative sanction of numbers.

And here I would observe that there is only one way in which, as it seems to me, any particular treatment can ever become, for the future, really authoritative and entitled to the confidence of the profession at large. It is, that the facts connected with it should be carefully observed, and the results so recorded that they may be easily compared with similar results obtained by other methods. For this purpose the age, sex, general vigour of the body, and other facts necessary to be known, under the circumstances, should accompany any general statement as to the good effects of the remedy or treatment, so that all may judge of its value for themselves. This would be the crowning proof of its utility, for it need scarcely be pointed out that even the general adoption of a remedy and a particular practice, or an universal belief in its efficacy, is no guarantee that it is really the best that can be followed. Of this, the practice of bleeding and an antiphlogistic treatment for acute inflammations, and that of a six-weeks' course of mercury for the removal of syphilis, both of which prevailed between thirty and forty years ago, offer illustrations.

It is a fact which cannot be disputed, that the mortality of a strictly antiphlogistic practice in acute pneumonia was one death in three cases, and that simply by leaving off a lowering treatment the mortality was diminished to one in seven. In the same manner it has been satisfactorily proved that a general non-mercurial treatment of syphilis cures the disease on an average in two-thirds of the time, and with only one-half the number of secondary cases. Whether there are any cases of pneumonia that still demand blood-letting, or some cases of syphilis that still require mercury, is a question not yet decided, but there can be no doubt that we owe to statistical research the important results to which I have referred. Tabulated facts and numbers therefore, which correctly estimate the amount of benefit obtained, are what is necessary, instead of vague generalisations, mere opinion, and too often unfounded assumptions. To this end co-operation among members of the profession is necessary, but the difficulty of attaining it may be estimated by the result of a trial in this direction which was commenced by the Association in 1862.

At the annual meeting of that year in London, a

committee was appointed, who recommended that various subjects should be proposed for investigation by this Association. Certain members of that committee each agreed to prepare a schedule, to be circulated with the JOURNAL, to receive the returns and reports on or publish the results. Accordingly, four such schedules were so circulated, and you may feel curious to know the results of this appeal to upwards of 2000 medical practitioners.

Eighteen schedules were returned to Dr. Fleming, of Birmingham, containing 100 cases in which tapeworm was treated by the male shield fern.

Twenty-one schedules have been returned to myself, containing 152 cases of acute pneumonia, mostly treated on the restorative plan.

Nine schedules were returned to Dr. Harley, containing 23 cases of jaundice, treated by benzoic acid, mercurials, and podophyllin.

Three schedules were returned to Dr. Handfield Jones, containing 3 cases of non-syphilitic psoriasis treated in various ways.

The only report published is that by Dr. Fleming, who informs us, that the cases returned to him "establish beyond doubt the great efficacy of the oil of the male shield fern in tapeworm, and its superiority to the other known remedies of this disease. Further," he says, "our report points very decidedly to the most efficient mode of exhibiting the drug; and the whole inquiry has, as I have reason to know, rendered excellent service to therapeutics by making the virtues of the oil of male fern more widely known and employed throughout the profession" (BRITISH MEDICAL JOURNAL, January 15, 1864, p. 26).

It will therefore be seen that this report of Dr. Fleming has been of great advantage, and so far fully justifies the proposal of the Association. One hundred cases also, where the problem is so simple as the expulsion of a worm, may perhaps be regarded as data amply sufficient to establish the therapeutic virtue of the remedy. Where, however, the problem to be solved is more complex, as in the three other cases, it must be admitted that the returns are by no means sufficient, and that this effort to obtain extensive data for determining the best treatment of acute pneumonia, jaundice, and psoriasis, has as yet been unsuccessful.

Notwithstanding, I still entertain the hope, that through this great Association of medical men something may be done to settle doubtful modes of treatment. If instead of 21 schedules, for example, as to the treatment of pneumonia, yielding 152 cases, it were possible to get 200 schedules with 1500 cases, I think all the vexed questions concerning the treatment of that disease might be permanently solved. Even this only supposes that one-twelfth of our number should fill up a schedule with such cases of the disease as they may encounter for twelve months.

For any scientific investigation, funds must be raised to remunerate the talent and toil which an extended and useful inquiry will necessarily involve. With such aid, properly applied, we have good evidence that much may be done. The recent Government Report on the Cattle-Plague, for instance, points out how the cooperation of various individuals may be so directed as to exhaust a medical inquiry. The annual Sanitary Reports of Mr. Simon, conducted on a similar plan, exhibit a series of investigations which are invaluable to the medical man. A like series of reports on diseases, or as to the actions of



remedies on the healthy or certain morbid states of the economy, there can be no question, would not only greatly tend to the advancement of medicine, but would gradually exert an authority which would be generally respected. When, also, we regard the advanced condition in which we find the science of medicine, there can now be little fear that such inquiries would conduce to the exclusive systems of treatment, into which some men were formerly led.

It was in every way worthy of the position held by Professor Acland of Oxford that he should have proposed to the Medical Council that a sum of £250, to test the properties of drugs, be granted out of the contributions levied from the profession. But notwithstanding it constitutes one of the duties of that Council to publish from time to time a *Pharmacopœia*, the application was refused on the ground that it constituted no part of its business to make such investigations. Exactly the same thing may be said by the government, by the corporations, by scientific societies, and indeed by each medical practitioner. In this way, we arrive at the familiar paradox, "That what is everyone's business is nobody's business."

From all the consideration that I can give this subject, the present stand-point of practical medicine appears to be—

1. That the empirical method of treating disease has reached its utmost limits, and that little further improvement is to be anticipated from it.

2. That the great advance which has taken place in the science of medicine has led, and is leading, to various modifications in the rules of medical practice, which only lately were in general use.

3. That these modifications principally consist in putting more confidence in the powers of nature, having recourse more frequently to the assistance of diet and other hygienic influences, and in employing more sparingly blood-letting and other so-called heroic remedies.

4. That the value of many remedies in certain diseases is unquestionable, and that their judicious employment confers invaluable benefits upon mankind; but the utility of others is disputed or little known, and with regard to these a careful investigation is imperatively required.

5. That such investigations demand great labour, advanced knowledge, and much valuable time, and that experience has demonstrated the impossibility of carrying them out satisfactorily without funds to remunerate the investigators.

6. That all applications of scientific treatment require the cooperation of medical men at large, and that no trustworthy results are likely to meet with general confidence in future, unless founded on extensive data, and formularised by a correct statistic.

#### FUTURE PROGRESS ONLY TO BE SECURED BY COMBINED LABOUR.

From the foregoing survey of what appears to me to be the actual condition of the science and the art of medicine two considerations are suggested,—1. That the greatest development and encouragement should be given to all those methods of investigation, the united results of which constitute what may be called medical knowledge; and 2. That the determination of how far this knowledge is useful, when

practically applied to the cure or relief of diseases, demands the more cordial union and co-operation of the profession at large.

I would only observe, on the first head, that if, as we have endeavoured to show, science ought to be made the foundation of medicine, then, so far from clinging to a past authority, we ought boldly to re-investigate everything that does not repose upon an exact and solid basis. Hitherto more weight has been given to expressions of opinion or of belief than to what can be proved or demonstrated. Hence the opposing views of even eminent authorities on the plainest procedures, not only as exhibited in their diagnosis and treatment of disease, but in their evidence on all litigated questions. Should we not make an effort to settle these differences? But past authority is here wholly incapable, for such is its inherently conflicting character that no one can suppose it to be available for solving any existing difficulty whatever. What then is required is fresh research and correct reasoning, and every one acquainted with the resources of modern science must feel persuaded that, if combined and put into operation, they are amply sufficient for the purpose. Indeed I trust it will be apparent from what has been previously said, that the different branches of medical science are now so advanced as to be capable of solving difficulties which formerly they could not. All that seems requisite is, that their cultivators should unite to obtain the end in view.

Some maintain that our profession ought to be a learned one, and the Medical Council have recently resolved that, while a knowledge of Greek shall in future be imperative on students, an acquaintance with natural philosophy and logic shall be altogether optional. It is with the greatest deference I venture to think that such a decision has not been made with a full comprehension of the tendencies of our science, or of its future requirements. It may be doubted also whether the habits of mind acquired by cultivating a literary taste and an appreciation of the classic authors, are such as will best fit the intellect for grappling with those difficulties which the severe study of vital action in health and disease involves. To this end mathematics, logic, and physics are absolutely essential.

With regard to the second head, I would remark that the British Medical Association numbers among its members many who are eminently well qualified to unite, both in scientific investigation and in practical observations. Will they do nothing in their collective capacity to solve satisfactorily one doubtful point as to the action of a medicine or the treatment of a disease? At this moment we are called upon to cope with a formidable epidemic, the numerous individual observations that have been made concerning which still leave us in doubt whether it be or be not infectious, what is its pathology, and whether it is better treated by laxatives or by astringents. What a noble spectacle would it present, if the 2000 members of our Association would only now agree during the ensuing year to direct their energies to an investigation into the nature and treatment of Asiatic cholera! Might not a central committee be appointed, which, operating through the many branches scattered over the country, would secure chemical, histological, and pathological research, combined with accurate, uniform, and extended observation? Would any of us grudge a small contribution that might serve to re-



munerate the labours, talent, and consumption of time involved in such an inquiry?

Whatever you resolve on, gentlemen, to me it is certain, that we have arrived at that epoch in the history of medicine which demands that truth in science and truth in art should no longer be kept asunder; that the traditions of old and less enlightened times should give way to the advancing spirit of inquiry that characterises the age we live in; and that the separate, and, because separate, too frequently opposing efforts of individuals should merge into the catholic endeavour of solving by union and mutual help those questions which it has been demonstrated have baffled solitary research. The whole scope and tendency of the modern science and art of medicine indicate that future progress can alone be secured by combined labour: and I can conceive no more worthy, as there is no more appropriate, object for the consideration of this Association, than the manner and methods by which this great work could, through its agency, be prosecuted and accomplished.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION. This association held its twenty-second annual general meeting in Edinburgh, under the presidency Dr. W. A. F. Browne, Commissioner in Lunacy for Scotland; Dr. William Wood being the retiring President. The Chairman then delivered the inaugural address. In concluding, he spoke of those who had died during the past year, and who had contributed largely and lovingly to the promotion of medico-psychology, of Jean Parchappe de Vinay, Sir A. Morison, and John Conolly. Of Conolly he said that he was sensitive in his rectitude, gentle and genial, he was to all men conciliating and courteous; to his friends he was almost chivalrously faithful and generous; the insane he positively loved. Dr. Harrington Tuke read a letter which he had received from Baron Mundy, presenting to the Association a handsome marble bust of the late Dr. Conolly. The Association resolved to request the Royal College of Physicians of London to become the permanent custodiers of the bust, and place it in their Library Hall. On the motion of Dr. Henry Monro, a committee was appointed to procure subscriptions for a memorial of Dr. Conolly. Dr. Charles Lockhart Robertson was unanimously elected President of the Association for the meeting of the Association next year, which will be held in London. The following gentlemen were elected as honorary members:—The Hon. W. Spring Rice; Sir James Young Simpson, Bart., M.D.; W. Sellar, M.D., F.R.C.P., Edinburgh; F. H. Læhr, M.D., Berlin. Dr. Webster described a recent visit to the insane colony at Gheel. Several members expressed their regret that personal restraint was not altogether abandoned at Gheel, and their opinion that the results of the system adopted at Gheel did not hold out any inducement for its adoption in this country. Some doubt was expressed by Dr. J. Browne as to the possibility of any medical man deciding whether an insane patient would continue to be harmless. He had allowed ten of the best and most harmless patients, out of an asylum of 120 patients, a great measure of freedom, by way of experiment, and he had been obliged, in four cases out of the ten, to withdraw the privilege, because it had been grossly abused. Dr. Robertson, of Glasgow, on the other hand, said that, in a number of cases, patients had been sent from the asylum of the Parochial Board which he superintended to lodge in cottages in the country; the result had been so satisfactory that it was proposed to extend the system.

## THE ADDRESS IN SURGERY.

BY  
WILLIAM BOWMAN, Esq., F.R.S.

MR. PRESIDENT AND GENTLEMEN,—Surgery has always been that department of the Healing Art which most strikes the imagination of mankind, and secures their admiration, by prompt, dexterous interposition, in obvious and great perils, where life or limb is jeopardised, when the ignorant or timid are ready to despair, or the disease seems too terrible and deadly to be controlled. One now steps in, holding in his hand the talismanic charm of knowledge, with skill to find and courage to touch, for their correction, the hidden springs of life, and in a few moments how altered is the scene! The poor sufferer, a weeping family, or, it may be, a nation in deep anxiety, is relieved; and gratitude, the most precious human tribute for so great a benefit, so opportunely conferred, mingles with the respect and almost veneration that greet the successful operator.

Pardon me, if I avow, arrived at middle age, that my boyish ambition—not far from this *Castrum* of the old Romans, and under the inspiration partly of one still among us (my father's friend), partly of others to whom I am even more deeply beholden—was to be a great surgeon. And though I am able thankfully to acknowledge a gradual diversion of my lot in life away from this dream of earlier days, I yield to none in my regard for the eminent dignity of the Surgical Art, concerned, as it is, with some of the dearest earthly interests of mankind, and certain to rise more and more in their esteem as they become more capable of weighing things and men by the true and real standard of *their usefulness*. For I see no reason to doubt that future ages will still accept the pious saying of one of old, that Surgery is the Hands of God: the Human Hands, apt images and reflex of Man's whole Being, from his morning hour of puling helplessness, when the

... "tender palm is prest  
Against the circle of the breast,"

through all his working day of time, until they at last shall be upraised once more in joy and adoration, to hail a brighter and an eternal dawning; the Human Hands, permitted now, through insight into God's laws, to be the saving instruments of that earthly life and organisation, which His power, wisdom, and love, having first brought into being, still alone both sustain and cause to perish when their part is played; of that organisation which dies every hour it lives, which indeed dies by living and lives by dying, and which wondrously transmits ever its own prerogatives and dark secrets to a succeeding life, destined apparently to remain a marvel and a mystery impenetrable to all generations.

A general survey of the present state of the Healing Art in those countries that most represent the recent progress of mankind, may well incline us, on an occasion such as this, to outstep the narrow limits of the Speciality of Surgery, to which, indeed, our



precedents do not confine us, and to inquire whether we be not in some danger in England now, amid the multitudinous divergencies and details of modern practice, of losing sight, in some measure, of the essential Unity that pervades our whole work of Healing in the world; and further, whether we do not need to hold more to this central idea of unity, in order, by greater concentration of our powers and agencies for good, more effectually to promote the proper objects of our great profession, by better directed common efforts than in times past.

And can such a theme be more appropriately handled, than before an Association which is, up to the present moment, the only visible upholder and representative of the comprehensive unity of all ranks and degrees of Healers in this country, and which has been for many years working towards the realisation of it?

Let us, then, spend a short time in tracing, if we can, the scope and meaning of this work of ours, which interests ourselves so very closely, and our fellow men hardly less. And for this purpose, our past history shall first be adverted to, so that we may gain, as from a distance, a more general and a juster view of our whole position.

With the earlier developments of the Art in remote ages we are little concerned, except to observe, that the same simplicity of conception which we now find among our less instructed countrymen, implied in their respectful customary epithet of "Doctor" addressed to us all alike, regardless happily both of University-acquired titles of too motley import and of modern Acts of Parliament—this same simplicity of conception would probably more apply to the Healers of a dawning civilisation; who, though they then, as now, must have failed in any instance to embrace all knowledge and all the powers of treatment, yet could hardly have been other at first than general practitioners.

Probably the state of the Healing Art (if so it can be called) in various savage tribes, and among the antique and decrepit communities of the East, only now being awakened out of the torpor of tens, perhaps of hundreds, of centuries, by the rude shock of contact with modern European forces, may exhibit to us, not inaptly, what it once was among ourselves. Certainly the early growth and moulds of our profession must have been natural, not fostered by artificial means; except indeed where the policy of chiefs, or the craft of a pagan priesthood, may have warped them to their purposes. But generally, where individuals evinced or professed an aptitude, opportunities of experience would be rife enough; and according to the nature and variety of these, would be the developments of knowledge and the divisions of practice.

In later ages, the elaborate civilisation of the Greeks and Romans, and subsequently of the Arabians, was manifested scarcely less in their knowledge of Healing than of other useful arts, as their extant writings attest; it being reserved, however, undeniably for Christianity to elicit first among mankind the true spirit, as well as the right exercise of the Art, in the institution of hospitals and asylums, and of nursing brotherhoods and sisterhoods, for the sick and maimed.

But, indeed, although the practice of Surgery in particular must have reflected, like other arts, the prevalent temper and ideas of those times, and may

have been often rude, coarse, and indiscriminating, based on loose surmises, false analogies, or on prejudices or fancies altogether absurd, hence becoming what we might now be inclined to call unfeeling, even cruel; yet always, its aim being beneficent, its tendencies must have been so too; a humanising art, intervening on the side of mercy and pity, even in the wildest hours of savagery or war.

Turning to Britain and the dark ages, haply our Chirurgeons were a sorry set, who carried out lamely the despised manual part of treatment, under the direction of an order of men, by priestly office, or by education and social rank, above them, to whose authority they bowed; a set of men misnamed learned, ready in every difficulty to quote Galen without understanding him, and generally more ignorant than the poor handicraftsmen they controlled; men whose word could seldom be questioned, never gainsaid, though, from the falseness of their principles, they could never advance one step in true knowledge.

It was probably war, ever recurring war, that raised a few individuals from time to time into greater prominence and credit as surgeons; for the powerful leaders of armies must have often experienced the benefits of surgical treatment; and in extremities of danger the surgeon must needs have taken a position in the esteem of multitudes, which those would miss who could not or would not staunch a wound or save a life by operation. And it is inconceivable that, even in those half barbarous times, the greater sort of minds among the body-Chirurgeons of emperors and kings should not have emancipated themselves from the obviously absurd relationship implied in their being merely the manual executors of the dictates of other men, whose fantastic pedantry and real ignorance of the practical part they must necessarily have contemned.

And in civil life a counterpart was seen. Isolated students in convents, cullers of simples, ignorant travelling quacks and mountebanks, bone-setters and leeches, flitting formless creatures in the twilight time. Then came the guild of Herbalists and Barber-Surgeons. Then, from our universities, especially on the revival of learning, Physicians, with a truer scholarship and more open minds, to whom all mankind must ever acknowledge themselves indebted; men competent to hold their place even in that age of erudition, with the most exalted dignitaries in Church and State, and still maintaining, probably on that very account, their old superiority in station over their less learned surgical brethren.

But now, here and there, a real Surgeon rose; bold, perhaps prudent also; successful in grand ventures; startling the popular imagination by some marvellous cures of deep painful disorders or of portentous aspect, till then deemed incurable. Thus, Operative Surgery in great cities became the surgery of the greatest practitioners, and oftentimes overtopped and overshadowed the reputation of learned *medici*; causing, no doubt, jealousies, which we know to have been keen, but which we may now all the more afford to smile at, as we are certain none such exist amongst ourselves. Surgery thus became studied more and more by a class, as its prizes were great, and some men seemed by tastes and natural gifts more fitted to shine in it. It became an elaborated art, founded on observation of anatomical relations, both healthy and morbid; it began to have



a distinct literature, and a body of rules and precepts, which were the subject of public debate and were traditionally transmitted. Its professors increased in numbers and breadth of aim; they even shared with the most skilful physicians in cultivating the knowledges (hardly sciences as yet) which pertain to the Healing Art; and to draw nearer to our own day, they have, within the last hundred years, in this as well as in all civilised countries, borne an equal, in some instances a transcendent, share in enriching and extending the whole field of medicine.

But I am not here, gentlemen, to say flattering things of one department of our art to the disparagement of another. Nothing could be more remote from my intention. On the contrary, I desire to speak the truth only; to show our common aims and victories, and to vindicate the common bond that unites us all.

And for this, I must still ask you to revert with me for a moment to Tudor times.

We are tolerably well acquainted with the state of practice in our own metropolis in that day, when some of the most eminent revivers of learning, of whom England is rightly proud (though some of them were favourites of a court, paid by Church sinecures), established an Institution, since become venerable, which in those days fought a hard and, it must be added, a successful battle with the surgeons before the Lord Mayor of London and other of the Queen's Delegates (the more enlightened Master of the Rolls and the Bishop of the Diocese bringing, we are told, many opposing arguments on the surgeons' part) for the right and privilege of alone prescribing in surgical cases inward medicines—and such medicines!—when the apothecaries' shops, no less than the surgeons' instruments, were still to a large extent under their control; and when, for example, one unhappy John Luke, *ocularis medicus*, receiving a faculty to treat diseases of the eye, was strictly limited to the use of external means, and forbidden all internal remedies, by whatever avenue they might be introduced, except under the advice of some learned and experienced physician accredited by the College.

All these grave and learned men played their part well, however, according to their light. They upheld among the highest and most cultivated of the land, as we gladly acknowledge their successors do at this day, the dignity of the profession and pursuit of healing. And if they did not plant this dignity in its true seat, knowledge of the frame that is most noble on this earth, and knowledge for the sake of usefulness to suffering man; if they sometimes stifled thought, as when they caused one of their number to recant, who had had the temerity to maintain that Galen was capable of error, we may remember what they did to introduce Anatomy into England, and to advance Surgery itself. Receiving from Lord Lumley an endowment under the Great Seal for a Surgery Lecture in the College, they “most thankfully accepted so honourable and generous a donation, and built rooms more ample and spacious for the better celebration of this most Solemn Lecture”. And from among them sprang one, whose well known services to our common calling and to mankind can never be adequately honoured, particularly for the prescient, penetrating, comprehensive character of his intellect, and the clearness of his perceptions; whose name will

descend to the latest posterity among the greatest of English worthies.

William Harvey was Professor of Anatomy and of *Chirurgery* to the College of *Physicians*. His character was every way grand. The main feature of it was a supreme Love of Truth, and an intense longing to penetrate the secrets of organic nature; and for this he asserts always the right and the duty of going straight to the fountainhead of nature herself, acknowledging no master in things natural, but facts and the evidence of the senses. Modest, gentle, unselfish, courteous, not covetous of honours, he was fearless in asserting new truths, believing in their own native power to live and fructify; slow to controvert errors, knowing that they would disperse of themselves, and that narrow and prejudiced minds would cease to cavil, when the clearer light should have time to blaze forth. Withal he had that deep reverence for the Author of Nature which springs unbidden from the contemplation of man's own littleness amid works so mighty and so minute. How profound a truth he beautifully proclaims, when he says:—“If you will enter with Heraclitus in Aristotle into a Workhouse (for so I will call it) for inspection of viler creatures, come hither, for the immortal gods are here likewise, and the Great and Almighty Father is sometimes most conspicuous in the least and most inconsiderable of His Creatures!”

The torch of Harvey was lighted in Italy, where, while the fine arts were already waning rapidly, Science was rearing erect her standard; and at Padua, where he listened to the teaching of the greatest masters of anatomy, medicine, and surgery, Fabricius ab Acquapendente, Minadous and Casserius, he must doubtless have discoursed with, and caught the spirit of one still greater, Galileo. At home he may probably have known personally, certainly by his works, the immortal author of the *Advancement of Learning*. Thus is Science exhibited as not of a country, but of the world.

But tracing onwards the progress of the Healing Art in England, we shall find the institutions which had been founded at first on the traditions and customs which represented the convenience of an imperfect and transitional stage of society, not less than individual tastes, growing rigid under the influence of forms and titles, and gathering around themselves clustering personal and corporate interests, not always in harmony with those higher objects by which alone they could have been at first justified; and tending to keep apart, though with decreasing force, the two great bands of a common profession.

The Physicians, it must, I think, be said on the whole, though with some remarkable exceptions, receded during the last century from the spirit and the traditions of Harvey, while they maintained orations to his memory. It is not surprising that Anatomy and Surgery should have ceased to be actively promoted by a College, which was gradually losing its hold on the surgical domain of practice, in proportion as surgeons were becoming independent of the old restraint.

The Physicians were now, by their abstinence from all manipulative treatment, in a position of increasing isolation as regards a great domain of the field of experience; they were specialists by a great defect, by a self-negation; and the consequence was that many of the higher intellects among them betook



themselves to a too exclusive clinical observation of disease, analogous to that of some of the ancients, and not sufficiently seconded by deep and personal study of the organic structure, and the laws of life; while others distinguished themselves by learned or philosophical labours, more or less important, and more or less connected with the immediate work of their calling.

The result has been, that the medical world has seen several systems or schemes of treatment promulgated on insufficient bases, but with much pretension of a simplicity, for which nature gives no warrant; and which have yielded one after another at the first summons of reason and common sense; not without grave discrediting of the whole profession in the public eye, and not without giving a sort of countenance to that easiness of belief with which, within our own century, have been received by the public the flimsy follies of the shallowest and barrenest, the most credulous and the most boastful of medical phantom sects, that of the self-styled homœopaths. In the more recent times, however, of John Richard Farre, of Matthew Baillie, and of Richard Bright, they have laboured afresh in the patient study of disease, not only during life, but have themselves, with their own hands and scalpels, sought real knowledge by the personal examination of the organs after death. They have also taken a large and important share in advancing the physical, chemical, and physiological sciences; in these and other ways thus setting a splendid example, and redeeming a position which might otherwise have been jeopardised.

For the Surgeons had approved themselves the truer followers of Harvey. Holding always to Anatomy, as by the very nature of their function they found themselves more and more constrained to do, and also finding apter materials for study in the more exposed, and less recondite diseases falling to their care, as well as in the open results of wounds, including those of their own making, they have joined Anatomy, Pathology and Surgery in a natural alliance, most favourable to progress and always abounding in new fruits, and have gradually risen in influence; establishing in our great hospitals, and in our fleets and armies an equality of rank with their more erudite, but (must we say it in all kindness?) unhandy brethren; and unostentatiously but surely asserting more and more the claim of the Surgeon's Hand to be guided by the Surgeon's Mind and Conscience, from which, henceforth, it can never again be unholy divorced.

In the last century, in our own country, two men stand out from the rest; two Scotchmen; who gave a great impulse to the Healing Art. Brothers by blood, the Hunters were also of like tastes and industry, and nearly of equal genius, though John excelled by the acuteness of his penetration and the universality of his views. Both when young were Surgeons and Anatomists, toiling in Harvey's "workhouse", and William acquired his fame in practice as an Accoucheur. Both were illustrious by the Museums they created; one of which has since become, by state-purchase and the subsequent labours of Richard Owen, indeed of more than one kindred mind, supported by the liberal subsidies of the College of Surgeons, the most glorious appanage of a great Profession that the world has yet seen; and the other is in the City of Glasgow, to

which the munificence of its Founder bequeathed it, with an endowment for its maintenance.

John Hunter was so largely employed during many years in applying his knowledge to the relief of human ills, that it is indeed marvellous how he could have at the same time laboured so hard in the general field of the Sciences of Life. But (given his mental capacity, zeal for his subject, and the pauseless industry that sprang from that zeal, and overbore the instincts which must have often yearned for repose in a life of great anxiety and suffering) this double labour, which since the time of Harvey had hardly been seen united in any one man, is to be explained by the mode in which his mind ever carried physiological principles into the details of daily practice, and sought in return, by the study of those details, to illustrate and advance his general views of the processes of life. Had the two fields of thought been in his estimation distinct and separate, he could not have achieved in each so great a victory; in each, it will be found on examination, his success depended largely on the real union which he more than any of his contemporaries, or even of his predecessors, recognised to exist between them. English surgery and English medicine, in all their departments, have been since strongly coloured by this principle. This indeed is the abiding lesson which his life and labours have imparted to those who succeed him in the noble function of ministering to the wounded and sick, in his own country and throughout the world.

The Hunters may both be regarded as types of what the great masters and leaders of the Healing Art should be. They were anatomists; they were physiologists; they were pathologists; not by second-hand learning from the tongues or pens of other men, though this they did not despise, but by truth-loving observation and interrogation of Nature herself, in all her haunts of health and of disease; admitting no veils of limitation to be drawn by fashion, or caprice, or selfish interests between provinces and things essentially akin, but taking in the whole scope of the Art as one great and ample field of noble study and beneficent activity,—one by the unity of man's body, to which it yields a voluntary and loving service; one by the identity of the methods of research by which the secrets of that body (whatever secrets, and of whatever part) are to be disclosed; one by the common aim and intention of all treatment, internal or external, remedial or preventive; one, lastly, by the simplicity of the moral attitude which should stamp us all as members of one body, in our relations towards one another, to individual patients, and to the community among which we labour.

Gentlemen, I look upon the present meeting, comprising native members of every branch of our profession (and would that we could welcome, in future years, many more brother members from other lands!), as one representing the idea most needing to be insisted on amongst "doctors" at this time and in our own country, and which, I am persuaded, men like Harvey and the Hunters would have been foremost to assert and act upon—the idea of the *oneness of our common calling*. And can we aver that there is no need to advance this idea? For, could we imagine these great ones of the past to be still with us, what special encouragement or opportunities for his cherished pursuits, we may ask, would Harvey



now find in his own favoured College of Physicians, whose welfare and improvement, we are told, "was the chief object that occupied his mind for several years before his death," but where "solemn lectures on surgery" are no longer given; where there is no anatomical or chirurgical work performed; and where no "repository for simples and varieties" exists, such as he fondly hoped by his benefactions and his example to have founded; even no museum of morbid anatomy, such as Baillie and Bright would have longed for. On the other hand, should we be likely to find Harvey, a Fellow of the College of Physicians, admitted to demonstrate the motion of the heart and blood in the Hunterian Theatre? Could William Hunter, having become, as he did at the age of thirty-eight, a Licentiate of the College of Physicians, and not being longer "in actual *bonâ fide* practice as a Surgeon," share in the Councils of the Hunterian College, or in the love-labour of its Museum? or could he adorn its chair by his eloquence? Finally, could his greater brother, immortal by his *Treatise on the Blood*, but being "only a surgeon," find entrance, consistently with existing usage, to discourse on that great theme within the walls which derive their chief glory from the Discoverer of the Circulation of the Blood?

It would ill become me, humble as I am, and feeble in grasp of thought, to utter or imply anything in the way of censure of these venerable corporations, which, with all their human imperfections, have done, are doing, so very much to adorn and advance, each its own side of our common profession; and, if neither of them has yet found itself at liberty to esteem of subordinate importance those class and college interests, those "rights and privileges", which a former age fenced in by forms of oath now generally disapproved of, whatever useful purposes they may once have served, it must be freely acknowledged that much has been effected by both in many ways, in recent years, to approximate to a policy more liberal and large, and certainly one more likely to secure the class interests themselves by engaging for them, so far as they are good and useful, the support of the whole profession.

Some minds abler than my own may indeed doubt whether the time be yet fully come for any large attempt at consolidation or union of these and other kindred bodies. We may be deemed to be still in a transition period, in which we must be content to work a little here and there, as we may, towards a better organisation and truer views. I know not. But I must express my own conviction that the old rivalries of "physicians" and "chirurgeons" are now laid asleep in the breasts of all men of sense; or that, if they survive at all in our ampler day, it is only in some remnants of the traditional policy of the council-chambers of corporations, the vast majority of whose members are now too enlightened to harbour them much longer, against the broad and well understood interests of a whole profession. I am persuaded that the leading minds of both the more powerful corporations are in accord with the great bulk of thoughtful medical men throughout the three kingdoms, that these great and noble foundations, so far as they retain, in their constitution or in their forms, traces of the antiquated prejudices and narrow notions of an age long since past, should mould themselves afresh to suit the wants of a more instructed time, when the medical world, being

older and much larger in numbers, is also more highly educated and wiser than before. The whole professional body has a perfect right, most of all in our progressive England, to see the Institutions which are its own made conformable to the wants of a period of unexampled social activity and advancement, when all the old impediments to intercourse are vanishing day by day as by the touches of an enchanter's wand; and when there are spread every where over the land able and intelligent members of our profession, whose cooperation should be invited and carefully organised, not only for the satisfaction of their own just wishes, but still more for the sake of the immense impulse that would thus be given to the prosecution of those common objects, which it so much imports us, as a scientific and professional community, to pursue.

And here I trust it may not be out of place to call before us for a few moments the memory of four men, from whom, had they been spared to us, a comprehensive view of all interests, judicious counsels, and a liberal course of action, might have been expected. It cannot, indeed, be truthfully said that their loss is irreparable; for in England, no man, however valuable, can long be missed. Their room will doubtless be supplied; but to allude to the living might be invidious.

Benjamin Collins Brodie was eminently a man belonging to us all. A great Surgeon, he was also a great Physician, though probably he could not have been placed on the *Register* under that title. But he was a great Medical Surgeon, able to take in all the aspects of every complex case, to prescribe or to withhold physic, to operate, or to advise against operation. This capability arose primarily from what has been already suggested as its natural and legitimate source: he had zealously, as a young man, pursued the paths trodden by Hunter. He knew the body and its functions by the evidence of his own senses; he had meditated deeply on the inner phenomena of life; he had experimented on animals; he had enlarged the knowledge of his day. When the cares of an almost overwhelming practice pressed heavily upon him, he still did not desert Science, and we owe to him, in addition to his many practical works, some most thoughtful contributions to physiological psychology. His scientific fame, reaching every where, is an honour to the medical profession, not alone to the Surgeons, but to us all.

Joseph Henry Green was of too much capacity to be a Surgeon only. Early devoted to metaphysical speculations, for which his grand and subtle intellect peculiarly fitted him, he was also a wise, prudent man of action. His views of our Art were always extended and liberal. He embraced within his range all the world of life: he saw that *pure surgery*, so called, was a narrow and impossible speciality; he looked on disease as he found it in Nature, not capable of classification by any such test as that of the applicability to it or otherwise of one special kind of treatment, the chirurgical or manual. This last was to him a noble portion, but a portion only, of the whole Art. He was always anxious, like Brodie, to enlarge the basis of our profession, to elevate the standard of acquirement in its members, and to promote the sciences which belong to it.

I recall with gratitude the converse—in later years, the intimate and friendly intercourse—I enjoyed with both these considerable men. The third



to whom allusion shall be made was in a nearer sense my loved and honoured friend and workfellow. Bred a Surgeon as well as a Physician, and always fond of surgical pursuits, a teacher of anatomy, a professor of physiology and of general and morbid anatomy, an ardent worker in the physiological laboratory, mastering in a real and practical manner all the details of his subject, Robert Bentley Todd was both a voluminous writer himself, and a zealous promoter of literary and scientific work in other men. Then he became a clinical teacher and practical physician, indefatigable in the hospital wards, excelling some of his English contemporaries by the constant reference he was able to make in his teachings to anatomical and physiological facts and principles. Overburdened with engagements of various kinds, he yet always strove earnestly to promote in his own College, as well as elsewhere, the study of his favourite sciences; and he delighted to speak of those distinguished men, the associates or early successors of Harvey, who had shed lustre on the College by their anatomical researches; particularly Francis Glisson, *omnium anatomicorum exactissimus*; Thomas Willis, the author of the still classical work, *Cerebri Anatome*; and Clopton Havers, known chiefly by his *Observations on the Bones*.

One who followed thus closely in the footsteps of Harvey and the later British anatomists, whose mind, too, was remarkably sagacious and practical, and whose character was of force to leave a considerable impress on his generation, could not have failed to take an active and useful part in promoting union among us. I venture to think that, as his brethren come to look from a little greater distance on his career, he will rise yet more in their estimation; and his friends will add their testimony to the excellence of his heart and life, as his name and fine countenance are revived in their memory by the marble statue erected in his honour in the hospital which he largely contributed to found.

You will anticipate me as to the fourth name I would mention—that of Charles Hastings, so lately lost, so justly dear to the members of this Association. His great merit has been, that he first conceived an union of all the classes of our profession for common objects, and bore a principal part in advancing that union, under many discouragements, to the point we have already reached. I trust that his spirit of wisdom and conciliation, his large heartedness, his breadth of view, will prevail in the councils of our whole profession, and guide us all to a more complete concord of thought and action in whatever concerns the advancement of the objects he deemed so precious.

Let us now inquire, by glancing for a moment at one or two characteristics of the age in which we live, whether the time itself does not ask us to take a wide view of our calling, and to break through the trammels of a period of comparative immaturity. We see mankind every where becoming more and more one family, chiefly by the increase of man's dominion over Nature, through augmenting knowledge of her laws.

It is but a little while ago that Galvani and Volta, experimenting on harmless frogs, in the highest spirit of Science, opened up new provinces of research, in which Davy, and Oersted, and Ampère, and Faraday, were soon to astonish the world by the rapidity and brilliance of their discoveries. And

it seems to me but yesterday, for I was there, that our Wheatstone, under the approving eyes of Daniell, passing the wire of his battery beneath the Thames, in presence of the now lamented Prince whom we had just welcomed to our shores as the Consort of our Queen, proved the possibility of the subaqueous transmission of those subtle vibrations, whose rate of travel we now know to exceed in a very high degree that of the mandates of the will along the nerves. Yet already, by a combination of enterprise and skill unparalleled, the magic twine unites two continents; and man's thoughts, cyphered with unerring truth by silent-speaking symbols, in the last degree refined, and borne onwards by tender tremors of the metal, fainter yet far fleetlier than Æolian whisperings, are traversing every moment—even as I speak—the awful solitudes of Atlantic depths, under miles of ambient water; where no sound, hardly light itself, can ever penetrate; all heedless of the fogs and icebergs and mimic storms of the surface, 15,000 feet above. And soon the very globe itself will be woven over with a time-annihilating network;—a blessed harbinger, as well as sure eventual promoter, of good will and peace, of peace and goodwill to all mankind; and certainly a fulfilment, of which we can none of us as yet appreciate the full meaning, of the loving purposes towards our race of the eternal and infinite God.

From the bed of these watery deeps, too, abysses no longer unfathomable, the finger of man has picked up evidences of teeming life *there also*, such, probably, as he now knows to have built up, by slow and gradual accumulation, in geological ages of unassignable remoteness, strata of the earth's now solid crust, tens of thousands of feet in thickness; and these in their turn contain the fragmentary but faithful records of series of organisms that have preceded the existing forms; and which seem to intimate, with other collateral proofs (though I prejudice nothing), that life has been *continuous* on our planet from the first origin of organic being, through successive *generative* links of evolution, even down to, and into, the very times in which we live.

Again, while we consider all this, and descry through Harvey's "optick glass" of higher power, in the tiny elements of the gland of the insect or the gigantic quadruped, an identity of essential structure with the corresponding parts of our own frame; and while we call to mind that, when our yet uncharacterized members were seen already by the All-Seeing, every one of us consisted wholly and merely of such tiny elements of structure; who shall say that the touch, the very touch of a mysterious organic kinship is not there, though it be as yet untraceable with certainty, as yet unprovable? The pedigree of man himself seems to be on trial before the Court of Science, and a true verdict may be given at no distant period. Let whoever loves Truth, and the God of Truth, await it with perfect calmness, though it should possibly fail to coincide with some prejudices of the timid. I may incidentally express an earnest hope, that our profession, which beyond others is brought to the threshold of such questions by the nature of its studies and by its habits of thought, and which I aver to be signally remarkable for its love of truth and regard for religion, notwithstanding some vulgar echoes of old charges against us, will play an useful and moderating part, by reassuring



less informed persons and quelling groundless alarms. Let us cast aside the foolish thought so flattering to our pride, that man's dignity depends in any the least degree on the mode of origin of his material organisation, whether in the individual or the race, any more than on the structure of his mature material organs; and not rather on that capacity for the reception of the Divine Spirit, and for elevated commune with God and His Works, which comes with growth, but with which, at the earlier moments of his origin, he has not yet been endowed. It may come to be worth considering, that man's nature may derive comfort from an inversion of the dictum of the witty orator of the Sheldonian Theatre; and that it may be a nobler, even a more Christian and a less Pagan view of our destiny, to find ourselves belonging from the first, in the Divine counsels, to an ascending rather than to a descending series of the scale of being. We may come to acknowledge by Science, as we now accept by Revelation, that our bodily organisation has sprung in the past from the dust of the ground, though only through ascending forms; and as to our hereafter, although we know not yet what we shall be, we have the assurance that we shall one day share the Angelic Nature, in seeing God as He is.

Would that the Divines of England, and their Venerated Leaders, under the difficulties of their position, could be always mindful, not in words only, of the noble principle, so congenial to this spirit of her Church, that such questions, so far as they belong to the domain of man's intellect and sense, must and will be followed up according to the laws of his being and the onward current of human thought, in the interests of Truth only, regardless of all consequences! Would that they would all have faith in Science, that they would meet her, embrace her, and not mistrust her! being firmly convinced that her true results, when well proven and finally accepted by all competent minds, after full inquiry, become, so to say, *vox Dei*! That they would remember that such a Voice may be so potent as to rise to the height of that, which once summoned an Apostle to cast off his most rooted prejudices, and to exclaim, "What was I that I could withstand God?" Without in any degree prejudging pending questions, it must surely be prudent, in the interests of both truth and religion, to hold an even mind; not yielding to unworthy fears of the divine faculty of reason, nor abusing those who are honestly employing it within the sphere of its proper activity; but having a faith, above fear, in the certain victory that awaits both Reason and Religion:—both God's precious gifts to man in his darkness, and both certain to harmonise at length in Him!

Turning now to touch lightly on some of the advances of medical science in recent days, let us remark how inseparably they blend with, and mutually illustrate, the general progress outside our own immediate province. They may be conveniently comprised in two words, *scientific insight* into our Work of Healing, the actual conditions of the body, in health or unsoundness, having become more easily distinguishable; their mutual play and connexions better understood; and our means of profitable interference at once more numerous, more definite, and more manageable.

Before a Society so completely informed as you are, Gentlemen, I feel it unnecessary to attempt to make

good this part of my programme by laboured argument or lengthy illustrations; examples are only too abounding. Harvey had heard the healthy sounds of the heart, but its morbid sounds inform us now of the nature of its structural defects. The sounds of breathing must countless times ere this have met the ear, but it was reserved for our own days to study them, so as often to enable every tyro to say, what is the state of those great organs, hidden from our view, but so indispensable to life. And so with percussion. Nay, with our eyes we can now behold for the first time in its living acts, that marvellous mechanism in its most exquisite and joy-inspiring movements, as well as when it is oppressed by disease, which stands as a sentinel at the orifice of the air-passages, and on which the voice and speech primarily depend. And need I advert to other applications of optical mechanism, or recount how one has called forth another, until the various internal surfaces and structures, particularly those of the organ of sight itself, are now opened to hourly survey, to scrutiny most exact and delicate, so that often even the pulsation of the smallest arteries or veins and the physical conditions of the capillary bloodvessels, with almost the earliest and slightest signs of morbid change may be detected and made available as guides to treatment? Much might be said under this head. Diseased states thus submitted to the faithful eyesight are seized on by the mind with a vividness that is of inestimable value to the practitioner, in framing his conclusions as to treatment; and he can judge, too, by the direct evidence of sense, how far to continue to follow up these. In a word, all the advantage the surgeon has hitherto had, over him who deals with concealed diseases, in that he has had ocular demonstration of his facts, the Physician now enjoys in regard to many internal organs. The Surgeon also participates largely in this expansion of our field of view, while a collateral result is that the Physician in many instances finds himself under the dilemma, either of undertaking operations strictly surgical, or of abandoning some departments of treatment and some important organs, that custom has hitherto assigned to him. Many have had the good sense to consider simply their patients' advantage, and not the punctilios of a class; and thus there has been a considerable, and as I regard it, a very satisfactory demolition of old and artificial barriers between different grades of practitioners, which the future progress of Physical Diagnosis must still further tend to promote.

Take another example. By means of that modern optical triumph, the Compound Microscope, which takes us, as it were, among the very elements of form and the rudiments of organic structure,—a world we are apt to lightly regard, though it has infinite uses for us, as it has infinite beauties,—by this an instructed practitioner, even one not highly gifted, but only conscientiously alert and observant, can say with confidence of an organ deep in the wasting frame before him, beyond his touch, out of his sight, which emits no sound, and is the seat of no pain, "This gland has been certainly passing insidiously through this, or that, important destructive change, it is now so and so, I can accomplish this, or probably only this, for its relief, and this, or this, will be the end!"

And not to weary you, Gentlemen, with more examples from the field of diagnosis, the results of Chemical Examination, frequently seconded by the microscope, need only to be alluded to in order to



take their eminently important place in this imperfect sketch, by the side of the other aids to physical investigation of the signs and footsteps of disease, conferred upon us by modern science.

As to the intimate nature of disease and of health, modern Physiology is a platform, on which all Practitioners have an almost equal footing; where they meet and cross each other at every turn, and find everywhere the opportunity of a community of thought and action. All admit that disease is such a departure from a state of health as oversteps those undefinable limits which the organisation will bear, without strain, or curtailment of its perfection. But these are not now such vague words as they might once have been; for vivid light has been thrown upon many of the abstruser problems that formerly perplexed us; the details of the interwoven structures and of the complex functions of our composite frame have been zealously and perseveringly traced by some of the acutest observers and of the keenest intellects that have ever lived; with a harvest of results so plentiful, so reliable, so mutually illustrative, and on the whole so marvellous, as to make very much of the knowledge of even the last generation seem antiquated and obsolete. And we may accept it as a truth, that every step forwards in our knowledge of the healthy body, so it be real, must lead us right onwards, too, towards a better understanding of disease; and if of disease, then also of our power of counteracting it, whether in the way of prevention, alleviation, or cure.

As to modern treatment I shall only remark, that the direct and obvious tendency of all modern progress has been to make it more rational and more simple; that is, more appropriate, first, to the precise conditions, more correctly recognised in each case; and next, to the degree in which interference on our part is found likely to be advantageous or otherwise to the sufferer.

No conceit of our great advances in the *Medical Sciences*, however, must beguile us into assuming that *Medicine itself* is a *Science*, or can ever become one, in the sense of our being ever likely to be able to practise it on principles unerring and exact. It is not in any true sense a *Science*, but the *application of many sciences, and indeed of all appropriate and available knowledge, of whatever kind, to the relief of suffering*. It is really an *Art*, as the Father of Medicine long since styled it; and woe be to those patients who fall into the hands of men, aiming at treating all who come to them and all diseases on some single, so-called simple, principle, which can really be no other than the negation of all good sense and of all the well-understood conditions of our Art. It is an Art, however, which, while it must always be pursued with the very closest regard to the individual facts of the case, must in the interest of each patient be pursued in a *Scientific Spirit*, for thus only can the facts be duly interpreted and our treatment suitably applied.

And it seems the special glory of the advances in Healing knowledge in our own day, that they are of a kind to supersede those vague, general observations by which a few rarely-gifted men could formerly, as now, make sagacious, pertinent, sometimes true guesses as to the nature and more latent relations of diseases (though these gifted men oftentimes fell into lamentable mistakes), while the generality steered without accurate chart or compass,—or worse, under

the deceptive guidance of some false delusive though vaunted theory. Although still, in the uncertain and ever-varying phases of practice, we can none of us afford to disregard the aid of our own unwritten experience, or those general impressions left on our minds by a long series of Empirical observations, in which as yet no clue to a satisfactory explanation has been described, these late advances are at the command of all, who, being honest enough to desire to detect the nature of a disease committed to their care by a suffering fellow-creature, will, with ordinary intelligence, instruct themselves in the requisite, and usually simple, physical tests. So far as they extend, they are to be most highly prized. They bear the stamp of all true knowledge in being useful, available, and not apt to deceive; and having been once acquired, they become henceforward the inalienable inheritance of all mankind, and doubtless the starting point for future conquests.

The subject of *Anæsthetics* is one which cannot be altogether passed over in this place, though it is hard to mention it and not to pursue it to the exclusion of all else.

Dim notices of the use of medicinal agents to prevent pain in surgical operations are not altogether wanting in very early times; and the desire and hope of finding some means for effecting this was certainly felt by more than one person during the last century. Even a method by compression of the nerves was actually tried in one of the London hospitals. But our present universal use of this eminent blessing to suffering human nature is the result, first, of the progress of pure science, not medical; then, of the applications of pure science by men devoted to particular specialities of practice; and both hemispheres share the glory of it.

Let us look at Cavendish, Priestley, and Lavoisier, at work in their pneumatic laboratories; at Beddoes, with young Davy, in Bristol, trying to make inhalation of gases useful in medicine, inhaling laughing-gas, and noting its effects; at a public lecturer at Boston, in America, nearly fifty years afterwards, exhibiting its well known effects to an audience, among whom was a Surgeon-Dentist; at the sudden idea of this one to apply it as a remedy in his own case, for he was tormented with a toothache. It succeeded; but afterwards, when he had urged its adoption on a great operating surgeon, and it had been actually tried several times, the uncertainty of its effects caused it to be completely abandoned. But the idea had been too intensely impressed on some lookers-on to be ever again lost sight of. Faraday had already long since shown the great similarity of the effects of laughing-gas and of the vapour of ether, and this was familiarly taught to students in chemistry. But nearly two years still elapsed ere another Surgeon-Dentist, who had been present on the former occasion, tried the ether, and found it to succeed so perfectly, and to be so manageable, that he at once proclaimed it to the world; and it was soon adopted by the surgeons of all countries.

But now a Pharmaceutical Chemist of Liverpool, at the instance of a more gifted mind, suggested another substance, a product of modern chemistry, discovered simultaneously in Europe and America sixteen years before, which had been medicinally used, and even its name philosophically settled according to the analogy of its exact constitution, by one of the first Chemists of France. The gifted



man was an Obstetric Practitioner of Edinburgh, whose fame, already world-wide, will not rest hereafter solely even on so great a fact. After applying it in his own department of practice, the adoption of chloroform by surgeons, to the gradual exclusion of ether, rapidly followed; and all mankind will profit by it until, in the sure progress of the Art, some other anæsthetic shall be found, without even the slight inconveniences of this one.

In reviewing the subject of anæsthetics, we cannot fail to be struck by two pregnant facts. The first is, that while Surgery has chiefly felt their influence, and its practice has been modified by them in a remarkable degree, Surgeons have been but passive recipients of the boon, which has been brought to them from other quarters, and even from a side branch of their own specialty, which some great ones among us have sometimes thought scorn of. The other is, that the noble sister Art of Physic, (considered also as a specialty) has had no part or lot in this greatest of the applications of modern science to the alleviation of man's bodily pangs. I must, however, except Dr. Beddoes, and cannot omit to mention with grateful appreciation the important share borne by the late able and amiable Dr. Snow, both in the theoretical and practical parts of this great subject, as well as the recent labours of Dr. Richardson.

In this instance, as in almost, if not quite, all that most distinguish the modern Art of Healing, we see it fostered and advanced, not to say transformed, by the influences of General Science in departments apart from, and beyond ourselves, combined with those of the Special Sciences, which may with some propriety be called medical and practical, because they are prosecuted mainly by men engaged in practice, and with the object of applying them in the treatment of disease. Let not, however, individual promoters glory, or indeed a great number leagued as a Profession, for that would be even less reasonable. It would almost seem that as "the Earth bringeth forth fruit of herself, first the blade, then the ear, then the full corn in the ear," so the world in our time is reaping results all valuable for the good of mankind, which have been long, and in various modes and places, a preparing, and in contemplating which our feeling should be rather one of thankfulness than of exultation; and this feeling may induce us sometimes to ask ourselves, "Can we do anything now, and in the future to help on, by united action, the harvests of a still brighter hereafter?"

This leads me to refer to the actual distribution, at the present day, in this and other civilised countries, of our professional power or force.

The immensity of the field of Medical Science and Art is such, that no one mind has ever been able to embrace it all, and the daily enlargement of it in all directions must render it more and more difficult to do so. Hence the great specialties of Medicine and Surgery, however impossible it may be to draw a precise line between them, have long existed and must continue to prevail. The grounds for them lie; 1. In the necessity for a division of labour in large communities (large by concentration of numbers or by ready means of intercourse); 2. In the somewhat equal proportions of grave and serious medical and surgical diseases, so called, under the circumstances of human life; 3. In the varying tastes of individuals, causing men to confine themselves, more or less, to one or other of these divisions of practice. But the

great majority of medical men must be ready to undertake all treatment, since the exigencies of society require it of them.

Now the very same causes which have developed the Healing Art for ages under two principal divisions, have within a century, and especially of late, led to the multiplication of subordinate branches, often just as impossible to define by strict limits. On these a very few remarks are all that the time admits of.

Specialties, then, are natural products of a period of progress, and of certain favourable external conditions of society, and as such should be allowed free course to develop themselves according to their tendencies. The policy of the profession towards them should be always to retain them within its bosom, to hold them to their connexion with the whole, of which they form a part, and only to seek to restrain their growth and action, when it disposes them to an isolation, pernicious as regards their own usefulness, alien to the comprehensive spirit of our Art, and a violation of our unity as one body.

Medical men, acting under some common impulse, are apt, like any others, to take a one-sided, or what is sometimes called a professional view of whatever new proposal seems to affect them as a class, or in a large number. Let us, however, consider that our ends coincide with the good of mankind, and that in estimating the good or the evil likely to be done by new specialties, we should appeal to no other standard than the public benefit; Is this or that suggestion for the advantage of the community in which we minister? Our own credit as a body, and generally our individual prosperity will be found in the general good; and if otherwise, we should gladly yield it up to this.

Hence there are strong grounds for allowing specialties, whether promoted by smaller or larger numbers, to make progress according to their natural divergencies and powers of maintaining themselves. Some may originate on an insufficient and unreal basis, started, perhaps, by some supposed individual interest, and sustained by some strong personal bias, talent, or local circumstance; these will fail of themselves if they be left alone; and whatever harm they may do in diverting benevolence from more healthy channels, or wasting time and opportunities, these are probably smaller evils than the creation of a feeling in the public mind, with any degree of reason, that we are narrow, or opposed to the progress of our Art.

What may be styled the Natural Specialties, are those devoted to mental maladies, the obstetric, ophthalmic, and some others. These generally have reference to the natural distribution of organs in the frame, or are such as men readily accept, and see the propriety of, in their being manifestly for the convenience of patients as well as practitioners, and conducive to the advancement of knowledge. These are likely to increase in number, and to strengthen their footing. They should be held bound to the professional body by every available tie. Two things have given me pleasure in this point of view; the one that the College of Surgeons saw the wisdom some years ago of allying the surgeon-dentists of England to themselves by suitable links of connection; the other that the great library of the College of Physicians was lately the scene, under the auspices of its beloved and honoured President, of



one of the most astonishing historical displays of the mechanical appliances of the obstetrical branch of the Art ever collected in one room. A happy augury, I thought it, of a larger and grander union, in time to come, of all branches and all departments, under some single spacious noble Portico!

Were the whole profession thus at one with itself, there are many weighty objects which it might labour for with tenfold vigour and effect. I am content, for my part, to regard as of very secondary importance all attempts to obtain political influence or the recognition of merit by titles, whether personal or corporate. For I am well convinced that, whatever may be worthy of our ambition in this respect (and it does not seem much), will follow of itself, and without our efforts, if we are true to ourselves in a higher, and indeed our proper, sphere; by striving to become more useful as practitioners, wherever we may be, either in our private rounds, where most must toil, or in some more public station.

With regard to our own better organisation, it must of course be worked out by ourselves. We alone understand our needs; and the State cares little or nothing for what does not directly concern the public health, although we must acknowledge that it has shown itself, on many occasions, ready to forward our wishes, when these have been suitably advanced. The institution of the Medical Council is a transitional step of immense import for our future unification, no less than the work performed by that body in the preparation of a common register of all qualified practitioners, and in the publication of a *Pharmacopœia* for the whole kingdom. Its beneficial influence will likewise be gradually felt in better arrangements for admission into the profession on an uniform basis.

But there are many functions, in connection with the Government, which so great a profession as ours might rightly ask to perform through its own well-appointed organs; in which, as a body, it now takes no share whatever; which are at present accomplished irregularly, almost as chance or caprice may determine, by a reference, either to one or other of the corporations, or to some individual selected by the minister, whose very name, perhaps, is not known, and who, therefore, practically, is not responsible to his own profession for the advice he may tender. By degrees, indeed, of late years, as the care of the public health has more and more engaged the attention of Parliament, this want has been in part supplied by the appointment of medical officers for special duties in governmental departments; and most ably have these performed their duties, as the documents from time to time issued by the Board of Health, under the Privy Council, among others, amply testify. And the labours of the Army Diseases Prevention and Cattle-Plague Commissions illustrate in another way how the services of medical men may be most usefully elicited on special occasions or emergencies. More might be added to the same purport. A complete and recognised organisation of the entire profession, however, would apparently be a measure of great importance in reference to our relations to the State.

But leaving these more public questions, and looking at the whole nature of our position, we may fairly ask ourselves whether in our corporate capacity, as a body of men concerned with such great human interests, we may not hope to do more

than we have hitherto done to help forward those interests, for the advantage of our own day and of those who are to follow us. We have a grand inheritance from the past: we should hand it down much amplified to our successors.

Individuals have done, are doing, will continue to do much. But I speak of the direction of a common endeavour, devised by forethought, tending to well considered objects, and sustained by the united will of an enlightened, numerous, and, on the whole, powerful professional body, to promote and advance those branches of knowledge which lie at the foundation of a rational Art of Healing.

I am not here to flatter any man, least of all to commit the little less than crime of the huge flattery of my own class, to the lowering of what should be our higher aims; and I say, with all love and respect for my fellows, and with a deep sense of my own shortcomings, that we are not doing, as a body, what we might do in Britain to extend and deepen the scientific foundations of our Art.

In our corporate capacity, we ought to foster especially those departments of research which are least likely to be undertaken by individuals without such encouragement; which, indeed, can hardly be prosecuted at all without means and appliances beyond the ordinary reach of individuals. We need in England the public open establishment of means and apparatus for original research and observation, *especially for our younger men*, in the sciences ministerial to medicine, particularly physiological and pathological laboratories and for organic chemistry. These should be in part connected with Museums, Medical Schools, and Hospitals. The lay governors of great hospitals should be moved to consider it as one of their most urgent functions, to see that no unnecessary waste of the precious means of improving knowledge, placed under their keeping, occurs.

The progress which recent years have witnessed, points with sufficient clearness to the direction in which the next steps may be most profitably taken. It is in the field of exact scientific investigation into questions and problems which the latest advances have opened to view. Here each new fact and principle, patiently grounded on previous knowledge and established beyond dispute, though it may for a while appear an idle and unimportant addition to the common store, may fructify hereafter into some solid and useful generalisation, applicable, in the most unexpected and startling manner, to human happiness and the success of our cures.

In any step taken by the whole professional body for the encouragement and promotion of the medical sciences, we should not, of course, look for immediate results of that kind termed in common language *useful*; that is, having an immediate and obvious application to some present use. We remember that great uses may long lie dormant, and at length overpower us by their splendour. *Witness chloroform*. Individuals are naturally prone to pursue studies which appear to them most likely to be crowned by an early result. Few have time or opportunity to labour for any result very far off, and for mere love of knowledge; but those who do should be most of all helped on and sustained. As a body, we might have a settled policy, and look further and deeper. Such is the nature of our studies, that at present real advances are to be sought in depth rather than in extent of work. It is only by going deep that we



can hope to reach central relations, and such principles as may be at the same time simple and reliable; not simple by the fallacy of an incomplete view. We should encourage the less immediately useful matters of scientific research, such kinds as experience reasonably shows to give promise of great and wide, though more remote benefits. The Royal Society was founded simply "for the promotion of natural knowledge", and what results for mankind has it not aided in achieving!

In a word, we have the certainty, from all history and from the nature of the thing, that out of knowledge will flow useful application; and well instructed men now-a-days will not cavil or sneer at even the least advance, so it be real, into the realms of the unknown in natural phenomena, because it bears no immediate fruit, or gives no present earnest of profit. The torch which illumines will ever be found also to warm and to cheer man's life upon the earth; and this is especially true in the medical sciences, prosecuted as they are by men whose whole habit and tendency is to *apply knowledge*.

The time is too short for me to attempt even to enumerate the lines or provinces of research that might be thus encouraged; but there is one subject on which a few words may not be inopportune at the present time.

There is a sentimentalism, which I shall venture to characterise as in some of its developments not robust or manly, and therefore not morally sound or grounded on right reason, which is inclined to bring popular indignation, excited by speeches at public meetings and by essays produced under an artificial stimulation, to bear on men of science desiring to investigate great principles in the doctrine of life, by experiments on living animals. Having formerly, when circumstances led me into this region of inquiry, and in the performance of my duty as a Professor of Physiology, taken part in such experiments, and knowing well how vast an accession of knowledge useful to man has accrued, and will certainly hereafter accrue, from such experiments, I should be ashamed of myself, and deem myself to be neglecting a moral duty, if I omitted to take this opportunity of protesting with all my force against the imputation of "cruelty to animals" sometimes raised against medical men on this ground.

As inheritors of the labours, and, let us hope, of the scientific spirit, of Harvey, whose works abound with evidences that the discovery of the circulation itself was largely due to such experiments, we should be untrue to our ancestry and to our convictions, if we hesitated to uphold, publicly if need be, the lawfulness, the expediency, nay, the desirableness, of such experiments; and, as it seems also to me, if we failed in our corporate character to take more active steps than at present to promote these in their proper place and degree, among other kindred pursuits.

A society, respectable and praiseworthy when directing its shafts against the meaningless and selfish acts of vulgar and brutal natures, or when striving in various ways to diminish the pain inflicted on animals put to those human uses which general consent, no less than the widest view of all nature, sanctions, is no longer to be commended when it ventures to raise a prejudice against the refined and honourable inquiries of educated men, seeking to advance legitimately a branch of knowledge most

nearly touching human interests of a lastingly high order. For every really forward step taken in the science of man's life, is a part of that progress which is indisputably adding to the sum of human happiness, not only in the present time, but in the future. It is only those well-meaning persons who are little acquainted with the necessary elements, and the excessive difficulty, of such researches, and apparently still less with the motives of the higher class of scientific inquirers, who can presume to endeavour to thrust themselves into a province where no present abuse calls for interference. I think it would be wiser for the excellent persons in question to confine themselves to those spheres of exertion in which all good men and scientific men must heartily bid them God speed, rather than wear the appearance of attempting to add to their *éclat*, as a popular society, by a foolish crusade against what can certainly be justified, and must even be applauded by all well-wishers of their own kind, if we admit, as society seems inclined to do at present, that to apply animals to purposes useful to man, is one of the manifest ends of their mutual relationship on the earth.

In the country of Harvey, and in the bosom of the profession which derives so much glory from his name, in the country of John Hunter, of Astley Cooper, and of Brodie, there should be no doubt as to the free allowance of dissections of living creatures for the advancement of knowledge, whenever the course of investigation demands it, of which those only can properly judge whose minds are occupied with the pursuit. To the conscience and human feelings of these may safely be committed the discretion as to how far this exercise of man's prerogative over all the lower organisations may be carried, without the abuse of inflicting unnecessary pain.

Now that anæsthetics are in common use, physiologists, we may be sure, will be the first to employ them whenever the nature of their inquiry allows; and the public may be satisfied that—in Britain, at least—those who know most of the interior structure of the animal frame, and of the movements, of whatever kind, that are the manifestations of its wondrous life, would be the first to denounce the causeless infliction of one pang on the lowest of God's creatures. Let the indecorum not be committed of dragging such questions before public audiences, for which they are quite unsuitable. Let the opponents of legitimate experiments on the lower animals (and I believe they are few, even in the Society to which I have alluded) desist from a course which, however well intended, cannot be required for their chief objects; and which may expose themselves to the charge once brought against persons of an altogether different stamp, of stopping the gates of knowledge, neither going in themselves, nor suffering those that are entering to go in.

I intended, Gentlemen, had my limits permitted, to have adverted to several additional ways in which, as it appears to me, an united profession could find opportunities of promoting scientific culture; of which a principal one might be the employing more speedy and extensive means of making us acquainted with the productions of foreign medical literature than have hitherto been attempted. Men of science have a common field and common objects of pursuit, but not now as once, a common language; for most of us, translations only can supply the defect; and



translations, unless promptly brought to us and tolerably full, are of comparatively little value. Nor can our weekly and quarterly journals, conducted as they are with constantly increasing ability, and all of them, I think, comprising a foreign section, do much to satisfy this particular want.

Our New Sydenham Society is worthy of all praise, but its sphere is too limited and its publications are restricted to its own subscribers; and these only 2500, too small a number out of so great a profession. The original memoirs and works in medicine and the allied sciences bear a considerable proportion to the whole of the scientific productions of the world; and some idea may be formed of the number of these, from the fact that the separate scientific memoirs and works of all countries, of which the distinct titles could be ascertained as having appeared between the years 1800 and 1863 inclusive, brought together under the authority of the President and Council of the Royal Society, reach the astonishing total of 120,000, while every year's produce is becoming greater than the last.

The medical literature of Germany, France, Holland, and other continental countries, abounds in materials of great value to us, both as scientific men and as practitioners (as ours, no doubt, does to them). But unless we are kept fully aware, in each department, of the additions as they accrue, we are in danger of lagging in the race of improvement, and can hardly hope to do justice to our patients or to ourselves.

But, Gentlemen, I must conclude. I would willingly have resigned into abler hands the task unexpectedly imposed upon me by your Council. Circumstances and my tastes have caused me for some time past to desire to play my humble part noiselessly in the world; and I have been less able than I could have sometimes wished to share even in the pleasure and the profit of professional gatherings. I have, therefore (more perhaps than some men), looked somewhat as a spectator, from the outside, on many of the more public doings of our profession, whose well-being, prosperity, and honour, I yet esteem above all price, and am constrained by every motive to desire to promote. I must say that I have witnessed with delight every successive sign of a spirit of conciliation and approachment between the old, venerable, and most justly honoured, but still independent and detached, rather never-yet-united, corporate institutions, to which so many of us owe an allegiance undertaken formally by a solemn act. It has seemed to me that we have been weaker for good than we might have been; and especially for the furtherance of those beneficent objects, which no class will pursue if not our own, and none so well as our own; which, therefore, it would seem to be incumbent on us to prosecute by all the means in our power; and which have apparently been less thought of because of our divisions. Not real divisions of feeling, nor any wide or deep divergence of interests, but only a want of united action; through the continued existence, in too much of their traditional shape, of isolated Institutions, which, in their present form, we have somewhat outgrown, and which seem to need some considerable re-arrangement if not consolidation, if they are to represent the altered state of the whole profession, such as it has come to be in our own age of astonishing progress.

I have now endeavoured to convey to you, I fear at too great length, my general impressions on this head, I hope without offence to any one and with sincerity, certainly very inadequately. I have long looked upon this Association as the element in our profession out of which stronger bonds of union between all ranks, classes, and degrees, might be expected to grow, than out of any other—at least, at present; for it is framed on the most comprehensive basis, and is organised so that all interests in all parts of our common country may find their place and voice in it.

May it be more and more every year an arena where the wisely expressed objects of its Founders may be temperately, but steadily and earnestly pursued—above all, in a spirit of union! and may the leading minds of our profession, whose cooperation we so much require, and so highly appreciate, come more and more amongst us, to help forward that great and noble Art of Healing, to which, in one or other of its departments, the lives of all of us are devoted!

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*We are requested to remind members of the Association that the Annual Subscriptions became due on the 1st of January. They can be paid either to the Secretaries of the Branches; or to the General Secretary, T. Watkin Williams, Esq., 13, Newhall Street, Birmingham.*

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## British Medical Journal.

SATURDAY, AUGUST 18TH, 1866.

### MODERN MEDICINE.

"WHAT is the practice of medicine coming to?" asks a correspondent. "Where are gone the ancient traditions of our art? Where are to be found the modern principles to guide the hand of the practitioner to his work?" These questions are put *apropos* of the teachings which have issued in recent days from our schools, and especially from the venerable walls of Guy's Hospital. The leading physicians and professors of one of the largest and most respected schools of medicine in the metropolis teach lessons which surpass the understanding of our questioner. He has been brought up in a belief and a confidence in the power of his art to cure diseases; and now, at the end of a long life of earnest zeal and conscientious labours, he is told that all he has done in this wise has been not only useless but worse than useless. He has been busy and anxious in the skilful application, as he thought, of his remedies, and full of trust that his anxiety was repaid in benefits thereby bestowed on his patients. But all this consolation is now rudely taken from him. His confidence is exchanged for a pitiless scepticism; and his consolation of a life of well applied labour converted into an assurance that it would have been



better for humanity if his labours, his anxieties, and his skill, had never been thus employed. "What am I to think and say?" he asks. "Dr. Gull assures me, and gives the proofs of his assurance in a long list of cases, that dill-water is the best of remedies in the cure of acute rheumatism. Through a long life of practice," he adds, "I have for this disease largely bled my patients, mercurialised, purged, cupped, blistered, antimonialised, salined, alkalisied them; and now it comes to this, I am taught that to have done none of these things would have been to do that which is best for acute rheumatic suffering humanity; that to have done these things was to have had in hand a very unsatisfactory business. I must put up with the wretched consolation that I did my best, according to my lights, whilst doing what was very bad. Dr. Wilks, again, has given me some bitter draughts to swallow." Our correspondent here refers to some of those bold and admirable discourses of Dr. Wilks, wherein he has what may be called "spoken his mind" about the uses, or rather abuses, of drugs, etc., in diseases.

But what most of all astonishes our country brother is the teachings of Dr. Owen Rees (lately referred to in our pages) concerning the treatment of diabetes. He seems to have in some degree reconciled himself to many of the modern inventions, which so contradict his traditionary knowledge and his past experience; but this last blow at medical practice has quite thrown him off his balance. We must omit his indignant remonstrance, as given in his own words; for they would be thought rather too strong for the occasion.

Now, to tell the truth, we are really not surprised that he should take exception to Dr. Owen Rees's statements. Certainly the profession has a right to require a further development of them from their author. It is only fair, we must candidly say, that they who flatly contradict an accepted method of treatment, a method almost universally adopted, and which has stood the test of many years of even modern criticism, should give some proofs or sufficient grounds to show the reasonableness of their contradiction. Dr. Gull says dill-water is the best cure of acute rheumatism; and he backs his statement by reference to some forty cases, which we can read and comment on for ourselves.

But Dr. Owen Rees does nothing of this sort. He says that his large and long experience as a physician of Guy's Hospital has brought him to the belief that "diabetics do better on a natural than they do on a restricted diet;" and there he leaves the matter. He flatly contradicts the treatment of this disease as carried out by, we may say, every other medical man in the country; but gives us no data upon which to comment, and whereby to test the correctness of his conclusions. True, he gives two cases in his lecture; but these, as our correspondent

says, are unsatisfactory cases as proofs of his conclusion. One of them certainly backs the view that, under ordinary diet, a diabetic may live very many years; and that, under the change from a restricted to a common diet, a patient may rapidly improve. But then this case occurred many years ago, and clearly has not got all that clinical detail required in the settlement of such an important question. Moreover, it is quite neutralised by Dr. Rees' other, a recent hospital case—the case of "a young woman æt. 20, of ruddy complexion and stout figure, strong and healthy, and showing no outward signs of disease. She was passing  $11\frac{1}{2}$  pints of urine per day, of specific gravity 1040. She had suffered from the disease for three years." She had been under treatment before admission into Guy's, and during that time strictly dieted. Dr. Rees gave her chloride of arsenic, and ordered an unrestricted diet. "On leaving her," he says, "I spoke to those around me, and predicted the death of this apparently healthy person within a very short time; adding, that my only reason for the opinion was, that I had seen more than one such case in young girls of healthy appearance terminate fatally, in spite of every care." She went on pretty well for about three weeks, but then fell suddenly ill, vomited, and was sleepy, and soon thereupon died. "*Post mortem* appearances showed nothing remarkable." This case, as our correspondent says, surely does not do much credit, as an illustration, to Dr. Rees' non-restricted diet method. We may also add, that no details are given to show what the state of the urine was during the patient's residence in hospital.

We trust Dr. Owen Rees will produce clinical illustrations of his remarkable averment that diabetics do best on a non-restricted diet. In these fluctuating days of practice, we are prepared to receive and welcome any the most astounding innovation, provided only it come backed with a good basis of proof; but we quite agree with our respected correspondent, that all comers with novel teachings, even the very highest authorities, must be prepared to show just cause, if they expect us to listen to them. Of all modern innovations in this way, we surely have met with none which has more surprised us than this one now issued by Dr. Rees. If there was one point in the practice of medicine which we had thought to be sure of, it was, that restricting the diet of diabetics was of service to them; we had fancied to have seen patients get better and become worse, grow stronger and grow weaker, in accordance with the kind of diet they took. We nevertheless willingly admit the fallacies which attach to experience in medicine; and are ready to welcome anything, however strange, if it be but well proved. But this new doctrine of Dr. Rees we cannot accept, because it is wanting in the sort of proof required. We must, therefore, for the present, adhere to the old



method; asking Dr. Rees either to supply the clinical details requisite in such a case, or else not to disturb our faith by the high authority of his personal assertions.

"Si quid novisti rectius illis,  
Candidus imperti; si non, his utere mecum."

MR. KARKEEK, House-surgeon to the Chester Infirmary, informs us (August 13th) that both the patients upon whom Mr. Spencer Wells performed ovariectomy at Chester last week, are doing as well as could be desired. The young one is perfectly comfortable. The old one had been troubled by cough, but it was relieved by simple treatment.

TWENTY-FOUR gentlemen were successful candidates of Her Majesty's British Medical Service, at the competitive examination in March last, and have passed through a course at the Army Medical School. Of these gentlemen, 18 were educated in Ireland, 3 in England, 2 in Scotland, and 1 at Toronto.

THE nursing of the "sisters" during this cholera epidemic is pronounced as invaluable. In one large Infirmary (we have it from the best authority), the presence of two of these ladies allayed a positive panic. "Their services were invaluable. Everything that human beings could do, was done by them." One of these ladies through the fearful onslaught of the epidemic remained day and night at her post, inspiring confidence, until she was forced to give in through sheer exhaustion. The other sister had to retire, being seized with diarrhoea. But they had done the work; and left things in perfect order.

Dr. Ferrand, in a work on *Rheumatic Exanthemata*, endeavours to show—1. The coincidence of acute exanthematous eruptions with acute rheumatism; 2. The inflammatory character of these eruptions, as shown by an exacerbation of the special rheumatic fever; 3. The frequency of these exanthemata in a serous form; and 4. Their close relation to the disease, of which they are, in fact, only a manifestation; the rheumatism, therefore, being the immediate cause of their production.

### THE CHOLERA.

THE weekly return issued by the Registrar-General of deaths in London during the week ending August 11th shows a considerable decrease; the numbers from cholera for the last five weeks being respectively, 32, 346, 904, 1053, and 781; and from diarrhoea, 150, 221, 349, 354, and 264. Of both forms of disease, therefore, 1045 persons died last week, which is less than in the previous week by 362; and it is a

singular coincidence, that the decrease in the deaths from all causes is exactly the same, namely, 362. The daily return for Sunday and Monday last shows that 139 died of cholera and 46 of diarrhoea, giving as the average of each day 69½ and 36, as against 94 and 81 on Saturday, showing a considerable decrease in the former, and a slight increase in the latter. The deaths on Sunday and Monday were, from cholera—west, 1; north, 2; central, 3; east, 123; south, 11; from diarrhoea—west, 8; north, 6; central, 5; east, 14; south, 13. The Registrar-General adds a warning word: "No greater mistake could be made than to relax the efforts for combating the disease, or for relieving the distress which it has already wrought."

A large hospital for the treatment of infectious diseases is about to be erected in Liverpool; £8,000 has been subscribed, and the Town Council have made a grant of £5,000 towards the cost.

A grant of money has been made by the Treasury to the Department of Health, for the purpose of conducting a special series of experiments and researches in connexion with the present outbreak of cholera. Mr. Simon will conduct the inquiry.

Sir Fowell Buxton has placed a large house in the country at the disposal of Miss Marsh, of Beckenham, for convalescent cholera children. Miss Burdett Coutts is establishing a small cholera hospital in Bethnal Green.

In the eastern provinces of Prussia, the cholera is spreading from day to day. Among the larger towns, Königsberg and Dantzic have of late been severely visited. Unfortunately, the news from the seat of war in Bohemia is likewise very alarming. Now that the excitement of battle is over, the forced marches, and the many and long continued privations, begin to tell in favour of the development of epidemic diseases, whilst, in various localities, the marshy condition of the ground at the same time exerts its untoward influence. It is to be hoped that the armistice will facilitate transfers, as well as the provision of good and strengthening aliment. Where these are deficient, we know, from sad experience, that disease becomes a far worse destroyer of armies than the most sanguinary battles. If, in regard to the commissariat, shortcomings have been complained of, it should not be forgotten how unexpectedly rapid was the advance of our armies, and the fabulous number of wounded and captured enemies should be taken into account, for whom the care has devolved upon the Prussian commanders. In this campaign, factors have had to be dealt with, which must be considered the most extraordinary throughout the history of war.

In Berlin, the course of the epidemic has, since the end of last week, been more favourable from day to day. Up to the 24th July, the total of seizures had been 3701. From noon of that day to the 31st at noon, the number of fresh cases and of deaths were respectively—186, 59; 203, 68; 172, 139; 84, 35; 131, 50. The grand total up to July 31st was as follows—4616 seizures, 2528 deaths, 590 recoveries, 1498 cases under treatment. At the four cholera-hospitals, each of which is attended by a physician with two or three assistant-physicians, there were up to the 26th July received 1159 patients; of whom 300 were discharged cured, 614 died, and 245 remained under treatment. The spread of the disease over the various districts of the town, if the proportion of seizures to the number of inhabitants is taken in consideration, appears pretty uniform. (*Deutsche Klinik*, No. 31, Aug. 4th, 1866.)



## THIRTY-FOURTH ANNUAL MEETING

OF THE

## British Medical Association.

*Held in Chester, August 7th, 8th, 9th, and 10th.*

## TUESDAY.

THE First General Meeting was held at 8 P.M., on Tuesday, August 7th, in the Music Hall, Chester. During the several days of meeting, the following members were present.

Alford, Stephen S., Esq., London  
Allwork, C. L., Esq., Maidstone  
Andrew, E. M.D., Shrewsbury  
Baker, A., Esq., Birmingham  
Baker, J. W., Esq., Derby  
Balding, D. B., Esq., Royston  
Baltman, T. M.D., Liverpool  
Barter, C. S., Esq., Bath  
Bartlett, E., Esq., Campden  
Bartrum, John S., Esq., Bath  
Beales, Robert, M.D., Congleton  
Bennett, J. H., M.D., Edinburgh  
Bickerton, T., Esq., Liverpool  
Bulington, George, L.R.C.P.Ed.,  
Sutton Coldfield  
Burt, Thomas B., M.D., Bury  
Bottomley, George, Esq., Croydon  
Bowman, W., Esq., L.R.S., London  
Bracey, W. A., Esq., Birmingham  
Bridger, John, Esq., Cottenham  
Brittain, Thomas, Esq., Chester  
Broadbent, R., Esq., Altrincham  
Broadbent, W. H., M.D., London  
Bromfield, T., Esq., Whitechurch  
Brown, I. Baker, Esq., London  
Bull, H. G., M.D., Hereford  
Burrows, G., M.D., F.R.S., London  
Burrows, John, Esq., Liverpool  
Bury, John, M.D., Chester  
Callon, W. T., M.D., Liverpool  
Camp, Wm., M.D., London  
Carden, H. D., Esq., Worcester  
Church, W. J., Esq., Bath  
Clark, D., Esq., Watworth  
Clay, John, Esq., Birmingham  
Clayton, M. H., Esq., Birmingham  
Cook, G. H., Esq., Hartford  
Corney, J. H., Esq., Prestwich  
Cox, C. G., Maryland, U.S.  
Covey, J. G., M.D., Northwoods  
Davies, J. C., M.D., Holywell  
Davies, P. L., Esq., Aberystwyth  
Davies-Colley, T., M.D., Chester  
Day, Henry, M.D., Stafford  
Douglas, A., M.D., London  
Duncalf, H., Esq., West Brom-  
wich  
Dunn, Robert, Esq., London  
Eddowes, W., Esq., Shrewsbury  
Edwards, James, M.D., Benarth  
Evans, S. H., Esq., Derby  
Falconer, R. W., M.D., Bath  
Firth, John, Esq., Macclesfield  
FitzPatrick, W. H., Esq., Knot-  
tish  
Flint, Richard, Esq., Stockport  
Foulkes, John C., Esq., Buxbury  
Fuller, W. M.D., Oswestry  
Garman, J. C., Esq., Wednesbury  
Garner, J., Esq., Birmingham  
Garthside, J., Esq., Liverpool  
Gaunt, J. S., Esq., Alvechurch  
Girling, G. L., Esq., St. Ives  
Griffith, T. T., Esq., Wrexham  
Hadley, G. P., Esq., Birmingham  
Hadley, J. J., Esq., Birmingham  
Hamilton, W. T., Esq., Rock  
Ferry  
Hardy, H. G., Esq., Byer's Green  
Harper, H. L., M.D., Chester  
Harrison, G. Morley, Esq., Man-  
chester  
Harrison, Job, Esq., Chester  
Harrison, John, Esq., Chester  
Harrison, R., Esq., Liverpool

Harrison-Colley, J., Esq., Chester  
Haward, Edwin, M.D., London  
Hayes, John, Esq., Treunham  
Heath, Christopher, Esq., London  
Henry, A., M.D., London  
Hey, Samuel, Esq., Leeds  
Hey, William, Esq., Leeds  
Hickman, J., Esq., Brockton  
Hill, George, M.D., Hooton  
Hitchman, J., M.D., Derby  
Holmes, T., Esq., London  
Hooper, John, M.D., Aylesbury  
Howitt, T., Esq., Lancaster  
Hughes, J. R., M.D., Demigh  
Humphreys, J. R., Esq., Shrews-  
bury  
Husband, Wm. D., Esq., York  
Hutchinson, J., Esq., London  
Jeafron, Samuel J., M.D., Lea-  
mington  
Jephcott, S. T., M.D., Chester  
Jones, Ellis, Esq., Liverpool  
Jones, G. T., M.D., Denbigh  
Jones, Robert, Esq., Camarvon  
Jones, Robert, Esq., Strefford  
Jones, T. C., Esq., Llanasa  
Jones, T., Exton, Esq., Werton  
Jones, W., Esq., Ruabon  
Jordan, F., Esq., Birmingham  
Karkesk, P. Q., Esq., Chester  
Keener, W. H., M.D., Baltimore  
Laurence, J. Z., Esq., London  
Lee, Henry, Esq., London  
Lees, S. D., M.D., Ashton-under-  
Lyme  
Lingon, Charles, M.D., Hereford  
Lodge, Llewellyn, Esq., St. Asaph  
Lodge, R. T., M.D., Liverpool  
Lord, J. M.D., Crewe  
Lund, Edward, Esq., Liverpool  
Lyster, C. E., M.D., Liverpool  
McCleane, W., Esq., Liverpool  
McEwen, W. M.D., Chester  
Mackenzie, M., M.D., London  
Mackesy, Thomas L., M.D., Wat-  
terford  
McNaught, J., M.D., Liverpool  
Manley, John, Esq., West Brom-  
wich  
Markham, W. O., M.D., London  
Marsh, J. C. L., M.D., Nottingham  
Mellor, Henry, M.D., Clifton  
Martin, R., M.D., Warrington  
Martin, W. G., Hammersmith  
Mather, Thomas, Esq., Ashton-  
in-Makerfield  
Meade, R. H., Esq., Bradford  
Mellor, T., Esq., Manchester  
Moon, R. C., Esq., London  
Moore, C. H., Esq., London  
Moorhouse, J. W., Esq., Elles-  
mere  
Moreton, J. E., Esq., Tarvin  
Morgan, W. F., Esq., Bristol  
Morris, Edwin, M.D., Spalding  
Morris, Thomas, Esq., Marford  
Nevins, J. B., M.D., Liverpool  
Nunneley, Thomas, Esq., Leeds  
Ogle, Wm., M.D., Derby  
Owen, R. E., Esq., Beaumaris  
Paget, G. E., M.D., Cambridge  
Perry, Marten, M.D., Evesham  
Phillips, G. H., M.D., New-  
castle-upon-Tyne  
Platt, T., Esq., Oldham

Pursell, John, M.D., Brighton  
Rhodes, James, Esq., Glossop  
Richardson, B. W., M.D., London  
Roberts, R. C., Esq., Ruabon  
Roberts, O., M.D., St. Asaph  
Roe, John W., Esq., Ellesmere  
Russell, D. M.D., Neston  
Russell, J., M.D., Birmingham  
Rutherford, W. M.D., Edinburgh  
Sadler, P. L., Esq., Warrington  
Seaton, Joseph, M.D., Sunbury  
Seller, J. L., M.D., Tarporley  
Seacombe, E., Esq., London  
Sibson, F., M.D., F.R.S., London  
Simpson, H., M.D., Manchester  
Skinner, T., M.D., Liverpool  
Slyman, W., L.R.C.P., Newtown  
Smith, T., Heckstall, Esq., St.  
Mary Cray  
Smith, T. S., Esq., Warrington  
Solomon, J. V., Esq., Birmingham  
Southam, G., Esq., Manchester  
Spender, J. K., Esq., Bath  
Spratly, S., M.D., Rock Ferry  
Steele, A. B., Esq., Liverpool  
Steele, H. B., Esq., Stoke Ferry  
Stewart, A. P., M.D., London  
Stokes, W., M.D., D.C.L., Dublin  
Taylor, J., M.D., Chester  
Taylor, R. H., M.D., Liverpool  
Thomson, J. Bruce, Esq., Perth  
Thorburn, J., M.D., Manchester  
Tilt, E. J., M.D., London

Tuke, H., M.D., Chiswick  
Tunstall, James, M.D., Bath  
Turnbull, J., M.D., Liverpool  
Turner, G., M.D., Stockport  
Turner, Thos., Esq., Manchester  
Turnour, A. E., M.D., Denbigh  
Vise, Charles, Esq., Spalding  
Vise, E. B., Esq., Holbeach  
Wade, W. F., M.D., Birmingham  
Walker, G., Esq., Birkenhead  
Walker, G. C., M.D., Bootle  
Waters, A. T. H., M.D., Liverpool  
Waters, Edward, M.D., Chester  
Watkins, John W., M.D., Newton-  
le-Willows  
Watson, G. C., M.D., Chester  
Weaver, F. P., M.D., Frodsham  
Weaver, J. D., Esq., Chester  
Webster, Thomas, Esq., Redlands  
Wells, T. Spencer, Esq., London  
Whitfield, Henry, Esq., Ashford  
Wilkinson, Eason, M.D., Man-  
chester  
Williams, E., M.D., Wrexham  
Williams, G. Harvey, M.D., Rhyl  
Williams, James, Esq., Holywell  
Williams, T. Watkin, Esq., Bir-  
mingham  
Wilson, C. B., Esq., Liverpool  
Wolstenholme, John H., Esq.,  
Holywell  
Wood, Samuel, Esq., Shrewsbury

## THE LATE SIR CHARLES HASTINGS.

DR. JEAFFRESON, the retiring President, on taking the Chair, addressed the meeting in the following words.

Gentlemen,—At a meeting of the Council of this Association this morning, it was unanimously agreed that we should proceed to no general business connected with the Association until we had passed some resolution of condolence with the family, and regret at the loss which we have sustained in the death, of Sir Charles Hastings. [*Hear, hear.*] If I had a thousand times the eloquence that I have—or rather that I never had—nothing that I could say would express one-half of the feelings which I entertain towards the memory of our inestimable founder, Sir Charles Hastings. In every relation of life he was a man to be loved, to be respected, and, I may say, to be venerated. I was invited by the family, as the representative of your Association, to attend the funeral of Sir Charles Hastings; which I did yesterday. It was a painful duty to me; but it was made to me a happy and noble one, because I felt that by my attendance I represented the feelings of every single member of our Association. [*Hear, hear.*] I think it may be a satisfaction and a pleasure to you to know that, apart from the feelings which every member of our Association must retain of his memory, I never was more staggered than I was by the demonstration of feeling towards him as a man and a neighbour, in the town of Worcester. Short of any very great public character, or any member of the Royal Family itself, it was impossible that more respect could be shown. It was wonderful to see the number of places—both shops and private houses—that had their shutters up out of respect to the memory of our founder. I may mention one little anecdote, which I am authorised by his son, Mr. George Hastings, to mention. So much was Sir Charles attached to the Association, that the last words connected with any matter of business which he used previously to his death—either on the day before or on the morning of his death—were words connected with his ardent desire and hope for the prosperity of this Association. Up to his last breath, he retained his loving and kindly feeling towards the members of this Association, and his desire for its permanency and its prosperity. [*Hear, hear.*] The resolution suggested by the Council has been put



into my hands, as your President; and I shall call upon Sir Charles's dear friend, neighbour, and medical attendant to the last, Mr. Carden, to be kind enough to second it. I should not wish to see any kind of discussion upon it. It will be passed unanimously; and it is intended that the resolution should be forwarded to the family. The resolution is as follows.

"That the British Medical Association, assembled at the general meeting at Chester, desires to express its deep sorrow at the loss the Association has sustained in the death of its much loved and highly esteemed founder, President of Council, and Treasurer, Sir Charles Hastings, who, from the period of its establishment to the present time, has, with singular courtesy and fidelity, exerted his highest powers for the promotion of the best interests of the Association; and that a copy of this resolution be forwarded by the President to the family of the late Sir Charles Hastings, with the condolence of the Association on the bereavement they have sustained."

Mr. CARDEN (Worcester) said: I can assure you that this is to me a most melancholy and, at the same time, satisfactory duty. I have been called upon by Dr. Jeaffreson and yourselves, who knew the value of our late friend, the founder of our Association; and I do most cordially second every word that has been said. But I feel it is unnecessary for me to enlarge upon the character of Sir Charles Hastings. It is well known to you. But I might perhaps say that, having known him intimately through a long and serious illness—more intimately than we can know any one during his appearances in public—throughout that long illness, and at the close of his long, useful, and earnest life, his great wish was for the success of your Association. The last words he said to me were: "When is the meeting at Chester?" I repeated, as I had done before, when it was, and he said, "I may not be able to go to Chester." Fancy a man with no pulse below the elbow, his soul, entering into the occasion, going beyond his body! Then he added: "If I am not able to go this time, it is just possible, perhaps, that I may never join the Association again. If so, I shall only say, as I have always said in my greatest disappointments, 'God's will be done!'" He could say no more; but this spoke volumes. It was the character of the man—a high and mighty soul, finding his bodily weakness so great, that he began to feel as if his soul should cast away the body that could not carry out his intentions. It was a beautiful sight! You have seen his buoyant manner, and heard his cheering voice, and seen his countenance, which you will never see again, except in recollection; but I can tell you his soul was with you, and I think it my duty, in so many words, to tell you so. I second, most cordially, the vote of condolence and the expression of the feeling of deep regret at the loss we have sustained; and I know, further, that the feeling of condolence thus expressed, when received by the family, will be one of the most consoling expressions of feeling that they could possibly receive from any quarter. [*Hear, hear.*]

Dr. RICHARDSON (London). I think, sir, before this resolution is passed, those who have worked with Sir Charles Hastings during many years past should give expression to those feelings to which he would have listened with respect and love. I cannot allow this resolution to pass with a silent vote. I must bear my testimony to the kindness, the geniality and goodness, of Sir Charles Hastings. There were three great attributes in his character which especially call for our attention: first, the wonderful power which he possessed, and which should be dif-

fused through us, of amalgamating men of contrary opinions on many subjects, but of one opinion on those things which most pertain to us as a profession. The more we recognise this particular feature in his career, and feel the spirit in him which welded us together, the more we shall advance in the path of unity and progress. [*Hear, hear.*] Nor can I fail to recall his untiring industry. I have often thought that for the correspondence of the Association, which he performed alone, many a man would have required a secretary; and he would have been insufficiently remunerated, whatever his salary might have been. [*Hear, hear.*] For thirty-five years, since he commenced his work, his energy, his industry, through the whole time, is a great and marvellous model to us. And, lastly, I think of that quietness with which he proceeded through all. He went on through the long vista of thirty-four years, always doing something, and least of all presenting through himself that something was done. If we progress, using these three attributes, and sustaining the Association which he founded, we shall best perpetuate his memory. [*Hear, hear.*] I could not avoid saying these few words with reference to my dear and lost friend.

The resolution was passed unanimously.

The retiring PRESIDENT, after making some business announcements, said: And now, gentlemen, I make my bow. I shall not attempt to make a long speech; but I have to thank you for all the kindness I have experienced from every member of the Association during my year of presidency, and to express the feeling that, though I entered upon my office with great dread and fear that I should not be able to go through all the work in the manner I should wish, yet I owe so much to my good friend our Secretary, and to every member of the Association, that I hope I have not disgraced myself. [*Loud applause.*] With a loving feeling for the Association over which I have had the honour to preside during the last year, it is no small pleasure, no small consolation, for me to feel that I am succeeded in my office by one so well deserving of your confidence. [*Applause.*] I am quite sure that Dr. Waters will not be wanting in zeal and kindly feeling; and I feel that he will do more than justice to the office to which you have elected him. [*Applause.*] Certainly, my year of office has been one of great pleasure in many respects, and of great pain in others. I could wish that at some future time—perhaps when my friend Dr. Waters retires—the dying effort of the President should be to give some little sketch of the history of the year past—some little testimony to the memory of those dear friends we have lost during the year. In this respect, this year has been a very painful one to the Association, as we have lost many valued and very much esteemed friends. I might name amongst them my own cousin, Mr. Jeaffreson of Framlingham, the originator of the ovariotomy operation; my very dear friend Mr. Toynbee, an exceedingly useful member of the Association; and also our most worthy President, Sir Charles Hastings. I have not had the leisure or health to do this; but I do think that, if in future some retiring President should give some slight sketch or memorial of those who have been lost during his year of office, it would be a very valuable addition to the transactions of our Association. With these remarks, gentlemen, I wish you farewell; but I shall continue to hold all of you "to memory dear". [*Loud applause.*]

The Chair was then taken by EDWARD WATERS, M.D., of Chester, who delivered an address, which was published at p. 145 of last number.



## VOTE OF THANKS TO THE RETIRING PRESIDENT.

Dr. FALCONER, in moving the thanks of the meeting to the retiring President, expressed the gratification which he and many others felt in seeing Dr. Waters placed in the highest position which the Association had power to confer on any of its members. [*Hear, hear.*] He had no doubt that, at the end of the year, Dr. Waters would receive from the Association those cordial thanks which they had now to present to his predecessor. Those who remembered the pleasant meeting at Leamington, and how the authorities had come forward to welcome the Association, and how the citizens had contributed to their entertainment, and what an indefatigable Local Secretary they had met, would acknowledge the source of all these advantages, and that all these things must have gone astray and failed, but for their presiding spirit, the President, Dr. Jeaffreson. [*Loud applause.*] The Association would not be slow to acknowledge the merits of his presidency, independently of the vast amount of information he had given them with regard to the locality in which they met. But, whilst they recalled those pleasant meetings and excursions, he could not but remember that there was one face absent now which had been present then. It would ill become him, in moving this resolution, although much had been said on the same subject, to pass it over unnoticed; but it was impossible, after years of attendance at the meetings of the Association, during which they had constantly seen the familiar face, not to notice the vacancy caused by its absence. [*Hear, hear.*] He might apply to the late Sir Charles Hastings the quotation, slightly altered—

"Multis ille quidem flebilis occidit,  
Nullis flebilior quam nobis."

[*Applause.*] But, to return to the more immediate subject with regard to which he had risen, he asked the meeting to accord to their late President the fullest meed of approbation for the manner in which he had discharged the important duties of his office, by passing the following resolution.

"That the cordial thanks of this meeting be given to Dr. Jeaffreson for the able manner in which he has fulfilled the office of President during the past year, and for the hospitable manner in which he received the Association at the last annual meeting."

Mr. JOHN HARRISON had great pleasure in seconding the resolution. The last speaker had so well described the grace and courtesy with which Dr. Jeaffreson had discharged the duties of President, that to add one word more would be only to detract from the eulogium so happily and worthily bestowed upon Dr. Jeaffreson. He would, therefore, pursue what seemed to be the wisest and best course—simply to second the resolution, without further remarks. [*Applause.*]

The resolution was put, and carried by acclamation.

Dr. JEAFFRESON, in reply, begged especially to thank his friends Dr. Falconer and Mr. Harrison for the kind vote of thanks they had proposed, and also to thank the members all for the very cordial and unanimous manner in which the proposal had been received. He could take very little merit to himself; for he felt that, having begun the year with much diffidence, everybody had revolved around him so completely determined to be pleased, happy, and useful, each in his situation, he had found no difficulty at all in the office. He was quite sure, from his experience of the last year, that Dr. Waters would feel, when he in turn terminated his year, that there never had been a team so easily driven and managed as the members of the British Medical Association.

He again thanked them; and he expressed the hope that the friendship which had been cemented during the year between himself and many members (some of whom he had never known before), would not be terminated, but would live and grow with their life; and that he should often meet them all again. [*Applause.*]

## REPORT OF COUNCIL.

Mr. WATKIN WILLIAMS, the General Secretary, read the Council's Report, which was published at p. 167 of last number.

Mr. A. B. STEELE (Liverpool) moved the adoption of the Report, which, he said, deserved on this occasion more than ordinary attention, on account of features of special interest, which were of two characters. The loss of two most eminent and useful members of the Association was amongst those circumstances which must call forth expressions of profound regret and anxiety. The loss of the Treasurer in this instance involved much more than that they were called upon to take care of their financial concerns—that they had lost their founder and the spirit of their Association, and that it was incumbent upon them to elect a competent successor to that important office. He hoped his fellow-associates would not fail to exercise all the discretion in their power in selecting a successor. The success of the Association must in a great measure depend on the eligibility of the gentleman so chosen. Much had been said upon the subject; and nothing he could say could add to the feeling of every member of the Association with regard to the melancholy event. Not only had the Association lost an able member, but every member had lost a sincere friend. In the words of the poet who "wrote not for an age, but for all time," they might say of Sir Charles Hastings:

"Take him for all in all,  
We ne'er shall look upon his like again."

[*Applause.*] Another loss was the death of Mr. Toynbee, the Treasurer of that Medical Benevolent Fund, which he (Mr. Steele) had regarded as one of the brightest gems in the diadem of the British Medical Association. [*Applause.*] He hoped a worthy successor would be found for Mr. Toynbee. The Report informed them that the numbers of the Association were still increasing—a most gratifying circumstance. They had to congratulate themselves upon a financial position much better than they had enjoyed for many years: they had a balance on the right side. He was glad that the Council had not lost sight of an important matter in connexion with the College of Surgeons; and he hoped that, with further perseverance, they would succeed. They had also taken care to look after the Medical Act, the amendment of which would give much satisfaction to the profession at large. He thought the Association might take credit for having done all that had been done for the amelioration of the medical officers in the army and navy. ["Not all."] Well, for a great deal, at all events. ["Yes."] When he had asked medical friends of his own to join the Association, they had often asked him, "What is the nature of the Association? and what does it do for the profession?" In this matter was an answer to such questions. It had done much for one branch of the profession, at all events. [*Hear, hear.*] He joined the Council most cordially in thanking Dr. Markham, Dr. Sibson, and Dr. Stewart, for having worked so energetically for their brethren in the two services. [*Applause.*] But, if it had not been for this Association, he thought it doubtful whether the profession would have been called upon to thank those gentlemen or anybody else for what had been done. He



believed they had worked much more cordially, energetically, and effectually, as members of the Association, than they could have done as isolated members of the profession. [Applause.] All the other subjects mentioned in the Report commended it to their favour, and he urged its cordial adoption.

Mr. GRIFFITH (Wrexham) seconded the motion, which was carried unanimously.

#### ELECTION OF SECRETARY.

Dr. JEAFFRESON said a resolution had been put into his hands, which, he felt confident, would be accepted unanimously by the members of the Association. It was all very well to talk about the duties of President and Council; but there was one person, the Secretary, without whose presence at the President's right hand, they would all look very silly. The Secretary was the life and soul of the Association. [Applause.] Upon him devolved by far the most arduous portion of the work done; and in Mr. Watkin Williams they all felt that they possessed the right man. [Applause.] He rose to propose his re-election. He could not say too much of the usefulness of Mr. Williams to the Association; but, apart from anything he might say, it would be a satisfaction to them all to know the feelings of their lamented friend, Sir Charles Hastings, on the subject. In his hand he held a letter, dated the 3rd of July, 1866, and addressed to the members of the Committee of Council, then about to meet at Birmingham, in which Sir Charles regretted his inability to attend the meeting, and stated his fear that his work in connexion with the Association was nearly done, and his resignation of the office of Treasurer, with the desire that the office should be filled up; and the letter concluded with these remarks: "It is a great satisfaction to me that you have in Mr. Williams so admirable a Secretary. The way in which he gives himself to his work is above all praise." [Applause.] Sir Charles added an observation in which he (Dr. Jeaffreson) fully concurred: "He is poorly remunerated; but I trust that, seeing he devotes so much of his time to the work, you may be able to do more for him in future." That question he would not ask them to go into then; but he felt that the Secretary was poorly remunerated for the very ready and ample services he rendered to the Association; and he proposed that he be re-elected. [Applause.] He had thought it right to read the whole of the passage in Sir Charles's letter; but any question of remuneration should be referred to the Committee of Council, and not to a general meeting. [Hear, hear.]

Dr. RICHARDSON seconded the resolution with extreme pleasure. He had proposed the resolution last year, and on that occasion had spoken of Mr. Williams's qualities. There were many points of policy upon which he differed from the Secretary, but the latter combined in himself those qualities which enabled men to differ without any break of friendship; and every member of the Committee of Council would join him in saying that, for hard work, industry, and interest in the Association, they could not have a man to surpass him. The question raised as to salary should receive the sanction of the Association, as a subject to be referred specially to the Council. He spoke not of Mr. Williams alone, but of any man who might hold the same position, when he said that the salary was not sufficient to warrant any good man in giving exclusive attention to the interests of a large institution like that. He trusted that, as the financial condition of the Association became yearly brighter, the first step they took, in considering those who were most useful to them officially, would be in regard to the Secretary of the Association. [Hear, hear.]

The PRESIDENT then put the resolution, which was as follows.

"That Mr. Watkin Williams be re-elected General Secretary of the British Medical Association; and that it be referred to the Committee of Council to consider how his remuneration can be increased."

The resolution was carried unanimously.

The SECRETARY said he could not allow the motion to pass without thanking them for this third renewal of their confidence in him. He felt that, whatever the remuneration of his services might be, the clause of the letter which Dr. Jeaffreson had read, coming from his ever valued friend Sir Charles Hastings, must be indeed a high reward for any man who filled any such office. He could almost wish for a whole hour in which to speak of Sir Charles. No one could miss the latter as much as he did; for Sir Charles had been to him in everything a wise counsellor, a kind and warm friend. In Bristol, two or three years ago, they had had some trouble; and he had been surprised at the kindness and cordiality Sir Charles had shown him. He hoped their connexion had grown to something more than their being mere colleagues in work. [Applause.]

#### THE RETIRING PRESIDENT.

Mr. HUSBAND thought, before they went further, there was one little omission, of which for many years they had not been guilty, to be remedied. He had looked upon it as a gratifying fact, that the President of the Association was, by another name, further connected with them after his year of office had expired, as he became a Vice-President. But, in the multiplicity of business, their very good Secretary, who only committed a fault now and then, to show how faultless he generally was [Hear], had a little forgotten the matter. When they looked upon the honoured names of those who had been Presidents of the Association, and whose services had been retained as Vice-Presidents year after year, and regretted still more that so many had departed, they should add the honoured name of Dr. Jeaffreson to the list. He proposed that what had been done in the case of every President previously should be done now, and that Dr. Jeaffreson should be elected a Vice-President.

The SECRETARY was much obliged by this reminder. It had been an omission on his part.

It was then agreed that the words "and that he be elected a Vice-President of the British Medical Association," should be added to the resolution of thanks already passed.

#### REPORT OF THE MEDICAL PROVIDENT SOCIETY.

Dr. HENRY, the Secretary of the Society, read the following Report.

"The Board of Directors of the Medical Provident Society have to report that during the past year the Society has continued its labours; that two meetings of the Board have been held, exclusive of the meetings of the Executive Subcommittee, and that the financial position of the Society is most satisfactory, there having been no demands upon the funds on the part of contributing members, the direction having been purely honorary, and the disbursements of the Society having been conducted at the smallest possible expense.

"This position would be most gratifying, were it attended by a response on the part of the profession at large, adequate to the labour required, and to the responsibility accepted by the Board.

"In the course of the year now past the number of applications for papers has been about 150; and of candidates completing the terms of membership, 32. Several suggestions have been made to the Directors to re-



duce the scales of contributions and benefits; and these suggestions have received the most careful consideration by the members of the Executive Subcommittee. The Directors are of opinion that, while such a step might at first sight appear likely to be beneficial to a section of the profession with whom they sincerely sympathise, it could not be safely carried out in a provident society limited to a single profession. The Directors therefore feel that they cannot recommend any modification of the present Rules and Tables of the Society.

"The Directors ask the Association to complete the organisation of the new Board by electing a Chairman and Vice-Chairman, in accordance with the Rules.

"The Directors hope, now that the Society is fairly launched and financially sound, that a considerable number will be induced to enrol contributing members.

"B. W. RICHARDSON."

DR. RICHARDSON said that at the last meeting of the Association it had been ruled technically by the Secretary that the Report presented by the Directors of the Provident Society could simply be received. They had promised that at future meetings that technicality should be avoided; but they now found it impossible to avoid it. He therefore simply asked the Society to accept and to adopt the Report. He believed all the Directors had to say was in the Report, and that nothing he could add in the way of a speech could make more impression upon them. He therefore, *pro formâ*, proposed the resolution—

"That the Report read by the Secretary of the Medical Provident Society be accepted and adopted by the Association."

The motion was seconded.

MR. A. B. STEELE said that, at the time when the Society was first established, he had expressed a very decided opinion that it was objectionable on certain grounds, that the Association should identify itself with the institution in any way. The first ground of objection had been that the principles on which the Society was founded were at variance with the independence of the members of the Association; and secondly, that the scheme would not be generally acceptable to the profession at large. These opinions had been, to his mind, most fully confirmed by this Report. The Society accepted the opinion of Mr. Tidd Pratt as to its stability, and to its financial soundness, and he would remind them that on one occasion the Committee had written to Mr. Tidd Pratt, and got from him this opinion: "The scheme can only be worked safely provided there be at least two hundred members." If he did not now misunderstand the Secretary in reading the Report, the Society now numbered thirty-two members, therefore they were attempting to carry a Society with thirty-two members which Mr. Tidd Pratt, their own authority, said could only be safely worked with two hundred. The Society had now been before the profession and the Association about two years. It had been extensively advertised, numerous appeals had been made to the profession, and what was the result? The Association numbered upwards of two thousand; and not more than thirty-two of them had come forward to support the Society, to say nothing of the profession outside. What could they say, except that the scheme, whatever its intrinsic merits might be, did not recommend itself to the cordial approval of the Association? In protesting against it, he was influenced by no desire to interfere with the interest of his professional brethren; on the contrary, he was anxious to warn them against contributing, out of their hard-earned gains, to a scheme which would lead only to a sad result. If any number of the profession desired to

have such a fund, let them establish it on independent grounds; but he protested against their coming to the great Association and asking it to lend the influence of its name and patronage to a scheme which he had firmly believed from the first, and which, he contended, the last two years had proved, to be utterly inadequate to the end proposed. [*Hear, hear.*] He therefore moved—

"That this Association declines to take any part whatever in the management of the Medical Provident Fund."

MR. HECKSTALL SMITH said it was impossible that this motion could be entertained. From Mr. Steele's speech, it would be imagined that the Society had been got up by a small number of gentlemen belonging to the profession outside the Association. But what was the fact? That the Association had formed the Society. For a long period the question of a provident institution had been agitated within the Association; a deliberative assembly of the Association had been called at Cambridge, and the scheme propounded there; and it had been set on foot, not by gentlemen outside fixing upon the Association, but by the Association itself founding it and delegating the powers necessary to carry it out to a certain number of its own members. He had happened to be one of those; and he had taken no part whatever in desiring to originate in any way such a scheme. He had constantly heard it stated in all directions that the profession, in considerable numbers, required such an institution. He had waited patiently until the inquiry culminated in an enthusiasm which made him at length believe and hope that it was desired, and that, if desired, it only wanted a little energy and honest purpose to carry out what the profession wished and what the Association adopted. Acting upon that opinion, Dr. Richardson, with such zeal and singleness of purpose as could not be too highly eulogised, had set himself to work to carry out the wishes of the Association; and a few humble members like himself at once joined heartily, at his call, in the undertaking. But the gentleman who had just addressed them would not be long before he tried to make it appear, by his writings and speeches, that they were supporting something outside the Association.

MR. STEELE: Oh, no.

MR. SMITH: Yes.

MR. STEELE: I never said anybody outside supported anything. I am speaking of the merits of the question before us.

MR. SMITH said the Society was a part of the British Medical Association; and they were called upon to sever the two, upon the ground that it had been endeavoured to carry on the Society in connection with the Association, and that it was not becoming on the part of the Association to foster, cherish, or sanction, or countenance the institution. He freely admitted for himself—but he would not involve the other directors in what he said—that the Society had not been a success. [*Hear, hear.*] Whatever might have been the cause of its failure, he was not clear enough exactly to be able to describe. Whether it was that the speeches that had been directed against it had deterred men from joining it; or whether, on the other hand, the profession, after all, was in such a position as happily not to require this fund, he did not know. But that it had not been a success, that it had not attracted a very large number of contributors, he was free to admit. He would, however, take this view of it—that there had been an entire misconception as to such a thing being required in the profession. If the members of the profession had not been deterred from joining by the opposition which the Society had



met with within the body that supported it, then this was the cause. Let them look for a moment how they stood. A large sum—some hundreds of pounds—had been contributed freely as donations to support the fund and render it stable; that sum was intact and paying interest, and still ready to aid and abet the cause, if necessary. It had been largely made known to the profession, and yet the response had been very small. If they were not to conclude that the opposition had prevented men from joining, they must conclude that the profession did not require the fund—a conclusion upon which he congratulated himself; and he should ever, if it failed, feel highly pleased that he had given not a small portion of his time and attention to the endeavour to bring before the profession that which, if they wanted, they would accept. He believed that the directors would be too happy to retire, and say they were thankful the profession did not need that which the Association had told them it did, and had delegated them to carry out. He felt warmly, and therefore spoke warmly, on account of the tone adopted more than once in the observations made about the Society; as if, in doing that which the Association had delegated to them, they had been working in opposition, and in some way in defiance, to the Association. ["No, no."] His conviction was precisely what he had said; but he withdrew it in deference to the meeting. At the same time, he believed the motion could not be entertained without notice duly made.

Mr. STEELE suggested that a general meeting had power either to accept or reject the report; otherwise, there was no necessity for the motion.

Dr. DAVEY (Northwoods) said this was a matter of deep importance, which interested him exceedingly. It was of interest to all present to know whether the statements of Mr. Steele were *bonâ fide* facts, or mistakes. Was it true that Mr. Tidd Pratt had declared that such an institution could not be carried on unless it had two hundred members? Was it true that there were only thirty-five subscribers to the Medical Provident Society? It was important to know whether these were really facts; because, if Mr. Tidd Pratt made no mistake, and the number was not larger, it must be true that the Society was in a state of collapse, or something very like it. He very much feared that, if the Society was not quite in that state, it was in a state very closely approaching it. He had heard the subject mentioned by friends of his own, and was anxious to know whether they might expect that the institution would be carried on. He was personally interested in the matter, and hoped the energies of the gentlemen present would lead to such an inquiry into the real state of the matter as would make clear to them the state of the case; that the matter would be sifted; and that the meeting would not separate till the real state of affairs was clear to them all.

Dr. RICHARDSON thought it essential that he, as Chairman of the Board of Directors, should, as the discussion had commenced in this way, state the exact position in which the Society stood.

The PRESIDENT said it would be for Dr. Richardson, as the mover of the resolution, to reply; but it would be better that all who wished to speak on the subject should first do so.

Mr. HUSBAND remarked that, as distinct inquiries had been made, the discussion would probably be much influenced by the answers which Dr. Richardson could give. He could confine himself to the answers for the present, and that course would be very convenient.

Dr. HENRY, as Secretary of the Society, said he believed Mr. Tidd Pratt had stated that two hun-

dred members were necessary for the safety of such a society; and the number of members during the past year had been thirty-two.

Mr. HUSBAND said he really thought they had heard from Mr. Smith a speech of somewhat misplaced indignation. This was not the first time some of them had ventured to dispute upon the matter. Last year, at Leamington, some of them had doubted whether the Society was founded upon principles which entitled it to the support of a great Association like that. When it came before them in this shape, every member had a perfect right to make such observations. He did not think the Society was founded upon a proper basis. They were asking men who could ill afford it to subscribe a sum of money which was a hardship and a burden to them at the time, and the probable advantages which they would gain were not such as to induce them to join the Society. He had predicted that it would be a failure; and, though he might be told he was endeavouring to injure the Society, he said it again. Knowing what he had known, he had hoped the directors would have come forward and told them that, having given the matter a fair trial, they had not been backed by the profession as they had expected to be, and they would withdraw; and that the Association would not be again asked to support such a society. There was necessity for some means by which aid could be given to needy members of the profession in the hour of affliction and distress; but that must be afforded in a different way. He did not think they would find the necessary number of members to come forward and support this Society; and he protested against the notion that the Association was to receive the report of the Society year after year, and yet the officers and affairs of the Society were not to be open to fair criticism. [Dr. RICHARDSON and others: *Hear, hear.*]

Dr. TUNSTALL (Bath) asked whether the presumed failure of the Society did not arise from their having taken the ordinary tables of common friendly societies as the basis of operations. He had spoken with a great number of friends, whose opinion was that it might be very useful for young men, but it was of none for those who had got on later; because at a certain time of life, unless something incidental deprived them of their ordinary earnings, they could not come upon the funds. In friendly societies formed on the usual model, the men who usually partook of the great benefits were men under forty years of age. Members beyond that age felt that this Society would never be of use to them. Those who thought that the ordinary casualties of human life might cause them to become recipients of "club-money" might put themselves on the books—[*a laugh*—]but they saw the number of members fixed upon, and the sum of money to be paid by each was so large in proportion to their incomes and savings, as to become a downright bar to their doing so.

Dr. CAMPS reminded the members that at the Cambridge meeting he had been the only dissentient to the resolution forming this society. He had regretted very much that he had taken such a position; but his opinion at that and every subsequent meeting had been the same. He was sorry the Society had proved a failure; though he had been almost certain it would. For an Association like this to attempt to have a friendly society within itself, had appeared to him one of the greatest blunders ever made by the Council or any of the philanthropic members of the Society. He had said to Dr. Richardson that it was well for a number of gentlemen to band themselves together and form such a society, but he would be no party to making it part and parcel of the Association. The question as to when the Society would collapse



and expire was only a question of time. Subsequent experience had confirmed his original opinion on the subject; and every successive meeting put the Association in an awkward and unpleasant position.

Dr. MORRIS seconded Mr. Steele's motion. He had been one of the original directors, and had attended one of the first meetings in London. Having studied the rules and attended the meetings, he had felt certain the Society would be a failure; and, after conversation with several medical friends in the country, he had found it so unpopular, on the ground that there seemed to be so much facility for paying in money and so great obstacles in the way of drawing it out, that he had despaired of its success. What gentleman would like to have always the certificates of two medical friends, before he could get his money? It was a failure; and surely if the Association continued to patronise it, the Association would pay any loss there might be. [*"There is none."*]

Dr. RICHARDSON said he had been informed by the late Sir Charles Hastings that the question of forming such a society had been discussed by the Association four years before 1836. Mr. Daniell had brought it up again in 1844, and had not rested till the meeting at Bristol, when it was again brought forward, in the belief that such a society ought to be founded, and that the Association ought to show it was doing something for the profession by founding it. A committee had been formed to determine whether it was advisable; and the committee spent a year in its investigation. As he had been present at every one of the eleven meetings held by the committee, he might be allowed to say that no effort was omitted to ascertain whether there was a need for such a society really in existence; and he was bound to say that it was the unanimous opinion of the committee that there was. They reported to the Association at Cambridge; and the meeting had agreed with the committee, there being only one dissident. They determined to form a society, appointed a body of directors, and left it to the discretion of the latter to proceed either by a voluntary effort, by the Friendly Societies Act, or by a Royal Charter. The Directors had acted simply as the representatives of the meeting; had done only what they were deputed to do; and in London they had determined that—a Royal Charter being too binding and voluntary effort too loose—they ought to proceed under the Friendly Societies Act. Full powers had been given to them, and they had acted as they thought best. They had formed the Society, after taking the best opinions they could and considering them in the most careful manner. Mr. Finlaison, the actuary, had given them an opinion, which would otherwise have cost one hundred guineas, and tables to place before the Government inspector. On that basis they founded the Society. But it unfortunately happened that the Association was a fluctuating body—which was a great misfortune, and would be a great lesson to him never again to take any prominent part in such matters. As a meeting was never the same a second time, it was possible, even probable, almost certain, that a resolution passed one year might be altered the next. It had been so in this case. The Society had stood well last year at Leamington, with almost as many members as now and ninety applications for membership. Mr. Steele had come in and touched the pride of the profession with great power. His lesson had been—"However poor you may be, whatever difficulties you may have, you must not put yourself on the books, even amongst your own brethren and although you may pay for what you get." He told Mr. Steele that he had been successful to the letter. He had touched the men to the

heart, and they had said, "It is something like artisan-work, and we will have nothing to do with it." He congratulated Mr. Steele on his success, which was no success. He was sorry a man of such ability should have taken so narrow a view; and that, having so keen a dart at his disposal, he should have used it in such a dexterous manner. He admitted that the Society had not made progress. He had come to Chester with a resolution to propose, that the Society should dissolve. That day the directors had met, and considered the whole question. They felt how much Mr. Steele had done; but they had also felt that they must act properly and legally. By the advice of the Association, they had sought the law; and they must abide by it. In justice to the men who had contributed, they could not say, "We will close." They must ask the Association to elect the officers, so that the next board might call together the gentlemen who had contributed to the Society, and see what should be done. The report was a modest, calm statement. If the Association said they would not carry or adopt it, or elect the officers, the Association would place them in legal difficulties. The directors, who had acted for the Association in this matter, had never had one thought of their own in regard to it. They had laboured day after day, year after year, coming long journeys, and spending large sums of money; and that they should now be cast on one side, and told, "You may do as you like," was so startling and so unfair, that if it were to be done he could no longer be a member of an Association that at one time asked him to do one thing, and, when he had done his best, said, "Now you may go to the wall."

Mr. HUSBAND said they must feel the force of what Dr. Richardson had said. Although he had not been present at the Cambridge meeting, he knew that the Association had proposed the formation of the Society; and he appealed to Mr. Steele not to press his amendment, but to allow the directors to be re-elected, and consider the course to be adopted. [*Hear, hear.*]

After some further remarks,

Mr. STEELE withdrew his amendment. He simply wished to express his admiration of the indefatigable industry and disinterested exertions of Dr. Richardson, Mr. Smith, and all the promoters of the Society, without forgetting that there was a difference of opinion amongst them on a matter of business. The energy and the philanthropic motives of these gentlemen he entirely appreciated; but, with the utmost deference to them, he doubted their business capacity in this particular matter.

The amendment having been withdrawn, the resolution was carried unanimously.

Dr. PAGET moved—

"That Dr. Richardson be re-elected President, and Mr. Clay Vice-President of the Medical Provident Society."

He was quite sure that, whatever difference of opinion there might be as to the success or failure of the Society, or as to the need of it in the profession, there was none upon the point as to the thanks due to the gentlemen who had taken pains, trouble, and care, and expended a great deal of their valuable time in organising the Society; which had had, at all events, one of the best possible objects in view.

Mr. HECKSTALL SMITH seconded the motion most cordially. No one could speak with more confidence than himself as to the invaluable and indefatigable exertions of the gentlemen in question. [*Applause.*]

The resolution was carried unanimously.

THANKS TO THE COUNCIL OF THE ASSOCIATION.

Dr. CAMPS moved—



"That the thanks of this meeting be given to the Council of the Association for their valuable services during the past year."

He said the resolution commended itself, and he need not enlarge upon it. The flourishing meeting they had present now was proof of the manner in which these duties had been performed.

Dr. TUNSTALL seconded the motion with much pleasure. When they considered that the gentlemen who formed the Council had travelled over all parts of the kingdom to attend to those duties, they could not do otherwise than return them their most cordial thanks.

The resolution was carried unanimously, and the meeting brought to a close.

### WEDNESDAY.

On Wednesday morning there was a public breakfast in the Corn Exchange; and afterwards a meeting of Council, at which the following ten gentlemen were elected members of the Committee of Council for the ensuing year: E. Bartleet, Esq., Campden; J. C. Burrows, Esq., Brighton; E. Charlton, M.D., Newcastle-on-Tyne; M. H. Clayton, Esq., Birmingham; E. W. Falconer, M.D., Bath; W. D. Husband, Esq., York; B. W. Richardson, M.D., London; T. Heckstall Smith, Esq., St. Mary's Cray; G. Southam, Esq., Manchester; and A. T. H. Waters, M.D., Liverpool.

Dr. Sibson was elected President of Council in the room of Sir Charles Hastings.

Letters were read from Dr. Stokes and from the University of Dublin and the Colleges of Physicians and Surgeons in Ireland, cordially inviting the Association to hold its annual meeting in 1867 in Dublin. A numerous signed invitation to meet in Brighton in 1867 or 1868 was also presented; and Mr. Nunneley stated that the Association would at an early date be invited to hold its meeting in Leeds. It was decided to recommend to the general meeting the acceptance of the invitation to meet in Dublin, under the presidency of Professor Stokes.

It was also determined to recommend Dr. Falconer for election as Treasurer of the Association.

At 11 A.M., the members again assembled in general meeting.

### ALTERATION OF LAW.

Mr. WATKIN WILLIAMS explained that Law VIII of the Association provided that the Committee of Council should be composed of certain members *ex officio*—the President, President-elect, President of Council, and Secretary; the Treasurer's name was not mentioned, probably because Sir Charles Hastings had held both offices. He, therefore, proposed that the Treasurer's name should be inserted.

Dr. HENRY seconded the motion, and it was agreed to.

### REPRESENTATION OF THE PROFESSION IN PARLIAMENT.

Dr. MACKESY brought forward the following motion, of which he had given notice:—

"That a favourable opportunity now presents for soliciting the attention of the Government, the public, and the members of our profession, to the question of granting Parliamentary Representation to the Medical Profession in its collective capacity; that with a view to the accomplishment of this important object, the Council be empowered to take such measures as they may consider judicious to promote its success, by presenting memorials to the Government, petitions to both Houses of Parliament, and by communicating with the Medical Universities,

Colleges, and Associations, to urge their zealous cooperation."

He said that, in bringing medical parliamentary representation before the Association, he felt he incurred a greater responsibility than he might be equal to discharge; and he should have been very much pleased if some member of more influence in the Association had taken up the subject; however, the question having occupied the attention of the public for the last few months, and being likely to do so for a longer period yet, he had felt it a duty not to allow the meeting of the Association to pass over without bringing it forward, as a duty which he thought was of great consequence to the profession; in the hope that, though his views might not be generally taken up by the profession, some gentlemen might move amendments which would tend to place the profession in a more favourable position, and enable sanitary legislation to be carried on in a manner very different from the manner at present in existence. He believed it must be admitted that, from the want of good sanitary legislation great injury to the public health arose. He should take for his text a resolution passed in 1860 at the annual meeting of the Association, held at Torquay. It was a resolution moved by Sir Charles Hastings, and passed unanimously. And he could not mention the honoured name without expressing his feelings of deep and poignant regret at the loss they had sustained in the death of that great and good man, who had conferred so many benefits on the profession. He had been the founder of the Association, and its success might be attributed in a great measure to the ability, sound judgment, wise discretion, and good feeling, which he uniformly exerted in the promotion of its interests with an energy and zeal to which no language of his (Dr. Mackesy's) could do justice. [*Applause.*] He was well aware that these views had been put forward by the president and other gentlemen in a much stronger and more feeling manner than he was able to imitate; but he trusted that, as a provincial practitioner of the sister country, his coming forward to express those sentiments would not be considered out of place, especially as he thought he expressed the feelings of the medical profession generally in Ireland. [*Applause.*] He spoke of the late Sir Charles Hastings not merely as a medical man, but as an old and valued friend. He was satisfied his memory would long be cherished in the hearts of those who had had the honour of his acquaintance, and that his name would be handed down in the annals of the profession, with the honour and distinction it deserved. The resolution passed at Torquay was as follows: "That, considering the number and respectability and especial acquirements of members of our profession in these kingdoms, neither are their interests fully attended to, nor are their views on sanitary arrangements adequately represented." This resolution fully represented the feelings of the profession at the present moment. He might be asked why it had remained so long in abeyance. He could only answer that all reform had been in abeyance since 1860 till this year. He believed that if Sir Charles Hastings could be with them now, he would assist in some course of procedure calculated to put them in a better position. It had been suggested that medical members should be returned for some borough or county; but he felt that to be almost impracticable, and that, even if it were practicable, such members would try to enter into party politics, than which nothing would be more injurious to the profession. It had therefore occurred to him, and he wished it to be fairly considered by the meeting, whether or not it would be advisable to have a medical constituency,



to return medical members to the House of Commons, to represent the views of the profession on sanitary subjects, and to support their own interests and privileges. He had had the honour of delivering an address on this subject to the Irish Medical Association, and the address had been reviewed by the *Lancet* very recently. With the permission of the meeting he would take up the review in some degree and answer some of the observations of the reviewer.

The PRESIDENT reminded the speaker of the necessity of brevity, and of the rule that speeches in moving or seconding resolutions should not exceed ten minutes. Dr. Mackesy was advocating a matter of great importance, and five minutes more would be allowed.

Dr. MACKESY thought that it would be necessary that there should be one medical constituency each for England, Ireland and Scotland; and that in each case the constituency should consist of registered members practising the profession. Such a constituency, even without parliamentary representation, would be of advantage; because he should hope that some members of the Medical Council might be elected by the constituency, and thus the election of the Council not confined to Universities and Colleges.

Dr. PAGET said he would willingly second the motion of Dr. Mackesy, if the latter would so alter his resolution as to make it read: "by communicating with the Universities, Medical Colleges," etc.; as all Universities were medical. He was not sanguine as to the probability of such a measure as was proposed becoming law. Even if the government should consider it favourably, the Houses of Parliament would have to deliberate upon it; and they had no reason to believe that the estimation in which Parliament held the profession was so high as that in which the profession held themselves. [Laughter.] But no harm could come from putting the matter forward. He thought it a reasonable thing, and the present time on the whole favourable for mooted it, when both political parties had recognised the fact that constituencies of educated men were good. The late government had recognised it in the Reform Bill, by assigning representatives to the Universities of Scotland, Ireland, and London; and the principle of special representation of educated classes had been still more distinctly recognised by the other party now in power. He had the good fortune to belong to an university which returned members; and if any body would take the trouble to examine the matter they would find that the representatives of the universities had been men far above the average of members of Parliament. Amongst them had been such men as Evelyn, Pitt, Gladstone, Hardy, Walpole, Goulburn, Palmerston, and many others. The University of Dublin had also returned men of great ability and high character; and the evidence of experience showed that such constituencies were good. Therefore this proposal was reasonable; as it also was for many other special reasons, as the importance of the sanitary condition of the country, upon which not only the mortality but the stamina of the community, or the deterioration of the race depended. At present, discussions on medical questions in Parliament were nearly all nonsense. [Laughter.]

Dr. TUNSTALL said that the legal profession and the Church were strongly represented in the Upper House of Parliament, and it was important that the medical and scientific bodies should also have a representative in the House.

Mr. HOLMES had no wish to prolong the discussion, or to say anything unpleasant; but he thought that to pass resolutions which must, from their own

nature, be inoperative, was not very dignified or advisable. To say that the medical profession ought to be represented, appeared to him to be utterly contrary to the genius of our institutions and practice from time immemorial. No profession, as such, had ever been represented in Parliament. The public had been represented, upon the votes of persons possessing the franchise; and all members had the power of legislating upon every possible question. He would suggest that a medical man, of all others, was most unfit for the position of a member of Parliament. It was impossible that he should go into Parliament until he had made such a fortune as should enable him to live. To send a man in practice into the House would be a perfect futility. Sir Benjamin Brodie had treated the question with his usual common sense and precision. Even if such a man could be returned, he would not be the fittest person to represent the interests of the country. If the medical profession were to be represented, there were several other professions with an equal right to representation; and, if the principle were carried out, the House of Commons would soon be filled by persons all representing particular interests. The lawyers in the Upper House did not represent the legal profession. There were many persons in Parliament connected with the Bar, the Church, the railway interest, the great commercial interest; but not one was elected by the Bar, the Church, or the other classes, but by the public. No profession would get representatives; and it seemed to him that they would be putting themselves in an undignified and ridiculous position by asking for what never had been and never could be granted. The medical profession had its votes, and could exercise them in the manner most conducive, in its opinion, to its interests. It could bring its great experience and its great influence far better in that way on sanitary questions; while the vote of one individual representative would always be burked, he would be regarded by the House as a bore, and his rising to speak would always be a signal for counting out. [Applause.]

Mr. HECKSTALL SMITH agreed with Mr. Holmes; and said the Council had been unanimous in the opinion that it would be unwise to bring forward any such question. The learned professions were represented through the universities; and the medical profession would be, if medical men sent their sons to the universities. Any attempt to obtain representatives for themselves as doctors must end in covering themselves with ridicule.

Dr. JEAFFRESON endorsed the observations of Mr. Holmes, in which he fully concurred. To suppose that the medical profession should be represented in Parliament was to suppose an entire alteration in the constitution of the country. He doubted very much whether they would not damage the profession by attempting anything of the kind now, though the present was said to be so auspicious an occasion. He thought he could see dawning a little respect for the medical profession, and a desire to put it in its proper place; but any faults of this kind would do mischief, bring odium upon them, and check the tendency. [Hear, hear.]

Mr. A. B. STEELE wished to draw attention to the incorrect impressions their highly respected associate had fallen into in reference to sanitary legislation. He seemed to think that the Government was without the direct advice and assistance of medical men in these matters. The Health Department of the Privy Council was presided over by a member of the profession whom he had only to name to remind them that he stood in the highest rank of science—Mr. Simon [applause]—who had a number of able and



intelligent medical men to assist him; and through him the Government received the best information on such subjects in the voluminous blue-books published every year. If the Government did not carry out sanitary legislation as it ought, it was not for want of this information. But there were many difficulties of a local and especial nature, peculiar to the constitution of the country, which often stood in the way. The town from which he came (Liverpool) had spent no less than three millions of money during his residence there for sanitary movements alone. [*Hear, hear.*] As to the representation of the profession in Parliament, there was one practical difficulty that had been alluded to. Instead of one representative, they would want at least three members. There were many who, like himself, having the opinion that Conservative principles were essential to the integrity of the constitution, would consider the profession misrepresented, if the member elected chanced to be either a Liberal or a Radical. His intelligent and enlightened, but misguided friends, who believed Liberal principles ought to be maintained, would be hurt at being obliged to be represented by a good old Tory. He thought that question alone would be almost sufficient to upset the whole scheme. [*Hear, hear.*]

Dr. STEWART said it was less for the sake of the profession—which he did not think would be benefited in such a way—than for the sake of the public, that he would like to see more medical men in Parliament. He agreed very much with what Mr. Holmes and others had said; but he did not agree with them that it would not be desirable to have more medical men in the House of Commons. It was of immense importance that some gentlemen should have the ear of the House of Commons—he did not allude to the Government—who could leave their minds with sound views on sanitary questions. The mass of legislation on those subjects was most confused and fragmentary. He thought that if medical men who were good men of business were in the House of Commons, they could do much good in this matter. But he did not see that this could be done in the way proposed by Dr. Mackesy. He was delighted to see that some, though few as yet, of the profession were getting into Parliament. Mr. Vanderbilt, his old friend, was there; and he hoped it would not be long before Mr. Mitchell Henry would get in for Woodstock, and others for other places.

Dr. MACKESY thanked the meeting for the attention with which he had been favoured. He had done every justice to the great advantage resulting from the services of Mr. Simon; but he knew that very often clauses most essential to sanitary acts were objected to by members of the House of Commons acting under some delusion; and that, as there was no high professional man in the House whose opinion would carry weight, very often acts which, if passed as introduced, would be very beneficial, were rendered nugatory. He expected this discussion would be beneficial to the profession; and, in deference to the opinion expressed, he withdrew his motion. [*Hear, hear.*]

#### PLACE OF MEETING FOR 1867: PRESIDENT-ELECT.

THE PRESIDENT said the next business was that of deciding on the place of meeting next year.

THE SECRETARY stated that the Council had recommended that Dublin should be the place of meeting next year, and that Professor Stokes should be the President-elect. [*Loud cheers.*]

Dr. JEAFFERSON proposed that they should accept the kind and generous invitation brought by Dr. Stokes, that the meeting should be held next year in Dublin; and that Dr. Stokes be now nominated as

President-elect of the British Medical Association. He was sure they would all derive the greatest possible gratification from meeting their friends in Dublin; and he hoped the arrangement might add largely to the prosperity of the Association, and that the medical profession in these islands would be stronger and more closely united in consequence. [*Applause.*]

Mr. NUNNELEY had great pleasure in seconding the proposition. The very cordial invitation from Dublin would of itself have been sufficient to induce the Association to accept it; but the world-wide renown of that school of medicine and of the distinguished professors now living there, made them feel that they would all receive not only great enjoyment from the place of meeting, but much benefit from their intercourse with their Irish brethren. It would tend to unite the two branches of the Association. Lord Eldon had said, "If you want to be friends, you should dine with one another." While the intellectual celebrity of their Irish friends was world-wide, their hospitality had an equal reputation. They possessed the means of giving the Association not only a successful meeting, but also the greatest pleasure. [*Applause.*]

Dr. MACKESY, as a provincial member, felt called upon to express his great gratification and thanks for the honour done to the Irish members by the selection of one of their first professional men to be the President of the Association. He trusted they would pass the resolution to hold the meeting for 1867 in Dublin. He could promise them a warm welcome; and he believed it would assist in cementing the good feeling that should at all times subsist between professional men in the two countries. For the same reason, he had been for some years a member of the Association; and he was gratified to have this opportunity of expressing his thanks for the attention, kindness, and uniform heartiness he had experienced at the hands of the Association. He trusted the Irish members would endeavour in some way to testify that they bore in recollection the kindness and attention they had received in England.

The motion was then put, and agreed to.

#### REPRESENTATIVE OF THE AMERICAN MEDICAL ASSOCIATION.

THE PRESIDENT said that, before they proceeded to the scientific business of the day, there was one circumstance to which he must call attention. There was in the United States of America a society analogous to the British Medical Association, organised in the year 1847; and that society had, by a certificate he held in his hand, authorised Lieut.-Col. Cox, a Doctor of Medicine, to represent it at this meeting. [*Loud applause.*] He had, in fact, come here as the accredited representative of the Association. [*Applause.*] He (the President) had no doubt Lieut.-Colonel Cox would take a part in some of the proceedings, though he did not at that moment see him in the room.

#### DISCUSSIONS ON MEDICINE AND HYGIENE.

Dr. SIBSON, F.R.S., read a paper on the question, What is the Influence of Hospitals on Health and Mortality?

Mr. HOLMES said he had had a paper to submit, which had no value in itself, but was merely intended to form a text for discussion. The time had now advanced so far that he was afraid the discussion must be very short; and he should, therefore, withdraw his paper, and simply express his general assent to what had fallen from Dr. Sibson. The subject was of great importance, chiefly medical. Hospital diseases pre-



vailed chiefly amongst surgical patients; and they were held out as adequately explaining the difference of death-rates between town and country, and the difference in the progress of cases between hospital and private practice. He believed this difference to be purely imaginary; but he did not know that any data had ever been collected on that subject. The paper he had prepared was directed simply to show the real amount of the prevalence of hospital diseases numerically.

The PRESIDENT said the subject was so interesting to the profession, and of such vast importance to the community, that it scarcely admitted of full discussion at a single sitting. He gathered from what Mr. Holmes had stated that there was in his paper matter of immense importance; and he would, therefore, ask Mr. Holmes to favour the Association by considering it as read, and allowing it to be printed in the JOURNAL.

Mr. HOLMES signified his consent, and the members adjourned for luncheon; after which they re-assembled at 2 P.M.; the President in the chair.

#### ELECTION OF TREASURER.

Dr. WATERS (Liverpool) proposed the election of a gentleman to fill the important office of Treasurer, vacated by the death of the lamented Sir Charles Hastings. It was very important that they should have in that office a gentleman of good business habits, who was thoroughly acquainted with the working of the Association, and who had a high professional reputation. He thought that in securing the services of Dr. Falconer of Bath as their Treasurer, they had secured the services of a gentleman who would fill the office in the most satisfactory way. As a member of the Executive Committee, he had had the pleasure of Dr. Falconer's acquaintance for several years. He knew the deep interest which Dr. Falconer took in everything that related to the Association, and his business habits. He would not detain the meeting; but he had much pleasure in proposing—

"That Dr. Falconer of Bath be elected the Treasurer of this Association for the term of three years."

Dr. SIBSON said it was with the greatest pleasure that he seconded the nomination of Dr. Falconer to the office of Treasurer to the Association. The office was the most important office they had in connection with the Association; and the very welfare of such an institution depended upon its treasurer being a man of weight, judgment, accuracy, business habits, approachable manners, and self-respect, and accustomed to meet questions in a thoroughly impartial spirit. A man who had not those qualifications was not fit to fill the all-important office of Treasurer to that great Association. Dr. Falconer was a man who did combine all these qualifications in the most admirable manner. If they searched the Association through, they would find it difficult to select one who would do the work so well.

The resolution was put, and carried unanimously.

Dr. FALCONER said he highly appreciated the confidence the Association had been kind enough to place in him. It would be a difficult task to follow in the steps of Sir Charles Hastings; and he felt the force of the scriptural injunction, that he who was putting on the armour should not boast as he who put it off. However, he would do his best to discharge the duties, and when he felt himself unequal to them he would vacate the office.

#### THE PRESIDENT OF COUNCIL.

The PRESIDENT announced that the new President of Council was Dr. Sibson. [Loud applause.] He

concluded, from the way in which the announcement was received, that the appointment was in the highest degree satisfactory to the Association. [Cheers.]

#### THE AUDITORS.

Dr. WADE had much pleasure in moving a vote of thanks to the auditors, Mr. Hadley and Dr. Melson, for their services.

Dr. RUSSELL seconded the vote, which was unanimously carried.

Mr. HADLEY briefly returned thanks, and proposed—

"That Dr. Marshall of Clifton and Mr. Church of Bath be elected auditors."

Dr. MORRIS (Spalding) seconded the motion, which was passed unanimously.

#### THE HASTINGS PRIZE MEDAL.

The PRESIDENT said it was his privilege on this occasion to discharge a duty which had hitherto been reposed in other and abler hands—to present to Mr. Furneaux Jordan of Birmingham the Hastings Medal. [Applause.] This was the third occasion on which the medal had been presented; and it was highly satisfactory to the Association to find that the gentlemen who received it were not men trusting to any adventitious aid to success, but men who had each already achieved his position. On the present occasion, the treatise for which the medal was awarded was one on "Shock after Surgical Operations and Injuries." The adjudication had been placed in the hands of Mr. Carden, Mr. Hilton, and Mr. Southam of Manchester; and in abler hands it could not have been placed. From that fact alone, the recipient must feel that he had earned what was now awarded to him. [Applause.] As there was a great deal of business before the meeting, he trusted these few observations would not be taken as showing that he lightly regarded the duty of presenting this medal; and he would present it without further words.

[The following is a copy of the award of the adjudicators.

"August 4th, 1866.

"We, the undersigned, having been appointed adjudicators of the Hastings Medal, and having each carefully read the two competing essays on Nervous Shock signed severally 'Ich Dien' and 'Experto Crede', unanimously consider the essay signed 'Ich Dien' most deservedly entitled to the medal, by its highly scientific and literary merits.

(Signed) "H. D. CARDEN.

JOHN HILTON.

GEORGE SOUTHAM."]

The medal was then, amidst great applause, handed by the President to

Mr. JORDAN, who said he thanked the President most gratefully for the kind manner in which he had spoken of his good fortune. He also thanked the Council of the Association for having (without knowledge of the fact) selected a subject in which he had taken much interest, and endeavoured to make some investigation. There was no medal of any learned society, of any year or of any subject, which he would have preferred to this. [Applause.] It would be a temptation to him still further to pursue the subject, and he should be extremely obliged to the Association if he could receive assistance from any of its members in the undertaking; and he hoped the Hastings Gold Medalist would be deemed worthy of such assistance, as it was one of the objects of the Association to enable its members to render to each other. [Applause.]



## THE ADDRESS IN MEDICINE.

Professor HUGHES BENNETT of Edinburgh read the Address in Medicine, which is published at page 179.

Professor STOKES said he had the honour to propose their most cordial thanks to Professor Bennett for the discourse with which he had favoured them—a discourse creditable to himself, and highly honourable to the profession of which he was such an ornament. [*Applause.*] He had given them the advantage of a comprehensive view, if not of the past, at least of the present, necessities and conditions of medicine. He had, as it were, taken stock for them. He had shown them, at all events, what they had, what they had not, and what they should endeavour to obtain; and in that respect, if there were no other cause of laudation, he deserved not only the thanks of the Association, but the thanks of the medical profession all the world over. [*Applause.*] He had shown them, in admirable and authoritative language, the great point they should all consider and admit—the correlation of sciences; and that they were not to look upon medicine as an isolated branch of knowledge, but in one respect the fruit and science of all knowledges, because all knowledges seemed to combine to add their quota to the science of medicine. Therefore, it was of the greatest importance that men should understand that all physical and other knowledges came to have relation to medicine; and in that way he (the speaker) foresaw a future for medicine which some might think romantic, but which he believed would yet come out—when the health and care of the body would be, in the estimation of the world, only secondary to that which belonged to the immortal part of man. [*Applause.*] Professor Bennett had touched on the question of therapeutics. With reference to Dr. Acland's motion in the Medical Council, he (Professor Stokes) might observe that he had had the honour of seconding it on one occasion, when they were defeated by a very large majority. On a second occasion, when Dr. Acland had again brought it forward, somewhat altered in words, but in principle the same, it was seconded by Dr. Paget, and the Council was equally divided—showing a very great progress during the few days during which the question was under consideration. [*Applause.*] He very much agreed with what Dr. Bennett had said on the importance of the study of physics and natural philosophy to the medical student; but he begged them to remember that it was only after seven years of the meeting of the Medical Council that the time had arrived when it became possible to lay down rules as to the minimum of education—that which it was possible for all medical students to attain. They had never meant to say that medical students should be confined to the minimum. They had looked to what it was possible to obtain in all parts of the country—in the remote parts of England, Ireland, and Scotland; they had looked to the condition of schools in those places; and it had seemed that to insist, as part of the minimum in such places, upon natural philosophy and physics, was to make a nugatory regulation. He wished to bring to the recollection of the Association the proposition of his lamented friend and colleague, Professor Graves, that medical observatories should be established in various parts of the world; and that the different governments of civilised Europe and America should unite in establishing them, so as to throw some light on the origin and progress of epidemic diseases; that they should be furnished with all possible apparatus for all physical, chemical, and meteorological observations; and that they should be conducted on a plan very much like that

proposed by Professor Bennett, for consentaneous observations by a large number of persons. He thought the proposition should at some time engage the attention of the Association; and, if this Association would follow the advice of Professor Bennett, and come before the public as men working in earnest to elevate their common profession, they would deserve the thanks of all good men, no matter in what walk of life, high or low, or the nature of their profession. [*Loud applause.*]

Dr. EDWARDS had great pleasure in seconding the resolution. During the whole period of his membership, he had found in no previous meeting so great an intellectual feast as he had found in the present. It afforded him great gratification to see Dr. Waters, who had been his successor in Chester, occupying the high position of President of the Association. After fifteen years' absence from active duties in his profession, he had lost none of his interest in it; and he was sure the meeting joined him in the expression of the extreme gratification which had been afforded them by the excellent, scientific, and exhaustive address of Professor Bennett. [*Applause.*]

Dr. CAMPS suggested that practical action should be taken as to the suggestions made in the address, and that it should be referred to the Council to take into consideration the practical suggestions thrown out by Professor Bennett. [*Applause.*]

Professor Stokes and Dr. Edwards concurring, the resolution was carried by acclamation, in the following words.

"That the thanks of this meeting be given to Professor Bennett for his admirable address; and that it be referred to the Council to consider the practical suggestions he has made."

Professor BENNETT, rising to reply, was received with great applause. He assured the meeting he esteemed it a very considerable honour that such a motion should have been so unanimously passed by that body; and, indeed, that he should have been selected to address them was of itself a satisfaction and an honour he should never forget. In the anxiety which had naturally devolved upon him when he had consented to deliver the address, he had thought of many things as subjects; and he could only say now that, if he had succeeded in his effort, his highest ambition was fulfilled. He was full of hope, with Professor Stokes, as to the future of their art; and should be delighted if the Association would take a leading part in pushing it onwards. Such was the inherent vitality of all that related to it, that the young would always endeavour to distinguish themselves by advancing it; but they had come to such a point in science, that they could not hope any one man could do much—that he would unite in himself the knowledge of the anatomist, the physiologist, the physicist, and the analytical chemist. It was not to be supposed that these knowledges could be so perfect in any one man that he could make them all available for the purposes of investigation. If they wanted investigation, it must be carried on by a committee; and they must choose such men as they knew—three or four in one case, five or six in another; and they must remunerate them. He was happy to see Mr. Simon gradually doing this; and, if they could arouse the Government to the necessity, they might hope great things would be accomplished. But they must be true to themselves, and show that they were capable of combining and doing something more. They had 2,400 members. If every man would put his hand into his pocket and take out half-a-crown, they would have £300; and he thought he could name three men in Edinburgh—and he dared say others could name three men in London or elsewhere—who could



so combine the necessary talents and industry and energy, that for that sum of money the Association should have in one year a Report which would be the greatest honour to the Association. To hit upon a subject might be difficult; but, having decided upon a subject, if they were to appoint three men, and give them £100 a-piece to do the work, he would undertake to say the work would be done. [*Applause.*]

The meeting then closed.

[*To be continued.*]

## Medical News.

### APPOINTMENTS.

\*CLARK, Andrew, M.D., elected Physician to the London Hospital. BIRKENHEAD, E. H., D.Sc.Lond., has been appointed Lecturer on Chemistry at the Liverpool Royal Infirmary School of Medicine.

### MARRIAGES.

FRANCIS, Alfred O., Esq., Surgeon, Derby, to Emily, youngest daughter of the late Joseph HALLIWELL, Esq., of Beverley, at Islington, on August 1.

PAYNE, C. H., M.D., of Wimbledon, to Emma, second daughter of the late H. H. P. Major, Esq., at St. Mark's, Kennington, on July 28.

### DEATHS.

HIGGINS, Charles, M.D., Knight of the Legion of Honour, at Paris, aged 60, on July 27.

HUDSON. On August 7, at Stockport, aged 4, Mary; and on August 9, aged 4 months, Frederick, children of \*F. Hudson, Esq.

**THE GREENWICH UNION.** In this workhouse, containing upwards of 900 inmates, there has not been a death from any cause since the 2nd instant, although the average deaths are five weekly.

**THE ASTLEY COOPER PRIZE.** The ninth triennial prize of three hundred pounds, under the will of the late Sir Astley P. Cooper, Bart., will be awarded to the author of the best essay or treatise on the disease known as pyæmia. Essays, either written in the English language, or, if in a foreign language, accompanied by an English translation, must be sent to Guy's Hospital on or before January 1st, 1868, addressed to the physicians and surgeons of Guy's Hospital.

**NOTHING LIKE LEATHER.** A Gas Director says in the *Times* that the excessive impurity of London gas has a directly beneficial effect in keeping away the cholera. None of the workmen in the metropolitan gas works have ever died of that disease, although their duties expose them to great alternations of heat and cold, and they are notably intemperate. The "Gas Director" attributes their safety to the volatile exhalation from gas, especially ammonia. He therefore holds that the stench of gas is not noxious to health, and, as it is unavoidable, we ought to be very glad that its effects are so salutary. The conclusion seemed to be that a judicious importation of gas works into the eastern parts of London would have kept off the epidemic, and while gratefully inhaling the fragrance of ammonia and sulphur, the poor would have blessed the companies which, instead of giving light to the rich, breathe upon our crowded streets Sabæan odours. The "Gas Director," however, is directly contradicted by two different writers. Mr. Simcox Lea, the incumbent of one of the churches at Bow, declares that no class of men in his neighbourhood has suffered so heavily from the cholera as the class employed in the gas works, and the engineer of the Commercial Gas Company says that his company lost five workmen in the first seven days of the present attack. (*Pall Mall Gazette.*)

### OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY....Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

WEDNESDAY...St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.

THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

SATURDAY....St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

### TO CORRESPONDENTS.

\* \* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

**COMMUNICATIONS.**—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

**CORRESPONDENTS**, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

**ASTRINGSENTS v. DIARRHÆA.**—Mr. FitzMaurice, of Christchurch, writes: "In support of the soundness of Dr. Johnson's views on cholera, I give you particulars of a case which lately came under my notice. Last year, a man about 26, to all appearances in robust health, walked into an adjoining county to drive back some sheep. He was taken very ill, returning with diarrhœa and pain in the bowels. He had to stop on the road at the first village he came to, when he was seen by a medical man, who most effectually stopped his diarrhœa by powerful astringents. No action of the bowels took place for some days; then he had to use enemata before the bowels acted. He was still becoming worse. The doctor then discovered that his patient had inflammation and congestion of his liver, and prescribed calomel for him, which, I believe, he never got. As the nurse told me afterwards she gave it in liquid, of course it went to the bottom, where most likely it remained, and the patient never had it. Ultimately, the poor fellow died of abscess of the liver. I saw him once before his death. He was suffering intense pain in the region of the liver. The discharge from the bowels was very dark and offensive. It appears to me that if this man had not had his diarrhœa stopped, and Nature had been left to take its course, he might in all probability be still alive."

**COMMUNICATIONS** have been received from:—Dr. J. HUGHES BENNETT; Dr. ALDIS; Dr. MACCORMAC; Mr. PAGET; Mr. HENRY LEE; Dr. A. SAMELSON; Mr. F. HUDSON; T. H.; Dr. THOMAS SKINNER; Dr. J. B. NEVINS; Mr. T. HOLMES; Mr. I. BAKER BROWN; Mr. RICHARD GRIFFIN; Mr. W. BOWMAN; Mr. SPENCER WELLS; Mr. G. W. HASTINGS; Mr. B. SQUIRE; Dr. THOMAS SHAPTER; Dr. HOLMAN; Mr. H. J. ALFORD; Dr. C. HANDFIELD JONES; Mr. J. H. HICKS; Mr. W. R. EDWARDS; Mr. J. RHODES; Dr. J. C. MURRAY; Mr. W. B. BULLER; THE DIRECTOR-GENERAL OF THE ARMY MEDICAL DEPARTMENT; Mr. STONE; Dr. GEORGE BODINGTON; Dr. E. ANDREW; Dr. W. RUTHERFORD; Mr. R. C. MOON; and F.R.C.S.

### BOOKS RECEIVED.

1. An Essay on Physical Education. By John Harrison. London and Chester: 1866.
2. Application of Disinfectants, etc. By W. Crookes. London: 1866.
3. On the Treatment of Asiatic Cholera. By Archibald Billing, M.D., A.M., F.R.S. New Edition, revised. London: 1866.
4. Clinical Lectures on Diseases of the Heart. By Thomas Hayden. Dublin: 1866.
5. A Simple Explanation of Cholera; and a Rational Mode of Treating it. By Yod, M.D. London: 1866.
6. Army Hygiene. By C. A. Gordon, M.D., C.B. London and Calcutta: 1866.
7. Contributions to Dermatology. By Dr. McCall Anderson. Glasgow: 1866.
8. Fifth Report of the Dispensary for Skin-Diseases. Glasgow: 1866.



# Original Communications.

## REMARKS ON CHOLERA.

By GORDON K. HARDIE, M.D., 73rd Regiment,  
Limerick.

WHATEVER the ultimate verdict may be on the value of the eliminative treatment as compared with the stimulant, opiate, and astringent, in the early and curable stages of cholera; and though all are of one mind in condemning opiates as useless or dangerous in the later stages, Dr. G. Johnson has done well in calling attention to the futility of the stimulant treatment in the stage of collapse—unfortunately so named, as the word suggests rather the idea of syncope than of asphyxia.

But it remains for the future to decide the amount of actual harm resulting from this treatment, as contrasted with one of total abstinence from stimulants in the later stages; as not only this, but all other modes of treatment have been acknowledged equally failures, nor does Dr. G. Johnson himself seem more sanguine of success in such cases by his own mode of treatment.

Having twelve years ago witnessed a most destructive epidemic in a remote district of the Island of Mauritius, I give the following extract from published answers, shewing my views at that time (1854), on the treatment which I had adopted.

"The treatment universally adopted by me, if the case was in the early stage before symptoms of collapse and asphyxia had set in, was to administer grain doses of opium, in the form of a pill, at intervals of from half to one hour, for three or four times, combined, when possible, with stimulant aromatics and cordials. In addition, half-drachm doses of dilute sulphuric acid were given in draughts of water three or four times in the hour. In all cases seen at an early period, and in those of slight intensity, I found this treatment very effective.

"The class of cases, however, varied so much at different places, and at the same place at different periods, that this treatment was often ineffectual, and at other times inapplicable from the circumstance of commencing asphyxia having set in before I arrived. In these cases, when the state of collapse had set in, and this was the state in which I first saw by far the greater number, the sulphuric acid drinks were given without opium, and stimulant frictions with external warmth were tried.

"The result of this treatment, in the far greater number, was utterly unavailing and worthless. Wonderful recoveries, from a state bordering on death, were seen occasionally, but in such a small proportion as to make them dependent with very little probability on treatment. In short, I confess the utter powerlessness of favourably influencing the disease by treatment when in its full intensity.

"A very marked change in the type of the disease occurred at the Port of Flacq, after the most virulent form had prevailed for about ten days. The disease became much more tractable, and remedies had then a marked influence over the disease. Many who had been discouraged by the palpable failure of medicine, in the hands of the physician, vaunted, and with truth, that they had cured themselves with such simple remedies as ginger or ayapanha tea.

"To show how impossible it is to appreciate, by apparent results only, the value of treatment, I may say, that at the Port of Flacq, of the first thirty

cases treated, I did not succeed in saving more than six, while at the estate of Queen Victoria" (where the disease appeared ten days later) "there were thirty favourable cases before one died. The measure of success depended on the early application of remedies, and the degree of the intensity of the disease.

"My experience convinces me that the time for treatment is over practically before collapse and congestion have set in; when these are once declared, I am disposed to doubt if nature, left to herself, would not produce as favourable results, as those which my experience can lay claim to.

"The douche was not tried by me, as it required more time and aid than I had at my command."

I quote from another portion of the published report of this epidemic the following.

"Another fact worthy of notice is the immunity enjoyed by the Chinese during the cholera. There were in Port Louis, in June 1854, about 1800 Chinese. The entire ascertained mortality among these 1800 men from cholera was two." (The mortality in the general population was one in twenty-four.) "This proportion, which would appear very remarkable under any circumstances, must appear wonderfully strange, when it is recollected that nine-tenths of the Chinese lived and remained in Port Louis in the very centre and hotbed of disease, and that their habits, their food, their dwellings, were of a nature to invite disease instead of repelling it. This mysterious privilege of remaining unscathed in the midst of deadly malady, amid hygienic conditions of the most unfavourable character, has been abundantly proved; but the reasons assigned are hardly satisfactory, and it is difficult to believe that the use of *tea and opium*\* are of such miraculous preservative power."

Subsequent epidemics have hitherto not given me reason to distrust the stimulant-opiate treatment in the early stages of cholera. Nor can I hold that Dr. Johnson is justified in stigmatising it as "condemned alike by therapeutical experience and by pathological science."

The report of the Treatment Committee of the Medical Council in 1855, attributed the highest rate of success to the opiate and astringent, and the lowest to the eliminative. I see, too, that the Committee of the College of Physicians are now adhering to this plan, though the doses seem to me far too small for the purpose.

One of the latest witnesses, Mr. Davies (*Medical Times and Gazette*, May 5th), declares that, in 1849, every case of choleraic diarrhoea in which he administered castor-oil, or any purgative, died. On the other hand, Dr. Johnson, in 1854, found that "many cases of choleraic diarrhoea came under his observation, cases in which there were vomiting, bilious purging, and cramps. They were all treated by castor-oil without opiates; they all recovered, and not one case so treated passed into collapse." In this passage, as in others, Dr. Johnson speaks of choleraic diarrhoea as bilious, up to the period of collapse, thus: "This secretion" (from the bowels) "is tinged with bile before collapse comes on, and again after collapse has passed off; while during the stage of collapse it has the characteristic rice-water appearance and bile can be detected only by chemical tests." (*BRITISH MEDICAL JOURNAL*, vol. ii, 1865, p. 465.) Against this view of the facts I submit:

1. That collapse, so far as asphyxial, is not co-extensive in time with the occurrence of clear watery, or rice-watery, stools, but is a phenomenon later in date than their appearance.

\* Tea = boiled water + astringents.



2. That watery or rice-watery purging in cholera epidemics is not always followed by the state of asphyxial collapse, recovery taking place in some cases without its occurrence.

3. That collapse, so far as the asphyxial symptoms are concerned, depends largely and primarily on blood changes consequent on the loss of water and salts mainly. Before going further I shall attempt an epitome of Dr. George Johnson's theory, in order that my objections to it may be more clear.

1. There is no ratio, or an inverse one, between vomiting and purging and collapse. In the worst and most malignant cases, the patient may die of collapse without either purging or vomiting having taken place. The symptoms of collapse are not such as an excessive drain of fluid is likely to produce.

2. The cholera-poison in the blood eliminates itself by purging and vomiting, and produces asphyxia directly from its irritating properties upon the smaller branches of the pulmonary arteries.

3. Consequently, astringents, by retaining the poison in the system, aggravate the disease instead of curing it.

The corner-stone of Dr. Johnson's theory is the assumed existence of a class of cases, "*the worst and most malignant*," in which the asphyxial symptoms of collapse are primary and unpreceded by vomiting and diarrhoea. Though there are numerous authorities in support of this view, I have seen two epidemics of the gravest character in Mauritius, and frequently had cases of cholera, during several years in Indian hospital practice, without ever having the fortune to find or verify one of these cases of dry cholera, and have hence grown to be very sceptical of their existence.

The physician, at a time of intense pressure, is apt to admit, without much investigation, the first statement made; and many patients, such as soldiers or sailors, are anxious to hide the self-neglect, against which they have been forewarned.

This point merits close attention in future epidemics; every alleged case should be sifted retrospectively, and *post mortem* appearances should be carefully described.

Terms suggestive of arithmetical precision are misleading in a discussion involving the intricate complexity of pathological reactions. The varied states of the recipient body are conditions of the cause, equally with the morbid poison introduced. We know too little of either sets of factors to establish ratios; but if there were an inverse ratio between watery purging and collapse, the latter should occur rather soon than late, before than after elimination; yet it will be conceded that the first evident effect of the cholera-poison is most generally diarrhoea, faecal (which, I presume, is the equivalent of bilious in Dr. Johnson's terminology) at first, later, clear or rice-watery.

The term serous, often applied to the latter, is as misleading as collapse; the one suggesting loss of the albuminous parts of the blood, just as collapse leads the mind rather to syncope than to asphyxia. Yet in cholera the loss of albuminous parts of the blood is hardly appreciable, the loss being mainly of water and salts; to this doubtless is due the frequent rapid recoveries, so different from those after hæmorrhages and other exhausting profusions, in which the blood loses its more highly organised parts.

I believe it to be matter of fact, that asphyxial symptoms are not known to coexist with or to succeed purely faecal diarrhoea; though, when this is excessive, syncope symptoms may ensue, producing one kind of collapse. Asphyxial symptoms, however, only follow in cases of watery or rice-watery stools, where the watery and saline parts of the blood are

diminished to such a degree as to affect the normal reactions between the blood and the air in the lungs, from which time there is diminished attraction of blood to the pulmonary capillaries, and what blood does pass through the lungs is imperfectly arterialed, the systemic arterial vessels are imperfectly filled, while the venous system and right side of the heart are filled to repletion, and the full symptoms of cholera collapse are established.

Though we cannot by any artificial experiments deprive the blood of its watery parts and salts, and hence have been driven to estimate the consequences by the analogies of blood-letting, etc., we have occasional proofs of asphyxial symptoms following copious watery purging, which has originated merely in errors of diet, or abuse of purgatives, where there has been no suspicion possible of cholera-poison. As an instance of this, I give a case in the *ipsissima verba* of a weekly report of April 30th, 1864.

"Corporal M. has had several attacks of what appears very like cholera in all its symptoms, purging of watery fluid, severe cramps of legs and arms, and a leaden look, with the cold sweats of collapse. He generally makes a rapid recovery; on this occasion, I tested the clear straw-coloured fluid passed, expecting to find it rich in albumen, but neither boiling nor the addition of nitric acid caused any precipitate.

"This may account for the slight ulterior effects of attacks apparently so severe as his have been."

Though this is a mere sketch of the case, I may say that he resembled in all essentials the asphyxial type of collapse, with death-like look, and sodden, shrivelled fingers.

This was the eighth attack, more or less severe, on record. In three of the previous attacks a red herring, a Christmas dinner, and a seidlitz powder, were the causes assigned; on this occasion, as on several others, he was unable to or unwilling to assign any cause for the attack.

I have little doubt that similar cases will be remembered by others. Their occurrence is wholly opposed to the view of the asphyxial condition being due to a spasm of the smaller branches of the pulmonary arteries, arising from the direct irritant effect of a specific poison, and lends support to the view that the central fact in cholera is a material change in the constitution of the blood, mainly a loss of water and salts, rendering it unfit to undergo the usual chemical change in the lungs (with its train of consequences on the circulation), and that this loss is mainly produced by profuse watery discharges into the gastro-intestinal canal, as evidenced by the order in time of the successive phenomena.

If the account I have given be accurate, there is good ground shown for preferring a stimulant opiate, and astringent treatment, to an eliminative one, during the short interval, when, and when only, treatment has any well proved value.

## ON PROGNOSIS IN HEART-DISEASE.

By W. H. BROADBENT, M.D., Assistant-Physician to St. Mary's and the Fever Hospitals; Lecturer on Physiology at St. Mary's Hospital Medical School.

[Continued from p. 661 of vol. i for 1866.]

In affections of the mitral valve, the effects of the derangement no longer fall upon the left ventricle, but on the auricle, lungs, and eventually on the right ventricle. When there is regurgitation through the orifice, it would seem, at first sight, that a certain increase of capacity would be needed to make up for this loss, and part of the force of the left ventricle will be wasted or misdirected in driving blood back-



wards as well as forwards. Primarily, however, there exists no mechanical cause of dilatation, and the provocation to hypertrophy is but slight. Even this will be wanting in obstructive disease. Accordingly, in mitral regurgitation, we do not find any considerable degree of dilatation or hypertrophy in the left ventricle, and in mitral constriction there may be contraction. A moment's consideration will show that increased capacity and strength of this cavity would by no means have the same effect in mitral as in aortic regurgitation. In the latter condition, so long as the mitral valve is competent, the result is that a larger volume of blood is thrown into the aorta at each systole; in the former, the increased amount of blood contained by the dilated ventricle would be divided between the aorta and the auricle, and a part of the increased force would be expended on the lungs. The auricle, however, becomes dilated and hypertrophied, as a result of the backward pressure, and this extends backwards through the lungs, and is felt by the right side of the heart, which becomes hypertrophied, often to a remarkable degree. It is difficult to understand how the pulmonary vessels and capillaries can resist the tension to which they are exposed; but it cannot be doubted that the right ventricle, by the additional force it exercises, aids in supplying the left ventricle with blood. This I look upon as a compensatory action of considerable importance. The increased pressure will send the blood more rapidly through a constricted orifice, and will tend to diminish the amount of regurgitation when the valve is incompetent. The thin walls of the right ventricle, however, readily yield to a distending force; and a frequent consequence of this is regurgitation through the tricuspid orifice, a provision which postpones the occurrence of pulmonary apoplexy.

I think it will be evident from the considerations adduced, that the relations between valvular and associated structural alterations is one of cause and effect; and I am convinced that both will be better understood, and their bearing on prognosis better appreciated, if, instead of looking upon their combinations as valvular disease of altogether uncertain amount, complicated by hypertrophy and dilatation of independent and accidental origin, or the converse, the hypertrophy and dilatation are regarded as the direct results of the valvular affection, and as measuring the degree of mechanical difficulty occasioned by the obstruction or incompetence.

It further seems to me clear that, on the whole, these changes, dilatation as well as hypertrophy, tend to neutralise the mechanical obstruction resulting from the imperfect action of the altered valves, and are thus distinctly conservative.

A valvular murmur, then, accompanied by hypertrophy, or dilatation, or both, is still attended with greater danger than a similar murmur not so accompanied; not, however, because the hypertrophy and dilatation add new elements of danger, but because the valvular change causing the murmur gives rise also to mechanical difficulty of serious character in the one case, and not in the other.

If, in addition to the disease in the valves, there be degeneration of the muscular substance of the heart, the dilatation may be taken as expressing the relation between the mechanical difficulty and the power of the heart to cope with it.

At the point which we have now reached, we may consider the prognosis of those cases in which valvular murmur exists, but without any apparent effects, the health and strength remaining good; and it must be remembered that, in heart-disease especially, prognosis includes not only the signs of approaching evil, but the probabilities of continued immunity.

When with the valvular murmur there is no change in the form or volume of the heart, or derangement of its action, it may be concluded that the valvular mischief is slight and unimportant. If, further, it be known to be of old standing, and to have been caused by acute endocarditis, the probabilities are, that it will not shorten life, will give rise to no symptoms, and have no ill effect whatever on the health. If, on the other hand, the murmur be recent, and have come on late in life, the same hope cannot be held out; it may indicate incipient degenerative change, and the progress of this change will determine the future of the case. Careful observation of the murmur from time to time, and of the state of the heart's walls and cavities, will be required in order to arrive at a safe prognosis.

When the murmur is accompanied by evidence of structural alteration, a cause for this exists in mechanical difficulty occasioned by the change in the valve. The seat and character of this difficulty are to be taken into account, and the order of relative gravity of the different valvular affections must be borne in mind; but we look chiefly to the condition of the walls and cavities. If the amount of change be only moderate, and especially if hypertrophy predominate over dilatation, the patient, subject to the conditions mentioned above respecting the stationary or progressive character of the disease of the valve, may have an indefinite term of life before him, untroubled by cardiac symptoms. But the existence of the hypertrophy shows the valvular lesion to be such as to interfere with the circulation; and it must be remembered that the compensatory arrangement may be easily disturbed. Precautions, therefore, must be taken against occurrences which would throw increased labour on the heart, such as overwork, exposure to cold, etc.; and, if complications arise, the extent of the hypertrophy or dilatation will form an important element in the estimation of the degree of danger, indicating, as it does, a pre-existing injurious tendency.

In addition to the structural condition of the walls and valves of the heart spoken of, there may be indications of its functional condition (the subject being still in the enjoyment of good health), which may be reassuring, or the reverse. It will confirm other favourable signs, if the heart's action be equal, regular, tranquil, and of moderate strength, and not readily excited to palpitation. If, on the other hand, slight causes be sufficient to give rise to hurried and violent action, or if habitually there be any considerable departure from the normal force or regularity, these are further symptoms of the serious character of the affection.

The prognosis becomes more grave with increased amount of structural change, and more especially as dilatation is associated with, or predominates over, hypertrophy; but these conditions, even in an extreme degree, by no means threaten a speedy dissolution, and are not inconsistent with a prolonged and comfortable existence. There is, however, an increased liability to complications from comparatively slight causes; and sooner or later a time arrives when the heart is no longer equal to the work imposed on it, and symptoms of embarrassed circulation arise. These then form the next element of prognosis, and, when well marked, give more definite, though more unfavourable, indications. The period of time at which they follow the occurrence of the valvular lesion is a most important point to be ascertained. The more quickly they supervene, the more serious their significance. When they appear early, they show that the mechanical difficulty caused by the valvular incompetence has been too great for the compensating tendency of the struc-



tural changes, which thus cease to indicate its amount. They are dwelt upon with great force by Dr. Stokes, more particularly as he considers "that the number of cases in which we are warranted in making a special diagnosis of valvular disease is small."<sup>57</sup> We judge of the functional as well as structural condition of the heart by its action as seen, felt, or heard, through the walls of the chest, both habitually and as influenced by various circumstances. We learn the state of the systemic circulation by the pulse, and by examining the veins and capillary circulation; and of the pulmonary circulation, by the degree of dyspnoea, and the readiness with which this is induced. But there may also be present some of the train of cardiac symptoms, uneasy sensation, oppression, or actual pain referred to the heart itself, low spirits and irritability of temper, pulmonary embarrassment in various degrees, from mere shortness of breath up to the terrible paroxysmal dyspnoea termed cardiac asthma, or there may be incipient dropsy. The complications which immediately threaten life are reserved for later consideration.

The heart and pulse are to be observed mainly with a view to the indications of sustained or failing power in the heart, and of sufficient or insufficient supply of blood in the arteries. Speaking generally, if the heart evince vigour without excitement, and a strong heart-beat be not contradicted by a weak pulse-wave, the effect on the circulation has not reached a point attended with immediate danger. But each of the different valvular diseases gives rise to a characteristic modification of the pulse, which must always be taken into consideration. Aortic constriction tends to render the pulse small, with a prolonged wave. Aortic regurgitation is associated with the well known visible and audible collapsing pulse. Mitral regurgitation gives rise to irregularity in force and rhythm both in the action of the heart and in the pulse at the wrist. The degree in which these peculiarities are manifested, especially when traced by the sphygmograph, may assist in estimating the amount of change in the valve; if they be not borne in mind, none but fallacious inferences would be drawn from the pulse in prognosis. When, in aortic obstruction, it becomes fluttering and irregular, and when the characteristic collapsing pulse of regurgitation ceases to be evident and is replaced by a pulse weak and frequent, the heart is failing, and unfavourable symptoms, if not present, may be expected. In mitral regurgitation, there may be extreme irregularity of the pulse; and there may be occasional contractions of the heart, which, from momentary weakness or from want of a sufficient amount of blood in the ventricles, do not reach the wrist, thus causing one kind of intermission. But so long as the arteries are, on the whole, well filled by the systole, the heart retains a degree of vigour, and, in the absence of other unfavourable indications, may be expected to carry on the circulation indefinitely. It is, indeed, astonishing how little trouble may accompany mitral regurgitation, with enlargement of the right ventricle, and an irregular and intermitting pulse; and how long life may last. When it becomes weak, frequent, and fluttering, even though more regular, or when it is altogether uncertain, the imminence of dangerous consequences is great.

The occasional abortive systole referred to is commonly, if not always, the result of varying pressure on a dilated heart in the movements of respiration. In emphysema and bronchitis, the pulse is always weaker during the laboured inspiration, and stronger during the forcible expiration, as pressure is applied to, or withdrawn from, the heart; and a sus-

tained powerful inspiration will in any person cause the pulse to be for the moment slow and feeble; but, when the heart is dilated and weak, it feels the effects even of ordinary respiratory movements, and frequently to such an extent that a systole corresponding with commencing inspiration, or with the respiratory pause, is so far neutralised by the removal of pressure as to fail in propelling the blood into the remote arteries; or, as it has seemed to me, the expansion of the chest has acted rather on the thin-walled left auricle, preventing the blood from entering the ventricle.

To return to our subject: whatever the structural condition of the heart and its habitual action may be, if it be liable to excitement from slight and varied causes, such as a little exertion, change of posture, moderate emotion, the taking of food or stimulants, this is an unfavourable sign.

Fulness of the veins indicates obstruction to the entry of blood into the right side of the heart; and this again usually implies obstruction to the pulmonary circulation. Pulsation in the large veins of the neck is the most reliable sign of tricuspid regurgitation—the last in the chain of consequences tending to dropsy.

In the state of the capillaries, we find most unmistakable evidence of an obstructed or stagnating circulation. The face congested in different degrees, the cheeks of a deep or dark red, or approaching to purple in hue, with blueness of the lips and lividity of the nose; or the face may have a dusky pallor, the nose being cold and livid. The extremities, again, may be cold and purple; the colour returning slowly after pressure. It is not necessary to go fully into the signs of sluggish capillary circulation, or to point out their significance. They belong in their marked form to a late stage of the disease, and their prognostic import is not to be mistaken.

The symptoms of secondary respiratory embarrassment are of every degree of intensity, and belong to every stage of valvular affections. Shortness of breath on exertion, and especially in walking up-hill or against the wind, is common to all heart-disease; and, except when experienced in an extreme degree, is not a very serious indication. It is simply an exaggeration of what occurs to every one taking violent exercise. The simultaneous pressure on the veins by all the muscles of the body at first brings the blood to the right side of the heart faster than it can be sent through the lungs and aerated—whence the panting. If the exertion be begun gradually, or be persevered with in spite of the dyspnoea, the circulation is equalised, and we "regain our wind". In valvular disease, this takes place with greater difficulty; but commonly, except in some cases, by starting gently and not giving in to the early dyspnoea, a sufferer from this may be equal to considerable exertion or sometimes even to severe manual labour. Shortness of breath to this degree is one of the symptoms often complained of for years without marked increase; and sufferers from it may have become so habituated to it, as to be unconscious of a condition of dyspnoea which at once attracts the attention of the physician. Frequently, however, "shortness of breath" and "want of breath", as it is often expressed by patients, becomes a most distressing symptom. The sufferer may have to stop and pant a score of times in walking one hundred yards; he may be unable to lie down; and may have paroxysms of breathlessness without assignable cause. In this case, the derangement of the pulmonary circulation is greater and danger imminent. Habitual cough, persistent bronchitis with watery expectoration, occasional oedema of the lungs, are signs that the obstruction is having its effect on the pulmonary



structures, and premonition of what may be expected on the slightest occasion.

Commencing dropsy, which will most commonly be associated with, or preceded by, evidences of pulmonary obstruction, is a serious symptom, but of very different import in different cases. This, however, will be more fully entered into later.

It is not necessary to dwell on other symptoms, such as sleeplessness, or sleep broken by dreams, low spirits, anxiety, irritability, apprehension, which, while adding to the patient's sufferings and helping to wear out his strength, teach nothing in regard to prognosis not already known by surer signs. A careful study of the countenance cannot, however, be too strongly recommended. By certain indefinable tokens, with which we soon become familiar, we may often go in advance of more positive indications.

As to complications other than those in the lungs, whether secondary to the impeded circulation or originating in the organ affected, in the liver, gastrointestinal tract, or kidneys, each must be set down as an unfavourable note. Most serious is renal disease, which at the same time deteriorates the blood, and imposes on the heart additional mechanical labour by obstruction in the systemic capillaries. The conjunction of cardiac and renal affections is most ominous.

If the existence of adhesion of the pericardium can be satisfactorily made out, it must be looked upon as adding to the danger of the case; but this will probably be indicated by symptoms of cardiac difficulty.

[To be continued.]

## Reports of Societies.

### OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, JUNE 6TH, 1866.

ROBERT BARNES, M.D., President, in the Chair.

SEVEN gentlemen were elected Fellows of the above Society.

*Specimen.* Dr. GREENHALGH exhibited several specimens of medicated cotton wool, which had been recently made at his suggestion by Messrs. Bell and Co., of Oxford Street. He used them chiefly for application to the neck of the uterus and vagina. Being prepared with glycerine, they could be used much stronger, and applied for a longer period, and are much cleaner than the greasy pessaries and suppositories in ordinary use. The specimens exhibited consisted of cotton wool with iodine and iodide of potassium; with atropine; with morphia; with iron and morphia; with tannin; and with matico. He had pursued the following mode of application: a portion, about the size of a half-crown piece, secured by a piece of thread, is applied through the speculum to the affected part, over which a larger piece of cotton wool, similarly secured, and freely saturated in glycerine, is to be placed, and retained *in situ* from twelve to twenty-four hours, when it can be withdrawn by the threads either by the patient or practitioner.

Dr. WYNN WILLIAMS exhibited a specimen of a large abdominal cyst, which he had removed from an unmarried female, 40 years of age. The case had been supposed to be one of ovarian disease, and a month previous to the operation seventeen quarts of fluid had been withdrawn by tapping. Death unfortunately took place twenty-four hours after the removal of the mass; and a *post mortem* examination showed that the tumour had no pedicle, and was un-

connected with the uterus or its appendages. The specimen being of an exceedingly interesting nature, it was referred to a committee for further investigation, and a report thereon.

Dr. SANSOM exhibited an Uterine and Vaginal Douche.

Dr. GRAILY HEWITT exhibited a specimen of Uterus during Menstruation; also a coloured drawing of the specimen while in a recent state. The specimen exhibited very perfectly the condition of the uterus during menstruation. One ovary contained a Graafian follicle quite recently ruptured. The subject of the case was a girl, aged 15, who died forty-eight hours after being severely burnt.

Dr. J. BRAXTON HICKS exhibited some Sticks of Anhydrous Sulphate of Zinc, which he recommended to the notice of the Society, having himself found them very useful and safe in the treatment of those conditions of the canal of the cervix uteri requiring styptics: such as produced cervical leucorrhoea, menorrhagia, etc. He considered that they were much more efficacious than fluid injections, because the stick could be allowed to remain in the canal, whereby a much more prolonged contact was obtained. They were made for him by Johnson and Sons, Basinghall Street, City.

### MENSTRUATION IN PREGNANCY. BY GRAILY HEWITT, M.D.

The following case was related illustrative of the occurrence of menstruation in pregnancy, and as a contribution to the knowledge of this subject. A B., aged upwards of 30, had several pregnancies. The last child was born June 23rd, 1865; suckled one month. The catamenia appeared from Sept. 15th to 25th; in October they were absent; on Nov. 7th she had a discharge of blood, with slight watery discharge, alternating for a week. Dec. 7th, she was "poorly," as usual, for six days. January 8th, 1866, she felt quickening. March 1st, pregnancy was distinctly diagnosed. Delivery of a female child, apparently about a fortnight short of full time, took place on May 17th. The author considered it probable in this case that there was a twin conception, one ovum perishing and giving rise to the flooding observed in November. It might be that some other cases of apparent menstruation in pregnancy have a similar source; but in regard to the majority of the cases of menstruation in pregnancy, and excluding cases of irregular hæmorrhage, he believed the source of the blood to be the decidua vera, as in ordinary menstruations, the unusual condition in such cases being the absence of adhesion of the two membranes, the decidua vera and decidua reflexa. The decidua chamber may, in other words, persist to a later period than usual, in which case there is no difficulty in accounting for the exudation of blood from within it, and its appearance externally.

### ON ANÆSTHESIA BY MIXED VAPOURS. BY ROBERT ELLIS, ESQ.

In opening this subject Mr. ELLIS said it would be taken for granted that the administration of mixed anæsthetic vapours possessed certain advantages over that of pure chloroform, counteracting the depression produced by the latter agent, and giving great security to the anæsthetic art. But the difficulty consisted in the due application of these vapours, and up to this time the anæsthetic fluids had been simply mixed together, and their resulting vapours administered. It was then shown that the whole theory of anæsthetic mixtures, and especially of those recommended by the Chloroform Committee, was based on an error; this being the idea that the vapours of each fluid would rise from the mixture in



the same proportions as those of its constituents. A large number of experiments were detailed, the object of which was to prove in the clearest possible manner that this notion was wrong from the commencement. Anæsthetic mixtures were shown to give off their respective constituents in vapour as nearly as possible in the order indicated by their boiling points. Thus ether came off in largest quantity, and alcohol in the least; and it was found that it was not possible to construct any formula for an anæsthetic mixture which would give off a definite and unvarying constitution of vapour from first to last. The patient consequently would be inhaling a mixture of vapours of different character at each moment of evaporation, and no reliance could thus be placed upon these compounds. The author, therefore, denounced the whole practice and theory of anæsthetic mixtures in the fluid form as uncertain in their effects, and not to be depended upon for practical employment. Mr. Ellis, however, believing in the great value of a true system of anæsthesia by mixed vapours, was led to the discovery of a simple means by which this anæsthetic method might be carried out in practice. In the instruments exhibited to the Society the following principles were carried out:—

1. The anæsthetic fluids were evaporated in distinct and separate chambers, and their vapours were combined in an air-chamber on their way into the lungs,

2. The proportions of each vapour were regulated by a most simple mechanical contrivance.

3. It was impossible to give an over-dose of either ether or chloroform in consequence of the peculiar adjustment of the receptacles for those fluids.

Without entering into the details of construction of these inhalers, the author drew attention to two very important features in his invention, which he believed likely to influence for good all future forms of chloroform instruments. The first of these was the method of only liberating a certain number of minims per minute of chloroform or ether. This was effected by an adaptation of the self-acting law of capillary attraction. And the other was the powerful evaporating surface of a frilled description, by which he could saturate the inspired air with the powerfully stimulant vapour of alcohol. He estimated at a high rate the value and importance of these adjustments, and invited the close attention of the meeting to their excellent performance. The fluids employed by the author were pure chloroform, ether, and alcohol; and so great was their economy of use that, in anæsthesia for such an operation as ovariectomy, extending over half an hour, scarcely two drachms of chloroform were used—an allowance of less than four minims per minute, or only three quarters per cent. of chloroform in the inspired air. In midwifery practice, in which the author claimed for his system many special advantages, he seldom used more than from sixty to ninety minims of chloroform per hour.

Dr. Sansom thought the observations of the author most valuable, as urging upon the attention of the profession the necessity of a proper dilution of chloroform. From his own experience he was assured that by the ordinary rough means adopted to administer chloroform it was common to allow an atmosphere of from ten to thirteen per cent. to be inspired. Dr. Sansom explained his theory of narcotism, especially the action of narcotics upon the calibre of the arteries. A typical anæsthetic would be one which would not, on the one hand, like chloroform, rapidly abrogate the functions of the sympathetic and paralyse the heart, nor, on the other hand, "over stimulate"—i.e., by contracting the arteries, throw a large volume of blood upon

the venous system. Chloroform acted best when freely diluted, but, unlike the author, Dr. Sansom considered that this dilution could be effected without special apparatus. Ether was ineffectual for dilution, because, from its volatility, it nearly all evaporated away from its mixture with chloroform; and its excitant as well as nauseating properties were objectionable. But from great numbers of experiments (many of which Dr. Sansom detailed), he was convinced that in chloroform diluted with an equal bulk of absolute alcohol we have an excellent anæsthetic, which gives off a proportion of chloroform vapour in a given time, almost exactly half of that which is given off by chloroform pure and simple. As to Mr. Ellis's instrument, though most ingenious, he thought, as anæsthetics were for the many and not for the few, we should recommend such a process as will render anæsthesia safe, and be encumbered as little as possible with mechanical complications.

Mr. Ellis, in reply, stated that he could scarcely sufficiently forcibly dwell on the fact that the fluid anæsthetic mixtures gave off uncertain and varying compositions of vapour—a fact clearly demonstrated by many of the experiments he had detailed, and that, therefore, they were not to be relied upon. Especially in midwifery practice this grave error, in consequence of the duration of inhalation, was most manifested. He could by no means agree in the remarks of Dr. Sansom as to administering as high a per centage of chloroform as four per cent. He was, by his system, perfectly well able to obtain speedy, and to sustain prolonged, anæsthesia with an allowance of barely one per cent., the security and well-doing of the patient being, in his opinion, in exact proportion to the diminution of the dose of chloroform. The vapours of ether and alcohol mixed with it seemed in an extraordinary manner to enhance the activity of the chloroform, and safely to sustain its force. He begged in conclusion, to exhibit to the Society a perfectly new form of his inhaler. This instrument he had especially designed for his use in midwifery. It was simple in construction, and of equal safety in use with the more powerful inhaler. Its principal feature was a beautiful little reservoir for chloroform, which, acting on the principle already alluded to, dropped that fluid over an evaporating surface, at any rate per cent. desired by the operator. The instrument was thus effectually protected against an overdose.

#### AN EXAMINATION OF CERTAIN UTERINE AFFECTIONS IN THEIR RELATION TO PHTHISIS PULMONALIS; WITH CASES. BY R. BATTYE, M.D.

The author's attention to this subject had extended over fourteen years, during which time he had collected numerous examples of various forms of uterine leucorrhœa coexisting with affections of the lungs. He brought eleven cases before the Society, minutely describing the symptoms and termination of each. As soon as the leucorrhœa was cured or relieved, the chest-symptoms also either entirely disappear or lessened in extent and force. He strongly urged early special attention during the treatment of phthisis to uterine discharges when present, as such caused a constant drain on the constitution. As to treatment, he seldom used local remedies, but trusted to acids, vegetable bitters, and cod-liver oil. The salts of iron were found by him to be very valuable in the chronic forms, having a special effect on the lung condition as well as on the uterine discharge.



## ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JUNE 12TH, 1866.

P. BLACK, M.D., Vice-President, in the Chair.

## ON ATROPHY OR DEGENERATION OF THE MUSCLES OF THE UPPER AND LOWER EXTREMITIES FROM DISEASE OF THE SPINAL CORD.

BY GEORGE LEWIS COOPER, F.R.C.S.

J. J., aged 41, married, (no family) was much exposed to the weather in his daily occupation; at the same time he had been a man of intemperate habits, and the subject of a long chronic cough. He was admitted under the care of the author at the Bloomsbury Dispensary on Feb. 14th, and died on the 26th. He suffered from complete paralysis of the upper and lower extremities, with atrophy of the muscles of these parts. The symptoms were slow, but progressive. They commenced in the hands and feet, and extended to the arms and legs, and ended in total paralysis. His cough was severe, with purulent expectoration, to the time of his death, which took place on Feb. 26th. The *post mortem* examination showed much distension of the coverings of the cord from fluid, with congestion of the pia mater in the cervical region, and considerable softening in the substance of the white columns. At the commencement of the lower third in the dorsal region the central grey substance contained a large dilated vessel on each side, surrounded by extravasated blood corpuscles; and the extremities of the posterior cornua were highly vascular, as also in certain parts of the grey substance there were patches of extravasated blood.

## VITILIGOIDEA PLANA ET TUBEROSA.

BY F. W. PAVY, M.D.

Dr. PAVY exhibited a patient from Guy's Hospital, the subject of Vitiligoidea Plana et Tuberosa. He remarked that this disease had been first described by Drs. Addison and Gull in the *Guy's Hospital Reports* for 1851. In their communication they stated that the affection they were describing occurred either as tubercles, varying from the size of a pin's head to that of a large pea, isolated or confluent, (vitiligoidea tuberosa); or, secondly, as yellowish patches of irregular outline, slightly elevated and with but little hardness (vitiligoidea plana.) Either of these forms, they further stated, might occur separately, or the two might be combined in the same individual. The case before the fellows of the Society was an exceedingly well marked one, and one in which the combination of the two forms occurred. The patient, a female, aged thirty-nine, three years ago became the subject of jaundice, which lasted for ten months. She was then free from it for about two months. It afterwards reappeared, and had continued up to the present time. About a year and a half ago she experienced a sensation of great itching and stinging in her skin, and after this the eruption that now existed began to appear, and gradually reached its present state. It was not so perceptible by night, but she was pretty deeply jaundiced of an olive colour by day; and in association with the jaundice it was to be remarked that a large and tender swelling, evidently connected with the liver, was to be felt in the right hypochondriac region. Completely encircling each eye, and extending for a space of from half to three-quarters of an inch in breadth, was a patch of an opaque yellowish colour, and slightly elevated above the surrounding skin. Upon the ears there were a number of tubercles, looking certainly to the eye like sebaceous tumours.

Similar tubercles also existed upon the backs of the hands and arms, and also on the back and nates. Upon the palms of the hands and palmar aspect of the fingers there was a patchy and diffused cream-coloured deposit in the skin. This disease, Dr. Pavy observed, had been recently considered by some as a disease of a sebaceous character. It was so regarded in Hebra's work on skin diseases, which is being translated by Dr. Fagge for the Sydenham Society. In Neligan's work, published in 1866, it had been spoken of as a form of acne, and called "steat-rhœa flavescens." It was a point of interest, Dr. Pavy considered, to determine the precise nature of the affection, and he had had a tubercle removed from the back of the little finger for microscopic examination. The deposit pervaded the true skin and occurred in little nodular masses beneath. These were exceedingly tough, and consisted of fibrous tissue. On being squeezed between the forceps an opalescent juice exuded, which was found to contain a large number of fat granules. The cuticle was not involved in the affection. Independently of the result of minute examination, against its being a sebaceous disease, was the fact that it occurred, and in a marked manner, on the palmar aspect of the hands where no sebaceous glands existed.

Dr. Pavy also exhibited another patient from Guy's Hospital suffering likewise from a peculiar form of skin disease. The subject of it was a feeble, sickly-looking woman, twenty-five years of age. She belonged to a family in which there was a history of both scrofula and carcinoma. Upon the fingers and hands were some scar-like looking spots of a blueish white colour, which had been gradually appearing since March last. There were also spots of a somewhat similar character on the outer side of the anus. They came without any previous sore or ulceration. They might be said also to look as though the skin had been seared by the application of a hot iron. Dr. Pavy was open to the suggestions of the fellows present, but he had regarded the case himself as an early stage of the disease which had been described by Dr. Addison in the thirty-seventh volume of the *Medico-Chirurgical Transactions* under the name of "true keloid." This now went by the name of "keloid of Addison" in contradistinction to the keloid which had been described by Alibert, and which was altogether a different disease, consisting as it did of raised tumours with claw-like prolongations instead of cicatrix-looking spots.

THE UNIVERSITY OF EDINBURGH. "I apprehend," says Professor Christison, "that there can be no doubt of the success of this University having been most extraordinary. From the time when it was established by the first Monro, in 1720, no material change has taken place in its organisation, except that the Chairs of Botany and Materia Medica were separated in 1768; and that twenty-one years earlier, in 1747, the important addition was made of clinical instruction, which, by the way, was nowhere else introduced in Britain till nearly a century afterwards. From 1768 to 1825 there were only six professorships in the Medical Faculty, which now consists of twice that number. During a period of fully one hundred years the concourse of students increased steadily, till it reached, in 1823, the number of 900. The medical graduates, of whom there was only one in 1726, and not another till 1730, rose to 12 in 1750, 22 in 1775, 50 in 1800, and 120 in 1820. They came from all parts of the British dominions, as well as from some foreign countries. In 1792 the list was made up of almost equal numbers from Scotland, England, Ireland, and the United States, with a less proportion from the West Indies."



*We are requested to remind members of the Association that the Annual Subscriptions became due on the 1st of January. They can be paid either to the Secretaries of the Branches; or to the General Secretary, T. Watkin Williams, Esq., 13, Newhall Street, Birmingham.*

## British Medical Journal.

SATURDAY, AUGUST 25TH, 1866.

### THE CHESTER MEETING.

THE last and the present numbers of the JOURNAL have given a complete account of the proceedings of the Thirty-fourth Annual Meeting of the British Medical Association. Following our ordinary custom, we shall in this place briefly summarise and comment on some of the more salient points.

The meeting will long be memorable in the annals of the Association. As far as success went, there was every reason for congratulation. The meeting was well attended; there was enough and to spare of intellectual food of the highest nutritive quality; the welcome of the members resident in Chester to their brethren who came from a distance was most cordial; the Report of the Council shewed the Association to be in a flourishing condition in its pecuniary matters, and to have achieved an important share of the work which it had undertaken for the professional and public good. The past of the Association during the year, in fact, gave every reason for hope in the future. But the meeting was held under circumstances, peculiar and painful—which, in part, can never again occur, but which must through many years leave their traces at our annual gatherings. For the first time in its history, the Association was not cheered by the presence and animated by the voice of its Founder. That excellent man, to whom the prosperity of the Association was as his own life, and who, almost with his latest articulate words, sent his greetings to those whom he never hoped to meet again, had been but the day before the meeting committed to the grave. Most natural and fitting it was, then, that the Council should with one mind determine to suspend the ordinary course of business in opening the meeting, in order that the Retiring President, and Mr. Carden, as the faithful friend and medical attendant of Sir Charles Hastings, might submit for adoption by the members a form of words expressive of their feelings on the occasion; which motion, having been supported by Dr. Richardson in a few earnest words,

was by the unanimous vote of the members placed on the records of the Association.

Nor was this vote of regret at the death of Sir Charles Hastings the only means taken of shewing respect to his memory. Later in the proceedings, a resolution was brought forward and unanimously adopted, that a sum of money should be raised by voluntary subscription among the members of the Association, the interest whereof should be applied to the augmentation in value of the Hastings medal. This medal, it is proposed, is now to be open to the profession in all countries, and is to be accompanied with a sum of money—which, we hope, will be worthy of the Association and of his memory whose name and effigy the medal bears. The Association, too, also adopted the unprecedented—but on this occasion justifiable—course of suspending its laws for the purpose of electing as an Honorary Member Mr. George W. Hastings, the son of Sir Charles. The laws of the Association limit the honorary membership to members of the medical profession; and therefore, under the circumstances, Mr. Hastings, as a barrister, would be excluded. But his important services as Secretary of the Social Science Association, the valuable aid which for several years he gave the Association in the matter of Medical Reform, and, perhaps, above all these, his near relationship to the revered Founder of the Association, formed ample grounds for the course which the meeting followed.

The death of Sir Charles Hastings rendered two offices vacant, which many years since were conferred on him for life—those of President of the Council and Treasurer. As President, the Council elected Dr. Sibson of London; and as Treasurer, the Association unanimously chose Dr. Falconer of Bath. Of the high qualifications of both these gentlemen for the offices to which they have been appointed, the votes of their brethren are a better proof than anything that we can say. Of Dr. Sibson, combining, as was well observed at the meeting, the *suaviter in modo* with the *fortiter in re*, we are sure that he will do his best to follow worthily in the course of his predecessor—and more we can expect from no one. The choice of Dr. Falconer as Treasurer was in the highest degree judicious. As an honourable and courteous gentleman, and, above all, a thoroughly clear-headed and well-trained man of business, it would be very difficult to find in the Association Dr. Falconer's superior, if indeed we might find an equal.

For next year, there is a great treat in store for the Association—a visit to Dublin. From this great city, cordial invitations were sent to the Association by the leading medical bodies—the two Colleges and the University. The invitation was as cordially accepted as given; and Dr. Stokes, whose name is a guarantee of success, was chosen as President-elect.



We rejoice at the prospect of a meeting in Dublin under such auspices; and believe firmly that it will lead to an increase and strengthening of the Association.

The proposed Charter of the Association was brought forward and adopted; but, a discussion having been raised on the subject, the motion was ultimately rescinded, and the Charter still remains for consideration at another meeting of the Association.

The meeting was honored by the presence of the accredited representative of a great institution having objects similar to our own—the American Medical Association. Dr. C. Cox, Lieutenant-Governor of Maryland, having presented a credential duly signed by the President of the American Association, was introduced to the meeting, and heartily welcomed. An opportunity having been afforded him, he addressed the members in a speech full of good feeling, which is given at another page. What he said—especially his remarks on the public medical services in the two countries—will go very far to shew the workers in our Association that there are those at a distance who have the same evils to remove, and the same benefits to promote. We feel assured, that the visit of Lieutenant-Governor Cox to the meeting at Chester, the sincere welcome which he met with, and his hearty expressions of good will on the part of himself and his American brethren, will help to unite the profession in the two countries.

Of the Addresses in Medicine and Surgery, delivered by Dr. Hughes Bennett and Mr. Bowman, we cannot say enough in praise; and therefore, knowing that we shall fail in any attempt at laudation, we say nothing but this: that any one of our members who does not read them misses an intellectual treat, and an opportunity of moral as well as scientific improvement, which does not fall to his lot every day of his life.

As we have already observed, the supply of papers was more than sufficient; and in several instances the reading of the papers was followed by interesting discussions—a practice which we are glad to see on the increase. Dr. Rutherford of Edinburgh exhibited a very ingenious instrument called the Myographion, for measuring the rapidity of the nerve-current; and Mr. C. Heath gave demonstrations of the Endoscope. Mr. Spencer Wells, also, gave the members an opportunity of witnessing the performance of that operation with which his name, as that of a judicious and successful surgeon, is inseparably connected.

For any further details, our readers must consult the reports which appear in other pages. They will agree with us that, from beginning to end, the Chester meeting was thoroughly successful.

## THE TREATMENT OF CHOLERA AND CHOLERAIC DIARRHŒA.

In the last number of the *Lancet* there are some interesting Notes on the Treatment of 123 Cases of Cholera in the Liverpool Parish Infirmary, by Dr. M'Cloy. Various plans of treatment were tried. The earlier cases were treated by stimulants, opiat's, and astringents; and, although the treatment was commenced during the diarrhœa stage, the symptoms of collapse rapidly set in, and the disease was quickly fatal. Then the camphor treatment was tried. Some were treated by the application of ice to the spine; and others had what is called a "mixed treatment", including the use of astringents, sedatives, stimulants, ice, ice-water, the hypodermic use of morphia, hydrocyanic acid, strychnine, and camphor. Up to July 26th, there were fifty-six entries. Of these, five were moribund on admission, leaving fifty-one, who were treated with the following results.

Cases.	Mode of Treatment.	Deaths.
5	Moribund on admission .....	5
19	Camphor (Rubini plan) .....	13
7	Ice to spine, ice-water .....	7
25	Mixed treatment .....	13
—	—	—
56	—	38

"On the evening of the 26th, the castor-oil treatment was first ventured on, as a sort of forlorn hope." The history of the first case thus treated is given. It was a case of extreme collapse, "undoubtedly one of the worst cases admitted into the hospital. The recovery was looked upon as miraculous." Dr. M'Cloy says:

"I could give ten or twelve other cases quite as bad as this, which ultimately recovered under the eliminative treatment. Since the 26th July, there have been sixty-seven cases admitted, with the following results.

Cases.	Mode of Treatment.	Deaths.
11	Moribund on admission .....	11
2	Internal use of strychnine .....	2
4	Astringent and stimulant .....	4
50	Eliminative.....	17
—	—	—
67	—	34

"The method of administration of the castor-oil was, in the majority of cases, that advised by Dr. Johnson in his work on *Epidemic Diarrhœa and Cholera*."

Dr. M'Cloy goes on to say:

"I observe in the *Pall Mall Gazette* of August 4th a statement to the following effect: 'The cholera at Liverpool is evidently subsiding; and, as usually happens at such a time, the larger proportion of recoveries is attributed to the mode of treatment, castor-oil having been substituted for camphor and ice.' Now, exactly the opposite of this is the case. The disease is not subsiding; choleraic diarrhœa is increasing rapidly, and the cholera type is more severe. It cannot be said that the cases treated on the eliminative plan were milder in character than those treated by camphor, astringents, or ice; for, so far from this being the case, I can most unhesitatingly affirm that they were not only more severe in char-



racter, but were not, as a rule, prescribed for until collapse had for some time set in. Of the seventeen deaths, two occurred from pneumonia during convalescence; two were cases which had been discharged cured, and were suddenly seized with a relapse; and nine were cases in which there was no radial pulsation, and in which neither emesis nor purgation could be produced."

In conclusion, Dr. McCloy says:

"The eliminative treatment has been most successful. It has been a success which those only who have seen and compared the relative severity of the cases can appreciate—a success which statistics cannot show."

In the same number of the *Lancet*, there is the following report of cases of diarrhoea treated at the Bloomsbury Dispensary.

"The astringent mode of treating recent cases of diarrhoea, as sanctioned by high medical authority, is still very much in vogue; but a plan of treatment of a directly opposite kind has been carried out by Mr. Spencer Ferris at the Bloomsbury Dispensary, which Dr. Pidduck, the physician to the charity, has found successful in several former epidemics. The method is as follows. If the diarrhoea be urgent, the patient is directed to go to bed and take a basin of warm broth; then take a pill of half a grain of calomel and three grains of rhubarb, followed in two hours by half an ounce of castor-oil. If next day the purging continues, a slightly astringent mixture is given; but it will be seen that this was necessary in only a small number of cases.

"The following is the result of the treatment of 201 cases of diarrhoea treated by the above eliminant plan during the present epidemic, between July 29th and August 13th. One hundred and fifty-nine cases were treated with the broth, pill, and oil, of whom five only returned and had astringent mixture, and then all were cured. Nine of these cases had been treated by astringents at other institutions, in several cases two or three times, without the diarrhoea stopping. One man had been ill a week, and unable to work, and took astringents the whole time; after the above eliminant treatment, he went to work next day quite well. A woman had had diarrhoea for seven weeks, several times stopped by astringents, but returning again and again. Another woman had been purged badly for a week, and had taken two bottles of sulphuric acid and opium mixture with no effect; she was in bed, in great pain, and worn out with purging; the next day, she was up, and only complained of weakness. A child had had astringent medicine at two different hospitals; and five came with symptoms of bilious fever after diarrhoea stopped with astringents, and one with jaundice. Fifteen cases, mostly children, were treated with magnesia and rhubarb mixture, of whom two returned (both teething) and had astringent mixture. Five cases were thus treated from the first, having had diarrhoea for some time; two required it twice, and another three times. The astringent used in all cases was simply ten minims of tincture of opium and one ounce of decoction of logwood every three hours for adults, and a proportionate dose for children. Twenty-two cases were treated with coloured mint-water, of whom two only returned; one then had broth, pill, and oil, and the other astringent mixture, and were cured. One of these also had astringents at a hospital before coming here.

"No deaths resulted in the above 201 cases. Only one case returned a third time, and twelve a second time."

## CHOLERA AND IMPURE WATER

"UNCLEAN water cannot be consumed with impunity; its consumption is the sin of which cholera is the punishment." So says the Registrar-General; and he illustrates his position by demonstrating that the great mortality which has lately fallen upon the eastern districts of London has been associated with the supply of water by one particular company. "By the doctrine of chances," says this authority, "it is impossible that the coincidence between this particular water and the high mortality should be fortuitous in one hundred and thirty-five subdistricts during six weeks in succession." This statement seems to show indisputably that the drinking of contaminated water is an influential provocator of cholera. There are some pathologists who love to speculate about "telluric influences", and "blue mists", and other mysterious agencies; while they obstinately deny the existence of a material poison as an essential cause of choleraic disease. Perhaps they will now admit that we have very probably in the consumption of foul water, and especially of water contaminated by sewage, a sufficient provocator cause of the disease. It cannot surely be doubted that diluted sewage is a veritable poison, or that the ferment, if so it be, when taken into the alimentary canal, will rapidly enter and contaminate the blood.

This fact has also a bearing upon the question of treatment. Dr. Johnson will say that the days of the opiate and the stimulant treatment are now numbered. This treatment, originally suggested, as he asserts, by an erroneous pathology, and continued in spite of its frequent failure, will no longer be able to hold its ground. It is upset, in his view, by our more accurate knowledge of the essential causes of choleraic disease, by a better pathology, and by the rapidly cumulative evidence as to the comparative success of the opposite or evacuant mode of treatment. Certainly it seems probable that, if a patient should learn that his nausea and vomiting and purging are provoked by imbibition of a poisonous dose of sewage, it will be difficult to persuade him that he who would directly repress these conservative efforts is a friendly helper.

In this matter of the treatment of cholera, we as a profession are on our trial before the world; and the sooner we abandon defenceless positions, the less will be the discredit which we shall unjustly incur by our past unavoidable mistakes.

If what we have heard be correct, the late election of Councillors of the College of Surgeons has already begun to bear good fruit. The first note which proclaims the downfall of the system has been sounded. The Council last week, it is said, were called upon to express their opinion as to putting an end to the system of making the Examinerships of



the College life appointments. And the Council replied by passing a resolution to the effect that in their opinion no Fellow ought to hold the office for more than ten years; that is, ought not to be elected more than twice. We need hardly add that, after such a vote, no Examiner can ever hope to renew his term of office for a third quinquennial period. Our own opinion, as so often expressed in these pages, is, that no one ought to hold the Examinership for more than five years; and we have no doubt that the Council, who have at length commenced a new era in the management of the College, will, on further consideration, advance another step in the direction of liberality and fair-play, and then another, until at last they have done that justice to the College, and to themselves, which we have been so many years calling upon them to do. Were we wrong in inviting Fellows to support candidates for office whose entrance into the Council is inaugurated by such action as this? The stone has been moved; and we will defy the retrogradists of the Council to arrest its roll. The force which has been let loose with it will assuredly overwhelm those who stand in the way and endeavour to arrest its progress.

We quite agree with a contemporary, that it is very much to be regretted that so many members of our profession should discuss the treatment of cholera in the *Times*. The subject is there addressed to an audience who are incapable of appreciating the merits of the case. Professional opinion assuredly should be led and guided only by professional criticism. Public opinion cannot fail to be misguided by professional discussions of the kind here alluded to. And no one who has read the correspondence alluded to can imagine that our profession has been thereby elevated in the opinion of men whose opinion is worth caring about. Every way the proceeding is most objectionable.

THE death of M. Gibert, as well as of Dr. Chaussier, from cholera is announced.

The Medical Congress, which was to have met at Strasbourg on the 27th instant, is adjourned on account of the war and the cholera.

Professor Bennett of Edinburgh, M. Lebert of Breslau, and M. Huss of Copenhagen, were proposed by the Commission for the honour of foreign correspondent of the French Academy of Medicine. The choice fell upon M. Lebert.

In the Report on recent Epidemics made to the Paris Medical Society, it was remarked that the cholera was frequently unattended by any premonitory signs. At the Maison de Santé, M. Bourdon observed many sudden cases, and in persons who had had no premonitory diarrhoea. At Hôtel Dieu, says M. Horteloup, premonitory diarrhoea was absent in more in half the cases. In a large number of his patients, M. Moutard-Moulin observed that the cholera arose without any premonitory signs.

## THE CHOLERA.

THE weekly return of deaths in London up to Saturday last shows a decrease in the whole number of deaths, as compared with the previous week, of 500. The deaths from cholera for the last six weeks have been—32, 346, 904, 1053, 781, and 453; and from diarrhoea, 150, 221, 349, 354, 264, and 194. The fatalities in the west have been highest in Kensington and lowest in St. James's, Westminster, the scene formerly of the Broad Street pump mortality. In the southern districts, the mortality has not exceeded three per 1000, and even at Greenwich, where Mr. Glaisher observed the famous blue mist, it is not higher. Those southern districts most affected lie low, are generally poor, and were decimated by cholera in the epidemics of 1849 and 1854, whereon the impure water of the tidal Thames was distributed; but as they have almost entirely escaped this attack, it is remarked that they are now supplied with water drawn above Teddington Lock from the Thames. The water, in a more remarkable degree, appears connected with the awful fatality in the eastern districts. The returns for Sunday and Monday together showed that in the two days there were 70 deaths from cholera, or 35 for each day, and 25 from diarrhoea, or 14½; but the deaths on Tuesday were, from cholera 51, and from diarrhoea 27, or an increase from both forms of the disease of 34 over each of the two previous days. The deaths for seven days have been as follows. Cholera—Wednesday 61, Thursday 64, Friday 60, Saturday 51, Sunday and Monday 70, Tuesday last 51. Diarrhoea—32, 40, 25, 23, 29, and 27. Divided into districts, they are—Cholera: west 0, north 2, central 9, east 44, and south 5. Diarrhoea: west 2, north 3, central 2, east 11, and south 9. The Registrar-General "regrets to learn that some of the local authorities are proposing to discontinue house to house visitation and other wise precautions, which cannot be done without peril."

On the question of the comparative immunity of the Jews from cholera some important facts are gathered from the official returns of the Jewish Board for the relief of the poor of that religion. Twenty undoubted cases of cholera had come under their supervision, and had been treated by their medical officer. Of these twenty cases, ten had terminated fatally.

If the cholera does nothing else for us, it will probably quicken the action of law-makers in the matter of river-poisoning. After a certain number of years, the British public will open its eyes to the astonishing fact that water has a tendency to flow downwards, and that it carries with it whatever solid or liquid abominations are committed to its embrace. Putting together these two surprising peculiarities in the nature of water, and combining with them the fact that the contents of a common sewer are not wholesome, the national intelligence will some day pass Acts of Parliament forbidding the defilement of all running streams; and these Acts will be occasionally enforced. A decision has just been given in Scotland by which the river North Esk is to be for the future freed from pollution. But then the protectors of its purity were nothing less than a duke, a viscount, and a baronet; and even they have been about five-and-twenty years in compelling certain paper-makers to abstain from emptying torrents of deleterious matter into their pleasant river. Here in England we cannot expect to have the cause of life and health taken up by Buccleuchs and Melvilles and Drummonds for their own special interest; and therefore our chief hope lies in the excitement to action



produced by the pestilence now spreading around us. (*Pall Mall Gazette*.)

In Berlin, up to noon of July 30th last, the seizures had been 4616. From that date to August 6th, the daily numbers of cases and deaths respectively were—111, 32; 128, (?); 102, 34; 79, 31; 53, 17; 98, 40. The total of cases to Aug. 6th were 5313; of which 739 recovered, 2895 died, and 1679 remained under treatment. Thus, within the last week, the disease has considerably abated. It is worthy of note that neither the celebration of the return of the King, by which so many thousands were induced to move about the streets up to a late hour of night, nor the great popular festival which took place on Sunday at Treptow, close to the River Spree, the weather being throughout cold and rainy, have led to an increase of the epidemic; rather, from Aug. 4th to Aug. 5th, the number of seizures was the smallest that had occurred for a good while past. And this favourable condition has since maintained itself; for, from midday of the 6th to the 11th of August at noon, the respective numbers of cases and deaths were 88, 30; 73, 26; 61, 20; 79, 30. Yet the President of the Police has, on the 6th of this month, seen fit to direct, in accordance with a standard order of the year 1835, the formation in each of the forty-three police divisions of the city of a district sanitary commission, clothed with all the functions ordinarily devolving upon such a body in similar emergencies. (*Deutsche Klinik*, Aug. 18th, 1866.)

In Belgium, after a notable decrease, coincident with the fall of the thermometer, the plague has, since the beginning of August, been lighted into fresh activity. From May 26th to August 1st, there have been at the Hôpital St. Jean at Brussels 1084 deaths and 194 recoveries, while 112 patients remained under treatment. At Antwerp, the total of seizures, from the first invasion of the disease to July 25th, was 3407, and of deaths 1966.

In Holland, according to the statistics published by the official journal, there were, from 1st to 7th July, 3686 cases, 2137 deaths; 8th to 14th, 2068 cases, 1367 deaths; 15th to 21st, 3675 cases, 2066 deaths; 22nd to 28th, 2681 cases, 1647 deaths; 29th July to 4th Aug. 4th, 1992 cases, 1269 deaths. From the commencement of the epidemic, there had been attacked 22,969 individuals, of whom 13,831 have died. (*Gazette Médicale de Paris*, Aug. 18, 1866.)

On July 21st, reports showed the number of sick beds provided in the several Prussian field-hospitals to have been 5590; in the stationary military hospitals, 3301; in the 132 reserve hospitals, 35,157; in the Union reserve hospitals, 6213; and those furnished by private charity, 3619; total, 54,110. Of these, 13,500 were occupied by Prussians, 56 by allies, 13,053 by enemies, in all 26,609 patients; of whom, 18,585 were wounded—viz., 5795 Prussians, 17 allies, and 12,773 enemies. Thus, 27,501 beds remained unoccupied. Among the private establishments there are about 29 belonging to the Knights of St. John. (*Deutsche Klinik*, *Monatsblatt*, No. 8, Aug. 18th.)

The cholera continues abating in New York.

An analysis of the water from the four pumps in the Inner and Middle Temple, by Dr. Noad, is the condemnation of the water of one of them, long favoured in the Temple; viz., that in Hare Court. The water is pronounced to contain organic matter. The pump remains closed till further orders. It is satisfactory to find that the water of the other three pumps, which are now open, is pronounced free from animal matter, and quite fit for drinking. The condemned water is described by Dr. Noad as nevertheless "bright, free from smell and taste, and faintly alkaline."

The ship-to-ship visitation instituted by the Com-

mittee of the Seamen's Hospital Society is working well. Each medical visitor carries in his boat a white flag, with the letters "S. H." inscribed thereon, and calls at from sixty to one hundred vessels every day. Four boats are detailed for this duty, starting every morning from the *Dreadnought* with a supply of medicines and disinfectants. Mr. Harry Leech, the Society's medical officer, reports that, although the number of entries for cholera on board the *Belleisle* has maintained during the past week an average of two per day, the cases are more amenable to treatment. The *Belleisle* has, up to this time, received forty-six patients, of which twenty have recovered, sixteen have died, and eleven are still under treatment.

During the five weeks ending August 11th, 4,454 men, women, and children died of cholera and diarrhoea in London.

The monthly report of Dr. Mapother on the health of Dublin is of interest, because of the appearance of cholera in the city. The mortality during the past four weeks has been very low. Dr. Mapother, however, warns citizens against drawing the inference from these facts that Dublin is superior in salubrity; the truth being that in London, for instance, the annual death-rate is lower than in this city. Of diarrhoea, fifteen fatal cases have occurred during the past month, against twenty-eight last year. Cholera was imported from Liverpool on the 26th of July, in the person of Jane Magee. Up to August 17th, forty cases of the disease had been certified. Of the decided cases, seven were persons from Liverpool; three contracted the disease evidently from them; and the remainder may have suffered from the same importation, but the connexion cannot be traced with certainty. The outbreak indicates that cholera is communicable. The deaths have been twenty-five out of forty cases, or 61 per cent.

**GRADUATION IN MEDICINE.** The ceremony of graduation in medicine took place in Edinburgh on the 8th inst. Sir D. Brewster presided, and Dr. Christison addressed the graduates on "The Constitution and well being of the Medical School of the University." The degree of M.D. was conferred on twenty-one candidates; the degrees of Bachelor in Medicine and Master of Surgery on thirty-nine; and the degree of Bachelor of Medicine alone on three gentlemen.

**NARROW ESCAPE.** On Tuesday week, Dr. S. Wilks, who is staying at Scarborough, started alone along the sands to Filey. After walking about five miles, he found the projecting rocks hindered his further progress. He attempted to retrace his steps, but the tide having risen considerably he was soon hemmed in. He sought refuge in the cliffs, when the tide receded it had become dark, so that he durst not come down, but was obliged to remain the whole night, and unfortunately when daylight appeared the tide had again returned, and he was compelled to wait for hours. On Wednesday morning Mrs. Wilks and her son proceeded to Filey, and having no tidings of him engaged the services of some fishermen, who, with the assistance of ropes, went over the cliffs and explored the rocks. After searching in vain for some time, they found that Dr. Wilks, exhausted, had crawled over the rocks to the door of a cottage on the beach. The poor woman at once admitted him, and administered a little brandy to him. His clothes, which were saturated to the neck, were immediately taken off, and he was put to bed, and messengers were afterwards dispatched to Scarborough for a carriage, by which he was taken home to his hotel.



# THIRTY-FOURTH ANNUAL MEETING OF THE British Medical Association.

Held in Chester, August 7th, 8th, 9th, and 10th.

[Concluded from page 212.]

## THURSDAY.

THE Fourth General Meeting; was held in the Music Hall on Thursday morning; Dr. JEAFFRESON presiding, in the absence of the President.

### THE AMERICAN MEDICAL ASSOCIATION.

Lieut.-Governor C. C. Cox, M.D., the representative of the American Medical Association, addressed the meeting as follows. I feel highly flattered at the cordial manner of this reception, although conscious that it is tendered more in compliment to the Association I represent, than prompted by any special personal claims I may have upon such courtesy. It is very grateful to me to attend the deliberations of so dignified a body, combining, as it does, the best medical talent of Great Britain; and be assured, Mr. President and gentlemen, I shall bear this agreeable episode of my journeyings to my distant home, and to the remotest hour of my life, embalmed in green and pleasant memories. [Applause.] From my earliest professional pupillage, the proud names in the firmament of British medicine, which you delight to honour, have been familiar to me as household words. Abernethy, Cooper, Bell, Liston, Syme, Ferguson, and many others, in surgery; Watson, Conolly, Copland, Graves, Stokes, Bennett, and others, in medicine; Denman, Gooch, Tyler Smith, Simpson, and others, in obstetrics; are as well known to us, in America, through their printed thoughts, as they can be by any people. [Applause.] We have had, too, but recently lingering in our midst, in the winter of life, those who owed their education to your universities. In their day, no man could be said to be properly trained in physic who could not present a diploma from some one of your leading institutions; and I feel bound to say, without the least intention to reflect upon any other school, that he was regarded as *par excellence* qualified to practise medicine who had completed his lecture-term at Edinburgh, and could exhibit upon his parchment scroll the illustrious names of Hope, Black, Gregory, and Cullen. It is pleasant to know that the reputation of this noble old College (however, as would appear from Dr. Christison's late address, it may have declined in the number of its graduates) has suffered no depreciation in the quality of its professors. The names of Christison, Simpson, and Bennett, are, I submit without fear of contradiction, a sufficient guarantee for sound medical instruction in these modern days. [Applause.] The Association, Mr. President, I have the honour to represent, was organised to meet the growing demands of the profession in the United States, nineteen years ago, and has held regular meetings every year since that period in different parts of the country, with exception of two years during the late war, when its sessions were unavoidably suspended. The *Transactions* of the Society, embracing reports of standing and special committees, prize essays, monographs upon subjects of peculiar interest, etc., are annually published in book form, of fine letter-press, suitably illustrated, and contain no inconsiderable amount of valuable and suggestive material. Its meetings have

been largely attended from all sections of the Union; the average number of delegates and members present being from three to six hundred annually. The subject of medical education has, from the beginning, received no small share of attention from the National Faculty; and recommendations, looking to decided improvements in the existing systems, have, from time to time, been made to the profession at large. Some of the Colleges have already adopted, and put in practical operation, the suggestion of extending the lecture term; while others have the proposed change under serious consideration. The Association has also passed resolutions expressing their views of the importance of suitable preliminary education in English, the classics, mathematics, and philosophy, as an essential prerequisite for office instruction, or matriculation in a respectable university. I was gratified to hear my distinguished friend, Professor Hughes Bennett, in his able address before you yesterday, insist earnestly upon this fundamental condition of progress in medicine. The proposed reform in America also looks to a severance of the lecturing and examining departments, or the adoption uniformly of a system (now in use in a number of the states) by which the professors are relieved of any participation in the final examination for degrees; that function being vested in a state board of respectable physicians, appointed by executive authority, properly salaried, and having no personal interest whatever in the college or the candidate. It is evident that these wholesome reforms must be of gradual development; but be assured they will be steadily pushed, and ultimately accomplished. [Hear, hear.] The late war in America (however sad in many of its results) has, it cannot be denied, added largely to our stock of experience in military medicine and surgery. The best medical talent of the nation became enlisted in the corps of active surgeons. Devoted zeal and energy, shrewd, persevering investigation, and great practical ability, distinguished this department of the service, both in the cabinet and in the field. *The Surgical History of the War*, now in process of publication under the direction of the eminent chief of the Medical Bureau, Surgeon-General Joseph K. Barnes, will prove a work of great extent, variety, and practical importance. No cost or labour will be spared in the press and illustrations, Congress having already made liberal appropriations for the purpose of placing the volume before the world in the most attractive and useful form. I am sure, when the work is complete, you will agree that, while it must ever remain an enduring monument to the zeal and ability of the surgical corps of the army of the United States, it cannot fail to be an important contribution to the medical literature of the world. [Loud applause.] While upon this subject, you will allow me to express my gratification at learning, from your Council's report, last evening, of the improvement, recently secured through Her Majesty's Government, in the status and rank of the medical officers of the British army and navy. There has been too little appreciation of this important class of professional men on both sides of the water. It was my good fortune, during the late civil war in the United States, to be brought into official and private contact with army surgeons; and, without hesitation, I affirm that a more gallant, high toned and accomplished body of men do not exist, and I doubt not the like traits characterise your own distinguished medical staff in an eminent degree. From the foundation of the government in America the claims of surgeons to relative rank in the army have been ignored, and the absurdity has continued of giving to other departments of the service, comparatively unimportant, the highest



military distinctions, while that of medicine, combining eminent ability, and the most important, responsible functions conceivable, has been refused any advanced position. It is notorious that, prior to the war, no surgeon ever rose above the rank of major, except the chief of the Bureau, who became colonel for the period of his official term. The war has taught the government and the country the value of the profession. The prejudiced opinion, long entertained, that the doctor was *homo unius libri*, and therefore unfit for anything else than the routine of medical practice, has been fortunately dissipated. It was found that in whatever sphere the surgeon acted he was equal to the emergency, and no quality essential to the demands of the occasion was wanting. While the utmost zeal and skill were displayed in the wards of hospitals, the highest executive ability distinguished the medical directors of departments and army divisions. Nor was the daring bravery of the soldier without its examples in the medical staff. More than once, when the head of a regiment has been shot down in battle, has the medical officer taken his place, and fallen pierced with bullets, in front of the advancing columns. [Applause.] There has been, Mr. President, too little correct appreciation on the part of communities and governments of the value of our profession and its claims upon public regard and honour. The soldier, who, in the contagious atmosphere of the fight, under strict military drill, and dreading the disgrace of a faltering course, sinks at the cannon's mouth, is rewarded by a monument to record his heroism, while he who, with infinitely higher moral courage, walks the crowded wards of infection, day after day, and lies down at last a victim to self-sacrificing devotion to the cause of humanity, misses a rude stake to mark his resting place. It is perhaps better so. Our rewards after all are not those of civil honour, but the grateful memories of the recipients of our skill, and the blessings which linger around our graves, when the great mission of science and benevolence is at an end. I said, sir, that the war has asserted the claims of the medical profession of our army, and I am proud to add they have since been partially, at least, recognised by Congress, in the passage of a law bestowing increased rank where it had not been previously enjoyed; and I do not doubt that ultimately the medical corps will be placed in all respects on an equal footing with other branches of the military service. [Hear, hear.] I am sure you will pardon me, Mr. President and gentlemen, for occupying so much of your time on a subject in regard to which I feel so deeply. [Applause.] I am greatly obliged for your attention, and repeat my gratification at being present on this occasion. In the able address of Dr. Bennett, to which I have already alluded, I was forcibly impressed with his eloquent reference to the importance of a concerted effort in advancing the cause of our science. Association is indeed power. Authority, resources, talent, energy, are thus combined, which cannot belong to any merely individual effort. The contact of mind, and attrition of debate, develop truths which the operation of no single, unaided intellect would be likely to reach. Besides, the social and moral effect of medical societies, municipal, county, state, and national, cannot be overrated. The barriers of personal prejudice become broken down, and in the light of social intercourse we learn to value each other's worth. [Hear, hear.] We have not always, sir, enjoyed, on our side of the water at least, I regret to say, the reputation of being the most amiable and good tempered craft in our intercourse with each other. That this is not so much so as formerly, that a far more liberal sentiment and courteous bearing prevails is due very much, I have

no doubt, to the more general establishment of well regulated medical societies. [Hear, hear.] But I will not trespass further upon your indulgence. I again thank you in behalf of the American Medical Association, and on my own account, for this cordial reception. In my report it will give me pleasure to express my deep sense of the honour you have shown me, and my high appreciation of your dignified, scientific, and useful body. In repeating my acknowledgments allow me to express the wish that the British Medical Association may long continue in its prosperous career, diffusing through the community at large the benefits of wise counsels and useful liberations. [Cheers.]

#### MEDICAL BENEVOLENT FUND.

The Report of the Medical Benevolent Fund was presented and read by the Secretary.

Mr. CARDEN moved, Dr. RUSSELL seconded, and it was resolved—

"That the Report of the Medical Benevolent Fund be received and adopted."

#### DEPUTATIONS TO THE HOME SECRETARY.

It was proposed by Mr. NUNNELEY, and seconded by Mr. GAUNT—

"That it be referred to the Committee of Council to appoint the deputations recommended in the Report, to wait upon the Home Secretary."

The resolution was carried.

#### THE SYDENHAM CLUB.

Dr. HENRY BENNET (in the absence of Dr. Lory Marsh) said he wished to draw the attention of the Association to the intended establishment of a Medical Club in London, to be called "The Sydenham". He thought the thanks of the profession were due to Dr. Lory Marsh for the energy and time he had devoted to this subject; and that a medical club would prove a social bond of union to the members of the profession, uniting in one social communion metropolitan and country practitioners, and the members of different medical corporations. [Hear, hear.] Among the educated classes of society in all times, there had been shown a desire to meet for the purposes of social intercourse. In the days of the Romans, the baths which they established wherever they went were, for all social purposes, clubs similar to those now extended over this country. It had been remarked to him by friends, that, if medical men wanted to enter a club, they could join one of those already existing, where they would meet men of the world, and get out of the medical element. But he did not think a general club would be as congenial to medical men as one in which they would meet principally men of their own calling. [Hear, hear.] The general desire to meet, for social relaxation, men whose minds and pursuits were identical, was shown by the history of clubs in general. The Army and Navy Club was composed of military and naval men; the University Club, of graduates of Oxford and Cambridge; the Conservative, of conservative politicians; the Reform Club, of liberal politicians; and the same with others. He thought medical men thoroughly shared this feeling; and, for his own part, he was never so happy as when associating with fellow-practitioners. [Hear, hear.] He was convinced that a medical club, open on moderate terms to provincial medical men, would be a great advantage, and would render their occasional visits to the capital more agreeable, by giving them a centre—a home—and bringing them into contact with their country and London brethren. [Hear, hear.]

Mr. MARTIN corroborated the views expressed by



Dr. Bennet; and, in reply to the objection that had been urged, that medical men, at periods of relaxation, should seek general rather than professional or special society, remarked that, as in the case of other clubs, all members of the Sydenham would be permitted to have the society of their private non-medical friends, as often as they pleased, in the Strangers' Room. [*Hear, hear.*]

## DISCUSSION ON SCIENTIFIC MEDICINE.

Mr. ALFRED BAKER then read a paper on the question, "Are there any trustworthy Facts as to the Origin of Pyæmia?"

Dr. STEWART next read a paper on the question, "Is the Expectant Treatment to be relied upon in any Form of Acute Disease?"

Dr. RICHARDSON remarked, that this subject was one of the most profoundly interesting in the literary history of medicine. The idea of treating by expectation was one of the oldest subjects known to the profession. The man who had first actually spoken of doing it, and first used the word "expectation", was the same man who first introduced the treatment, or assumed treatment, by similars. He alluded to Michael Albertus, the formalist of the three great points of medicine. He published in succession three great works: first, a book entitled *De Curatione per Expectationem*; second, a book entitled *De Curatione per Similia*; and third, a book entitled *De Curatione per Contraria*. He was no quack, but a profound man; and these were mere speculations. The credit given by homeopaths to Hahnemann in reality fell to this man Albertus. He (the speaker) had thought the Society would like to know these historical facts. [*Applause.*] As to expectant treatment, his (Dr. Richardson's) view was very simple. There were two hundred and seventy-eight diseases, or distinct sets of symptoms, each of which might be classified into a disease. The first question was, How many of these have a tendency spontaneously to get well? Certain of them would get well of themselves, under almost any circumstances. But, if medical men came to real examination, they would find there were only thirty-two that could be possibly so placed. Therefore he thought the expectant treatment should first be brought down to that point. It was a question for the meeting, whether a committee or a member could at a future period report on such diseases as might be embraced by expectant treatment. If so, and they were isolated, it would be the province of every medical man to watch them, and see how far the treatment would be successful. That would bring them to the practical point. They might be quite sure there was no such thing as a scientific expectation of disease; and that what they wanted was a certainty that they should be able to cure disease.

Professor BENNETT remarked that, when a hospital physician of Dr. Stewart's experience told them he had had the courage to treat so many cases of rheumatism on the expectant plan, they were bound to say that he had carried out an experiment which did him the greatest honour, for the sake of advancing their knowledge of disease. [*Applause.*] From the figures and details it contained, it was impossible to criticise the paper itself. All they could do was to say they regarded it as most important contribution to medicine; and that they believed, if such contributions were more frequent, medicine would be a far more exact science than it was. In the spirit of the observations he (Professor Bennett) had made on the previous day, he hailed with the greatest applause such a production as this. [*Applause.*]

Upon the motion of the Chair, a vote of thanks was accorded by acclamation to Dr. Stewart.

The meeting then closed.

The Fifth General Meeting was held at two o'clock, the President in the Chair.

## MEDICAL WITNESSES COMMITTEE.

Upon the representation of Dr. RICHARDSON, the Medical Witnesses Committee, having been unable to form a quorum, was allowed to defer its Report.

In reply to Dr. Stewart,

The PRESIDENT explained, that the understanding as to the consideration of Professor Bennett's suggestions was, distinctly, that they were referred to the Committee of Council; and that the Committee was empowered to meet when and where it pleased. It was urged by Drs. Stewart and Jeaffreson, that no time should be lost in considering the subject.

## ADDRESS IN SURGERY.

Mr. BOWMAN, F.R.S., then read an admirable Address in Surgery, which was received with loud and frequently renewed applause. It was published at p. 186 of last number.

Mr. SAMUEL HEY said he need not express regret that the resolution had not been placed in better hands; for at that moment the time of the Association was too valuable to be wasted in complimentary speeches, which in this instance would be works of supererogation. Mr. Bowman's address had fully satisfied the desires of the Association, and reached the high expectations which his reputation had raised. [*Applause.*] He moved—

"That the cordial thanks of the Association be given to William Bowman, Esq., Fellow of the Royal Society, for the very able address with which he has favoured this meeting."

Mr. BRITTAIN seconded the resolution, which was carried by acclamation.

## MEMORIAL OF SIR CHARLES HASTINGS.

Professor STOKES rose to propose a resolution, which he said he felt it a great honour to have been asked to move. It had reference to the perpetuation of the memory of Sir Charles Hastings, and was as follows:

"That this meeting cannot separate without taking some steps towards a lasting testimony to the memory of their much loved Founder, President, President of Council, and Treasurer, Sir Charles Hastings; and, in order to extend and perpetuate his memory, it is desirable that in future the Hastings Medal be awarded for distinguished labours in medical science to any member of the profession, of any country; and that this prize, now provided by the funds of the Association, be provided and supplemented by a sum of money, the produce of a special fund, to be established by subscription, and called the Hastings Memorial Fund: this resolution to be referred to the Committee of Council, to be carried out in detail."

He could only say that the proposition to extend the application of the medal outside the Association was a proposition carrying out the noble principles they had just heard enunciated by Mr. Bowman. They would by its means convert the Association into an imperial instead of a local institution. He therefore had very great pleasure in moving the resolution. He believed the Association, by adopting it, would be following the example of only two learned bodies in the kingdom—the Royal Society of London, and the Royal Irish Academy—which gave their rewards, quite irrespectively of membership or of country, to the best and most worthy men. [*Applause.*]



Dr. JEAFFRESON had the greatest pleasure in seconding the resolution. He felt very much the truth of Dr. Stokes's observations. This was a very great thing—a thing Sir Charles Hastings himself would have desired beyond any member of the Association—that his name and that of the Association should be connected with a great public universal fact. [Applause.]

The motion was agreed to; and a subscription in support of the proposed fund was at once opened, subscriptions as low as 5s. being taken.

[Before the end of the meeting, on Friday, Dr. Falconer, who acted as Treasurer, announced that upwards of £80 had been subscribed.]

Several papers were then read, and the meeting adjourned.

#### FRIDAY.

The Sixth General Meeting was held in the Music Hall on Friday morning, at half-past nine; the President in the chair.

#### THE CHARTER OF THE ASSOCIATION.

Dr. SIBSON said the motion he had to propose, though he should say little about it, was of the greatest importance to the Association. It was—

"That the Association approve of the Draft Charter submitted to the members; and that the Committee be directed and empowered to obtain it."

Dr. FALCONER had much pleasure in seconding the motion, as he believed the whole Charter had been submitted to very competent judges, and brought into as perfect a state as a document of the kind could be.

The resolution was put, and carried unanimously.

Subsequently, when a greater number of members were present,

Mr. A. B. STEELE said he considered it very unfortunate that they had had no notice as to the time when the question of the Charter would come on.

The PRESIDENT explained that the question had come on in regular course, and the Charter had been unanimously adopted.

Still later in the proceedings,

Mr. STEELE said this was a question of privilege; and he desired, on behalf of a large number of members, who would support him if present, to enter his protest against the resolution in reference to the Charter being adopted till the members who wished to express their views had an opportunity of doing so. There was no question or act in which the Association had been concerned since its incorporation of greater importance than this.

The PRESIDENT explained that, though he valued Mr. Steele's opinions, yet he was not there to act for himself. The resolution had been adopted, and the question closed; and it would materially affect their position if a resolution adopted one hour were to be rescinded the next.

Dr. RICHARDSON said Mr. Steele was perfectly at liberty to put in a protest; and, having been the most active member on the Charter Committee, he (Dr. Richardson) added his protest to Mr. Steele's. Having had no notice of the discussion, he had had no opportunity of telling the Association one of the most important issues of the case—a clause which went entirely to upset the opinion of their legal adviser, and which, in his (the speaker's) opinion, would completely and thoroughly ruin the Association. As the originator of the movement, and the member of the Committee who had taken the most active part of all the members in promoting it, he did, in the interest of the Association, solemnly protest against the Charter being passed into law as it stood. Dr.

Burrows and some others, who looked upon the Association as their own life's blood, felt as he did in the matter; and he was perfectly in order in the course he was taking.

Mr. STEELE: If this be carried out without discussion, you will commit an error which is irremediable. Good or bad, do not let it be said that the Charter was passed without receiving the unmistakable sanction of the Association after discussion. [Hear, hear.]

Dr. PAGET said that a Charter to fix the main laws of the Association, which could not be altered by the will of the Association, was of such importance that he could not but concur in the remarks of Dr. Richardson. Laws of that kind should not be fixed without a discussion, of which proper notice should be given. [Hear, hear.]

The PRESIDENT was deeply impressed with the importance of having a Charter in accordance with the views, not of every member of the Association, but of a majority, which must bind any minority. Assuming that the members present represented the Association, he put it to them whether the question should be re-opened.

The question was put; and the PRESIDENT said the meeting had decided to re-open the question.

Dr. MEAD said that, although he had voted for the Charter, he saw the wisdom of the course now suggested, and would move the postponement of the consideration of the question till the next annual meeting.

Mr. STEELE seconded the motion; which was put and carried.

The PRESIDENT presumed this did away with anything like protest. ["Yes, yes."]

Mr. BARTRUM raised the questions whether the Charter could be revived next year, and whether it was wise to fix its discussion for the meeting in Dublin, which was not the most convenient place of meeting.

The PRESIDENT pointed out that the meeting had decided the question.

Mr. BARTRUM thought it would be better to refer the Charter back to the Committee of Council.

Mr. STEELE wanted the Association, in its collective capacity, to consider the subject.

Dr. RICHARDSON said it could be referred back to the Committee of Council, with instructions to bring it forward at the next annual meeting.

Dr. SIBSON suggested that the motion should be altered to this effect. He had understood that the Charter had been fully discussed on two previous occasions; and, therefore, acting as the organ of the Association, when requested by the President to move its adoption, he had been glad to do so. But he felt that the plan now proposed was a wise one; and that nothing could be more ruinous to the institution than to rush hurriedly into the performance of its most important act.

The resolution, already adopted on the motion of Dr. Mead, was then altered as follows, by consent of all parties—

"That the motion already passed be suspended; and that the Charter be referred back to the Committee of Council, with the understanding that the subject shall be specially discussed at the next general meeting of the Association."

#### REPORT OF THE COMMITTEE ON THE OBSERVATION AND REGISTRATION OF DISEASE.

Dr. PHILIPSON presented the following Report of the Committee for the Registration of Disease:—

"At a meeting of the Association held at Leamington, August 3, 1865, this Committee was appointed 'to encourage the Registration of Disease, and to



devise the best means of obtaining the evidence of members upon medical questions having a practical bearing.'

"1. With reference to the first part of the inquiry, the Committee considers that many valuable results would follow the establishment of a systematic Registration of Disease, which should record weekly the relative amount and kind of disease prevalent at any one time in all the chief towns of a district. It would show the influence upon sickness of the varying conditions of climate and season, of prosperity or distress, of the trades and manufactures, or of any other circumstances peculiar to the district. It would afford a means of speedily detecting the advance of an epidemic, and of studying its course, and thus it would be most valuable to the inhabitants of the several towns comprised within the district in which it was made, giving them exact and timely intelligence of the presence of disease, and enabling them promptly to deal with it. After careful consideration, therefore, the Committee begs to propose the following scheme, by which a weekly or monthly registration of the deaths, and of the relative amount of certain kinds of disease, might be carried on regularly without much trouble or expense in all the chief towns of the kingdom. For this purpose, the Committee recommends for the present the adoption of the system of Registration of Public Practice as carried on at Birmingham, Manchester and Salford, St. Marylebone, London, and Preston, and suggests that in each town a small Committee should be formed of gentlemen interested in the subject, who should invite the assistance of all those medical gentlemen in the town or neighbourhood, who hold public appointments, whether to hospitals, gaols, workhouses, or poor-law unions—that exertions should be made to enlist all such public medical officers, so that the returns might represent as accurately as possible the relative amount of disease prevailing in the community.

"The Registration might then be carried on as follows. Each gentleman consenting to contribute to the returns should be furnished with a set of forms, to be by him filled up, each week or month, with the number of new cases which had come under his care during the week or month preceding. The *deaths* also which had occurred in the same public practice during the same period should be entered in the column provided for them, both as a measure of the *fatality* of the diseases and as a basis for comparison with the Registrar's returns of deaths, and with the disease and death returns of other towns. These returns thus filled up, could then be posted to the address of any one member of the Local Committee who would undertake to receive them, compile them into a single return, and then forward them to the central offices of the Association in London. It may be stated that the expense of carrying out this scheme would be almost confined to the printing of the forms and their postage from the various contributors (about six shillings a year for each separate return). Many inhabitants in each town would probably be willing to subscribe a small sum for the sake of possessing such valuable records as these would be likely to prove. The Committee does not recommend that this Association should itself initiate this scheme, nor does it advise medical men in the various districts to attempt to carry on the scheme of registration without assistance. In every case a small association of gentlemen residing in the neighbourhood should be formed, who should, by subscription, pay a suitable person to collect the returns, and defray the moderate expenses incidental to the undertaking.

"In Manchester and Salford an Association thus constituted collects the weekly returns of disease, and

also interests itself in all sanitary matters, and by means of lectures, tracts, and other publications it endeavours to spread amongst all classes a knowledge of the laws of health. It seems to the Committee undesirable at the present time to make any attempt to obtain returns from private practice; but the following diseases were selected as suitable for registration in public practice.

Small-pox	Relapsing Fever
Measles	Febriola
Scarlet Fever	Ague
Diphtheria	Rheumatic Fever
Hooping-cough	Puerperal Fever
Croup	Brachitis and Catarrh
Diarrhoea	Influenza
Dysentery	Pleurisy and Pneumonia
Asiatic Cholera	Phthisis
Erysipelas	Constitutional Syphilis
Continued Fever*	Total
Typhus	All other Diseases
Euterie or Typhoid Fever	Accidents

"It was considered desirable that these two last items should be noted separately, and that at some future time other diseases might with advantage be added to the list.

"It was resolved that in order to secure uniformity of registration, the Council of the Association should be requested to furnish the necessary forms.

"2. With reference to the second branch of the inquiry, the collection of the evidence of members upon medical questions, the Committee is of opinion that the questions upon practical medicine and therapeutics should be of a simple and definite character, and that the success of this undertaking would be rendered more probable by the appointment in each town of Honorary Registrars officially connected with the Association."

Mr. TURNER moved the adoption, printing, and circulation of the report.

Mr. MELLOR seconded it, expressing the warmest thanks of the Association to Drs. Ransome and Philipson for the zeal and energy with which they had prepared the report.

Dr. SIBSON said that by a misunderstanding the Committee had not been able to meet in London, and he had had no notice of its meeting in Chester until that morning, consequently he had had no opportunity but this of saying what he wished to say on the subject. He agreed entirely with the report. He thought the only chance of registration was from public hospitals and the parochial system, and paying gentlemen to get private returns; but he doubted whether the latter would ever be obtained. Statistics of all the diseases named in the report, and of phthisis in addition, should, he thought, be obtained; and he asked the mover and seconder, with the consent of Dr. Philipson, to insert that disease in the list, and also, instead of saying "other forms," to specify the forms of fever, which were all known. It was important to have uniformity of registration in all hospitals; and it would be well if the Association would address the governing bodies of hospitals, asking them to adopt the system now in use at Bartholomew's and Guy's, and in Edinburgh and Glasgow, which was similar to Miss Nightingale's, but simpler. They would thus get pathological and hygienic facts by an easily worked machinery. He thought also that the Committee should be empowered to make any modifications in the report consistent with its spirit which they might think good. [*Hear, hear.*]

The mover and seconder acquiescing, the report and motion were modified accordingly and carried.

DR. CHRISTISON'S PAPER.

The PRESIDENT said the next business in order was

\* Cases ought only to be returned under this heading when the distinctive kind of fever cannot be ascertained.



Dr. Christison's "Observations on the Register of Deaths in Scotland;" but he read a letter from Professor Christison, explaining his inability to be present, and enclosing some facts with regard to a case of alleged spontaneous cholera.

#### TIME ALLOWED FOR READING PAPERS.

Upon the suggestion of Dr. MEAD, of Newmarket, the question was considered whether it was advisable to have so many subjects for discussion included in the programme, to the exclusion of many valuable papers prepared; and it was decided that, whatever might be the real length of a communication, and at whatever length it might be afterwards published in the JOURNAL, the author should occupy not more than fifteen minutes in laying it before the Association.

Several papers were then read and discussed, and the meeting adjourned.

The Seventh General Meeting was held at 2 P.M.; Dr. Sibson in the chair.

Several papers were read, of which an account is given in another page.

#### ELECTION OF MR. G. W. HASTINGS AS AN HONORARY MEMBER.

Dr. JEAFFRESON said he was called upon to recommend a resolution which he was quite sure would meet with their approbation. He was delighted to propose it on account of the individual to whom it referred, and also for the sake of the principle it involved—a principle he hoped to see more generally adopted. It was that Mr. George W. Hastings, the son of the late Sir Chas. Hastings, be elected an honorary member of the Association. [Applause.] He believed no man was more deservedly respected than Mr. Hastings, and he was connected with science, as the Secretary of the Social Science Association. He had said to him (the speaker) in a recent conversation,—"I hope the Association will not feel annoyed if I express my desire that on all future occasions when I wish I may be allowed to attend some of its meetings." This resolution would give him the right to attend, and would be more complimentary than a mere permission. He hoped that ere long they would enumerate a number of scientific persons as honorary members, whether they belonged to the medical profession or not. They now admitted the laity to their discussions, and there were several societies well deserving of their courtesy. The resolution was:—

"That G. W. Hastings, Esq., Secretary of the Social Science Association, be elected an honorary member of the British Medical Association in consideration of his own distinguished merits, and of his father's long and invaluable services to the Association; and that for this purpose the existing law of the Society as to the election of members be suspended."

Dr. MARKHAM had great pleasure in seconding the motion. He knew Mr. Hastings had always taken a warm interest in the Association; and was well acquainted with its proceedings. He (Dr. Markham) knew nobody who could more properly be made an honorary member of this Association. [Hear, hear.] He believed Dr. Richardson had once proposed a resolution giving them power to make honorary fellows, and, whether that were so or not, he hoped so good an idea would not be lost sight of.

After some conversation as to the power of the meeting to suspend the law in question, the resolution was carried *nem. con.*

The CHAIRMAN reminded the meeting that Mr. Hastings had acted constantly as the adviser of the Association for years in relation to the New Medical

Act; and that the Association owes much of its position in that regard to his efforts. [Applause.]

Several papers were then read.

#### VOTES OF THANKS.

Mr. WILLIAM HEY moved—

"That the cordial thanks of this meeting be given to the readers of papers."

Many of the papers had been of unusual interest and importance, and the means of eliciting very interesting and important discussions. [Applause.]

Mr. WATKIN WILLIAMS seconded the resolution, which was carried unanimously.

Mr. SAMUEL HEY moved—

"That the thanks of the President and members of the British Medical Association be and are hereby given to the Hon. and Very Rev. Frederick Anson, D.D., Dean of Chester, for allowing a special service to be performed in the Cathedral for the members of the Association meeting in Chester."

He thought the congregation which had attended on that occasion had been a satisfactory proof of the propriety of the proceeding. [Applause.]

Dr. PHILIPSON seconded the motion, observing that the arrangement had been very highly appreciated by the members. [Hear, hear.]

The resolution was carried unanimously.

Dr. STEWART moved—

"That the cordial thanks of the President and members of the Association be given to the Rev. Canon McNeile, D.D., for kindly complying with the wish of the Association in preaching a sermon at Chester Cathedral on the 8th inst."

Mr. GRIFFITH seconded the resolution, and it was unanimously adopted.

Dr. FALCONER moved—

"That the cordial thanks of this meeting be given to John Harrison, Esq., for his valuable services as Honorary Secretary for the annual meeting."

He said they knew how much depended upon the exertions of the Local Secretary for the individual comfort as well as the dietetic enjoyments of members, and how well Mr. Harrison had discharged his duties in those respects. [Applause.]

Dr. HENRY seconded the resolution. He had had a little experience in the duties of Local Secretary, and knew that any gentleman who undertook them, and discharged them as Mr. Harrison had done, was worthy of the most grateful recognition. [Applause.]

The Chairman (Dr. Sibson) said more genuine hospitality he had never known than had been shown to them in Chester. [Applause.]

The resolution was carried with applause.

Professor BENNETT moved a vote of thanks to the President, Dr. Waters. It was, he said, unnecessary to say more than that in this case hospitality had been carried to its utmost verge, with an amount of success that was almost unbounded.

Dr. RICHARDSON seconded the motion, confirming what had been said by the last speaker; and the resolution was carried unanimously.

The SECRETARY having proposed a vote of thanks to Dr. Sibson for his valuable services as chairman of the meeting, the motion was seconded and carried by acclamation; and the business proceedings of the annual meeting came to a close.

#### PAPERS.

The following papers were read at the meeting.

1. Removal of the Entire Tongue: with some Practical Illustrations of the Method. By Thomas NUNNELEY, Esq.

2. Reduction of Local Dislocations by Manipulations. By Thomas NUNNELEY, Esq. Mr. Nunneley said that he had published, twenty years ago, in the



*Transactions of the Provincial Medical and Surgical Association*, an account of a number of experiments made by himself. These had been made use of in France and Germany, without acknowledgment. They pointed out the value of bromide of ethyle and chloride of olefant gas as anæsthetics, which did not cause convulsive movements, such as were observed under chloroform; nor did they either oppress the patients or cause nausea.

3. On the Present State of Public Vaccination in England. By A. B. STEELE, Esq. [This paper has been received for publication.]

4. On Removal of the Lacrymal Gland—a Radical Cure of Inveterate Cases of Lacrymal Abscess. By J. Zachariah LAURENCE, Esq. Mr. Laurence commenced his paper by a reference to the not unfrequent difficulty of curing inveterate cases of lacrymal disease by any of the methods generally employed at the present time; namely, the system of dilating the nasal duct by probes, destruction of the lacrymal sac by caustics, and the style. He then proceeded to the immediate subject of his paper—removal of the lacrymal gland for the cure of lacrymal disease. Mr. Laurence did not claim the priority of the practice, for he stated that Dr. P. Bernard performed the operation twenty years ago. Although since his time it had been occasionally performed, it did not appear that it had been systematically pursued. The first case in which Mr. Laurence extirpated the lacrymal gland was that of a young man whose eye constantly watered, from the lacrymal puncta and canaliculi having been obliterated by caustic soda. After fruitless efforts had been made to restore the perviability of the canaliculi, Mr. Laurence removed the lacrymal gland. The result was highly satisfactory. Within four days, the watering of the eye had entirely ceased, and it was not unduly dry. Six months after the operation, the patient was again seen, and the relief was found to be permanent. The facility and success of the operation stimulated Mr. Laurence to inquire how far it was applicable to cases of inveterate lacrymation generally. In the prosecution of this inquiry, Mr. Laurence had removed nine lacrymal glands in eight cases, which he reported in detail. It would be sufficient, however, to notice here the results which had followed the operation. The principal symptoms in each case had been constant watering of the eye, repeated lacrymation, abscess and fistula of the sac. The duration of the disease varied from one to twenty-five years. In most instances, the ordinary treatment by probes had been ineffectually tried. After removal of the lacrymal gland in these cases, the disappearance of the watering of the eyes was immediate and permanent, as far as Mr. Laurence's observations extended, some of which had lasted for a period of six months. It did not appear that the operation had caused any undue dryness of the eye; but in every case it had remained normally moist after the operation. Mr. Laurence remarked, that another consequence of removal of the lacrymal gland for abscess of the sac was, that the abscess healed, and the discharge of pus from the puncta ceased. Mr. Laurence considered removal of the lacrymal gland applicable to those cases of inveterate lacrymal fistula which other methods, after a fair trial, have failed to cure; the operation offering the best prospect of a radical and permanent cure. Mr. Laurence concluded by a description of his method of performing the operation. He makes a transverse incision of three-fourths of an inch in length into the orbit over the upper and outer third of the orbital edge; he then divides the external commissure of the lids with scissors; and, by connecting the outer ends of the two incisions, forms a triangular flap, which is

thrown up. The lacrymal gland is thus easily exposed, secured by a sharp hook, drawn forwards, and removed. The edges of the wound are then united by sutures. The linear scar of the incision is inappreciable, it being lost in the folds of the upper eyelid.

5. Dr. SKINNER of Liverpool, who had prepared a paper on the Philosophy of the Algide Condition in Cholera, said that, not having had any previous notice of the rule which bound him to confine his observations to fifteen minutes, he could not now condense his paper into that space of time; and, after some discussion, he withdrew the paper.

6. On the Use of the Actual Cautey in Ovariectomy. By I. B. BROWN, Esq. Mr. Brown gave details of 13 cases of ovariectomy, in continuation of a series of 36 in which he had used the actual cautey in the treatment of the pedicle, and of which number 23 had already been given to the profession in two papers read before the Obstetrical Society of London. Of the cases already published, 2 only had died; while of the remaining 13 now treated of, 3 have died, giving a mortality of 5 in 36, or 1 in 7½. An analysis of these cases showed that death had not resulted in a single case in which the cautey alone had been used successfully, whether in the treatment of the pedicle or adhesions. In the first case, death was due to hæmorrhage from the site of an adhesion of the tumour to the mesorectum, to which the cautey could not be applied. In the second, the clamp and cautey failed in arresting bleeding from a portion of mesentery to which a ligature was subsequently applied; and the patient died of peritonitis. The third died on the fourth day, with all the symptoms of poisoning of the blood; the fourth, of shock; and the fifth, of peritonitis of a very low form. In all these cases, with the exception of the first, a ligature either of the pedicle or of some other part had been used; and it is at least worthy of note, that death resulted only in such cases. True, there were other cases amongst the recoveries in which ligature was used in addition to the cautey; but this, in Mr. Brown's opinion, did not invalidate the proposition, that the treatment by actual cautey is superior to that by the old clamp or ligature, and promises a larger amount of success, or is attended with less risk. To secure the benefits of this instrument, great care should be observed in having it properly constructed, and in having its roughened surfaces occasionally renewed; for, in a recent case, the failure was in great measure, if not wholly, due to the fact that, through repeated use, the rough surfaces had become worn, and the necessary compression could not be attained. It was also essential that the searing be done slowly, or rather that the tumour first be cut away about an inch from the clamp; and the projecting stump of the pedicle be cut through by the cautey close to the clamp. In this way alone should it be done. There was also this advantage, that, should the cautey fail, the ligature might yet be applied without any more risk than by this latter mode alone.

Mr. MEADE (Bradford) thought the originator of this plan must have taken his idea from the common operation of spaying pigs.

Mr. FOLKEN had had a case of operation on the womb some time ago; and, on his way to this meeting, he had seen the woman, and learned from her that regularly since the operation, on the day before menstruation, she had considerable weeping from the pedicle, continuing till menstruation commenced. This would be got rid of by Mr. Brown's method.

Mr. BROWN said Mr. Meade was quite right as to the plan having been taken from the spaying of sows,



and he readily admitted his obligation to veterinary surgeons for the hint.

7. On Loose Cartilages in the Articulations, and a New Instrument to extract them. By H. DICK, M.D. Dr. Dick exhibited the instrument.

Mr. CHRISTOPHER HEATH thought that, although the instrument was very ingenious, he was afraid it would not answer for large cartilages, because it would be difficult to catch them; and the joint might be torn, and air admitted, in consequence of the size of the instrument and the incision it made.

8. An Abstract of some Original Researches on the Heat of Fluidity or Latent Heat of Animal Bodies. By B. W. RICHARDSON, M.D.

9. On Feeding by the Veins. By B. W. RICHARDSON, M.D. Dr. Richardson exhibited an instrument which he had invented.

Mr. BROWN had watched these experiments with great interest. A case had been recorded, in which a boy would have bled to death from the teeth, but he had been saved by this method, and was alive to this day. They owed Dr. Richardson a great debt of gratitude; for this method would certainly save many lives. In midwifery, it would be of the greatest importance, especially in such cases as where a woman would die from uterine hæmorrhage; and it was so simple, that they would have no difficulty in applying it themselves.

Mr. MEADE fully recognised the importance of the method, but hoped gentlemen would not take it up too rashly and begin transfusing fluids of all kinds into their patients. [Laughter.]

Dr. SIBSON said the first case in which a cholera patient had a saline solution injected into her had been under his care at New Haven, near Edinburgh, in 1832. She had recovered, and then relapsed, and died in four hours. The second case was a man at Leith. He injected an enormous quantity, and it ran from the man as it was poured in; and no mischief resulted. The man recovered perfectly. The third case also recovered; and they thought then they had discovered the "philosopher's stone". Afterwards, three out of four cases proved failures; and, after going on for nine months under Dr. Mackintosh in the great Cholera Hospital in Edinburgh, he gave it up. But the saline solution itself did no harm. He should never forget the case of a charming young lady who underwent the operation, and afterwards kept her health perfectly for some time; but the action of the kidneys was not renewed, the blood continued to be poisoned by impurities, and fever and death ensued. If fluid could be found of the right sort, he had no doubt it would be better. He joined the Association in an admiration which he could not quite express for the beauty, simplicity, and exceeding delicacy of the apparatus invented by Dr. Richardson. It was evident they could regulate the pressure to the ten-thousandth of an inch by the mere movement of the hand. He was delighted to see that Dr. Richardson had given them an apparatus as ingenious as that which the world was at present admiring. [Applause.]

Dr. MARKHAM said their great difficulty had been the want of such an instrument as this. He agreed with Dr. Sibson that it was a wonderful invention. Now that it was found, if they could also find a fluid to answer the purpose, transfusion would be proved to be of great use in very many cases. He hoped Dr. Richardson was not too sanguine as to the merits of his feeding fluid. It was almost impossible to obtain blood from human subjects; and he thought it had been shown that undigested albuminous fluids were foreign substances when injected into the veins. He hoped it would be proved that the digestive process proposed by Dr. Richardson was similar to that

which took place in the stomach; but, until it was proved, he doubted whether any artificial process could be sufficient.

Dr. RICHARDSON thanked the meeting and the Association for their kindness in receiving his communications with such consideration. It was most satisfactory to hear from Dr. Sibson that recovery had in one case taken place after injection. [Dr. SIBSON: Many cases—a hundred.] In six cases in which he had tried it, they had all been fatal. A patient had been kept alive three days by injection; but she died from the continued discharge. They wanted a fluid that would sustain the patient. As to albumen, it was either poisonous or nutritious. When raw, it did not mingle with the blood; and it had the same effect as scarlatina on the kidneys. A donkey, upon which he had tried it, died with the same symptoms as in albuminuria. But since then he had found that, by subjecting it for a long time to heat beneath the point of coagulation, none of those symptoms were produced. He believed that the digestion in the stomach was, to albumen, simply exposure to a certain degree of heat. The subject was so profoundly grand in its relation to both physiology and pathology, that he would not venture to say more; but during the year, he hoped, a very great advance would be made in this direction. [Applause.]

10. Cancer—a New Method of Treatment, by which Malignant Tumours may be removed with little Pain or Constitutional Disturbance. By W. H. BROADBENT, M.D. The attention of the author was directed to the treatment of cancer under the following circumstances. In 1864, he was consulted by a lady suffering from cancer of the breast. By his advice, the breast was removed by Mr. Walter Coulson. The disease returned, and was again removed in August 1865. In May of the present year, a tumour was growing more rapidly than ever near the cicatrices of the former operations. It was decided that no further removal was advisable; and, unless something could be done, a miserable fate was before the patient. The hypodermic syringe is now in the hands of every physician; and it seemed to the author that by it some fluid might be injected into the tumour which might so far alter its structure and modify its nutrition that its growth might be retarded or arrested. After considering the various substances which presented themselves to his notice, he selected acetic acid, for the following reasons. 1. This acid does not coagulate albumen, and might, therefore, be expected to diffuse itself through the tumour; and the effects would not be localised at the point injected. 2. If it entered the circulation, it could do no harm in any way. 3. Acetic acid rapidly dissolves the walls and modifies the nuclei of cells on the microscopic slide, and might be expected to do this when the cells were *in situ*. 4. It had been applied with advantage to common ulcerations. On May 18th, the first injection was practised. The tumour was of about the size of a small egg, and a patch of skin of about the size of a shilling had become adherent to it. The needle was introduced through sound skin an inch or more from the part involved in the disease, and passed to the centre of the mass. About thirty minims of dilute acid (one part of acid to one and a half or two of water) were injected. It gave little or no pain. Next morning, a bulla containing dark bloody fluid was found to occupy the patch of adherent skin. On May 23rd, this portion of skin was dry, hard, and horny; the adjacent part of the tumour not so hard. The injection was repeated. The patient was not again seen till June 7th, when the piece of skin mentioned was found detached from the surrounding sound skin; and a probe could be passed in all directions to a distance of



three-quarters of an inch or more between the tumour and the healthy structures. A little discharge issued from the fissure mentioned. The injection was repeated on this date, and again on the 9th, the acid used being rather stronger. It gave a little pain, and swelling and tension of the parts around followed. On June 13th, and a few days afterwards, there was a free discharge of fluid and solid portions, with relief of the swelling, etc. No fœtor whatever attended this discharge, which afterwards diminished greatly. On June 26th, on external examination, the tumour was found to be much smaller; and, on passing a probe into the opening, it entered a large cavity extending on all sides. Part of the walls seemed free from malignant structure, but at several points a crust of cancerous deposit remained. On attempting to inject, it was found too thin to retain the fluid, which either entered the tissues and gave great pain, or made its way into the cavity. The cavity was stuffed with lint saturated with dilute acid; and the case left in the care of the family medical attendant, who was to inject as he saw opportunity. July 13th. No impression was made on the remaining disease, which had, in the opinion of the medical man, extended somewhat. Carbolic acid was tried for a few days as an application, but discontinued; and the cavity dressed daily with strong acetic acid by the medical attendant, and injections practised daily. This energetic treatment gave much pain, and excited inflammation all round. When again seen by the author on August 4th, there had been considerable hæmorrhage, which had been arrested by free application of tincture of sesquichloride of iron. The result, however, was apparently the entire removal of the remains of malignant disease; and, when last seen, a healthy granulating surface was left at every point. Three other cases were related by the author. The author further formulated certain conclusions from the experiments detailed, and stated the cases to which, in his opinion, the treatment was not applicable. Guided by his experience, he considered large quantities of dilute acid preferable to stronger acid; and he would not, without great hesitation, attempt the destruction of any tumour which had not involved the skin. His aim had originally been, as stated in the early part of the paper, not necrosis of malignant tumours, but a modification in their nutrition. The theoretical grounds for this hope were, that cancer owed its malignancy to its cellular (to use a nomenclature now almost antiquated) or foetal structure; and that in acetic acid we had an agent which might be expected to diffuse itself through the tumour and reach the cells, and, having reached them, to effect changes in their structure, and affect them vitally; while it could scarcely do harm. The results he had brought before the profession at the earliest possible moment. The ultimate value of the treatment he left to be decided by a more extended experience.

Mr. HEATH asked the strength of the acid used.

Dr. BROADBENT said he had not been able to measure it in the first case, and had only tasted it. Where it produced sloughing, it was about one part of the acetic acid of the *Pharmacopœia* to one and a half of water; and in the other case, one part of acid and one of water.

Mr. MEADE asked if the instrument was introduced into the substance of the tumour.

Dr. BROADBENT: Yes.

Mr. MEADE had long thought that, where it was possible to extirpate cancerous tumours by caustics, this method would be better than the use of the knife. The difficulty was, that strong sulphuric acid or chloride of zinc caused much pain.

Dr. RICHARDSON suggested the use of butyric acid

instead of acetic; and that the freezing process should be combined with the injection, as it would quicken the action and remove the pain.

Mr. BAKER BROWN said he would certainly try the method with great confidence, and keep a record of the results for Dr. Broadbent. He had always felt that he should yet learn that cancer was curable in many ways.

Dr. PHILIPSON asked if there had been any microscopic examination of the discharge after the first injection.

Dr. BROADBENT said he had not been at hand when the discharge took place, and there had been no such examination. It was important to use large quantities of dilute acid, and not to have the acid too strong.

Mr. SAMUEL HEY, as a hospital surgeon seeing these cases often, felt any suggestion for the removal or palliation of cancer to be very important. He should be glad to put these suggestions in force. Some such method seemed most likely to succeed—as the constant application of tincture of iron (iodine blistered the surface, and probably increased the tumour), so as to penetrate the surface. The latter method had been known to keep patients alive three or four years. But all this would not prevent his using the knife, if he could do it freely and properly. In one case, some years ago, he had removed a cancer from the breast; and after eleven years the patient had died of a cancer in the other breast, the cicatrix in the first case being perfectly sound.

Mr. T. HECKSTALL SMITH said it was true that cancer was constitutional, and must have its course constitutionally before it was developed in tumour. It was important to ask whether they had exhausted the means of detecting the cancerous constitutional tendency, and trying to attack it by remedial agencies. He believed it might be detected before the local development took place; and for some years he had been trying the effect of arsenic in such cases. It was the best tonic he knew. Upwards of forty-three years ago, he had found old practitioners had said nothing short of an arsenic course would prevent the relapse, which was so dangerous; and he had never seen any injurious effect from its use. He gave five minims of Fowler's solution three times a day with meals—when food was being taken. Then, when the effect was produced, he reduced the dose to one minim.

Dr. ANDREW said he had had a case of lupus affecting the eye, in which he had been giving half a drachm of Fowler's solution for the last three months; and now it was almost cured. He had gone as far as thirty-five minims, and the patient had not been quite well under it; but there had been no irritation.

Dr. BROADBENT thanked the Association for the way in which his paper had been received. As to Dr. Richardson's suggestion, for which he thanked that gentleman, he said he had found acetic acid quite satisfactory, and he supposed butyric acid would be so too. It had occurred to him to use Dr. Richardson's method of local anæsthesia, and it was mentioned in the paper which he had had to condense; but he was afraid the attempt to produce cold might precipitate the process, and cause sloughing.

11. The Treatment of Tedious Labour in the Second Stage. By J. THORBURN, M.D. The author first referred to the strong denunciations of "meddlesome midwifery" contained in all modern British text-books. These, the natural reaction from an opposite state of things, had in many points been carried too far, and had led to a discrepancy between the practice and preaching of eminent accoucheurs.



For the sake of testing this, he discussed the appropriate treatment of a case where the presentation was natural, the os well dilated, the head had begun its descent, there was no manifest obstacle and the parts seemed apt for delivery, the uterine pains were of average strength and frequency, and there was no constitutional disturbance, but matters had been *in statu quo* for a couple of hours or thereabouts, and there was a strong probability of a lingering labour, though it might ultimately terminate naturally. Such cases occurring frequently, there were three courses open—to trust entirely to Nature, to give ergot, or to use the forceps. The first course was authoritatively laid down by all recent British writers as the most natural, and therefore the safest. To set against this view, there was the certainty of much longer suffering, the possibility of exhaustion, which might be suddenly developed, increased risk of metritis from over-exertion, of sloughing of the soft parts, of hemorrhage from inertia, of rupture of the uterus, and the possibility of having to fall back on one of the other plans under less favourable conditions. None of these events might be very likely, but they were all possible; and any procedure which would diminish one or all of these dangers, without substituting equal risks, should be adopted. Ergot did not, in the author's opinion, fulfil this condition; for, although it might succeed in speedily terminating the labour, it might also fail, and involved a greater risk to the child from spasmodic or unintermitting pressure, or from its poisonous action (?), and it greatly increased the danger of rupture of the uterus and retained placenta. By forceps, speedy delivery was certain, undue uterine fatigue was obviated, and all chance of rupture from straining was abolished. The author endeavoured to show that, in proper hands, there was no corresponding disadvantage; that sloughing of the soft parts and torn perineum, so far from being more or less probable; that there was no risk in thus carefully and slowly emptying the uterus; that the pain of labour was diminished; and that the risks to the child were lessened in such a case. He protested against the invariable rule of arguing the question on the ground that the operator might be unskilful; such an argument never being used in discussing the general advisability of any other surgical proceeding. He concluded that, contrary to the opinion of Murphy and others, there were cases in which it was advisable to interfere merely for the purpose of abbreviating labour, and that the practitioner was not liable, in such a case, for any consequences that ensued, except such as were clearly traceable to his own neglect or maladroitness; and agreed with the American accoucheur Hodge, in emphatically condemning the "practice which permits the agonies of labour to be unnecessarily prolonged, or the safety of the mother or child to be jeopardised, from the timidity or ignorance of the accoucheur respecting an agent whose employment necessarily involves no danger."

Mr. E. JONES had had considerable practice in the use of the forceps, and had not experienced the difficulties mentioned by Dr. Thorburn. In cases of tedious labour he had tried large doses of opium—forty minims of liquor opii; and found that it either rested the system or terminated the labour.

Mr. BAKER BROWN understood Dr. Thorburn recommended doing something, and that quickly, instead of the old law of doing nothing. He had, as a professor of medicine, taught the principle so many years, and, as an operative surgeon, had seen so much of the ill effects of doing nothing, that he could but be glad to find the former advocated. In this day, no man had a right to let a patient die for the want of such an effort. If they did not let women remain in labour, they would not have those frightful lesions

which it was his privilege to cure. Out of about one hundred cases he had treated, ninety per cent. were attributable to protracted labour. The idea that they were produced by the use of instruments, was a farce and a bugbear.

12. On Secondary Cancer affecting the Lungs. By Henry DAY, M.D.

Dr. RICHARDSON said it seemed from this short abstract that Dr. Day took a very decided view as to the local origin of cancer; and it seemed he would combine the local and constitutional aspects of the question. His remarks would probably bring more thoroughly together the two opposing views than anything he (Dr. Richardson) had previously heard. He looked upon the general degeneracy of the body as a base on which the local affection rested; and he tried to establish a connection between cancer of the bone and affection of the lungs. The idea that cancer in the lungs had always been preceded by cancer in the bone was a new thought to him; but certainly every case he had seen had been so preceded. If true, it would establish a connection of very great moment.

Mr. SAMUEL HEY corroborated this by a large number of cases. In one case, he had removed three parts of the scapula, with a large tumour; the patient being removed in four days, and afterwards dying of cancer in the lungs. He had never known but one case recover and remain well; and that was a child of 12 months, with a tumour under the ear, which had been mistaken by previous surgeons. This was three years ago, and the child was now alive and well.

Professor STOKES had seen a good many cases of cancer of the lungs; and he was not prepared to deny what had been said. But they should be cautious in assuming that cancer in the bone, more than other forms of cancer, invariably preceded cancer in the lungs. Certainly, there were other forms of local external cancer with a peculiar tendency to be followed after operation by cancer of the lung. The most common illustration was cancer of the testicle. There must be something in every case to cause the cancer; the same as in the pustule of variola. In the present state of knowledge, it was extremely difficult, perhaps impossible, to draw the line; but there were several curious facts connected with the localisation of cancer. The ordinary case of encephaloid disease of the liver, where the liver was full of cancerous symptoms, with no signs of cancer in any other part of the system, was a very interesting instance. Another was what appeared to be an example of pathological transformation—where a pathological product had been produced (say a secretion in the pleura, as the result of simple pleurisy), and then, even after absorption had gone on for some time, what fluid remained unabsorbed was transformed into cancer. Contraction of the chest went on to a certain point, and no further; and the patient was then very ill and had varicose veins in the side, and died with an extensive cancer of the chest, as it were. He rather thought there were other examples of cancer in the lung, independent of cancer in the bone. No doubt, if a patient, after having cancer of a limb, got almost any pulmonary symptoms, they might conclude that he had cancer of the lung. There had been a remarkable case in the Sligo Infirmary, under Dr. Little. A young man was brought in, simply dying from a miserable leg which had been neglected. Dr. Little conceived that the only possible way to save life was to amputate above the knee; which he did, with the happiest result. Hectic fever went away, and in four or five weeks the patient had increased a stone and a half in flesh; but he came back shortly complaining of pul-



monary irritation, and died in a fortnight after re-admission, when it was found that both lungs were converted completely into cancerous masses. The rapidity of growth in isolated cancerous masses was very singular. He had seen a case in which, three days before death, two large tumours formed on the front of the abdomen; and during those three days they grew almost "under the eye."

Mr. MOORE thought secondary cancer of the lung was on the whole very rare; and when it did occur, it was almost solely in the case of medullary cancer, which might start from the testicle, or the bone, or any part where the original tumour might have been. The lung was exempt from primary cancer, as a rule, but he had seen it there. It was explicable, as it seemed to him, in the same way as they understood cartilage came into the lung from a cartilaginous tumour. He had recently had a case of cancer in the glands of the pelvis, which discharged into the blood quantities of its living contents, that were passed on by the circulation through the vena cava, and produced disseminated carcinoma over many parts of the lungs. As they went on, they came nearer and nearer to understanding how the disease advanced; and the more they understood that, the nearer they should come to understanding how it arose. Such cases confirmed his view that cancer was inoculable from part to part of the same person. He had had a case of an old lady with a pendulous tumour of the breast, which ulcerated and hung down, the ulcerated surface coming into contact with a healthy part of the skin; and the healthy skin at that point gradually gave way and became a distinct cancerous ulcer, while the intermediate skin remained healthy. Thus the cancer was inoculated. He had seen a *post mortem* examination, where there had been a cancer on one side of the vagina, and the ulcerous surface had come into contact with the healthy surface of the opposite side, and caused an ulcer there which exactly fitted the development on the diseased side of the vagina. He had seen the same thing in the tongue, where there had been inoculation from the upper part of the tongue to the palate, from the constant pressure of the cancerous mass upon the healthy surface. The only difficulty was in passing it from one animal to another; but it seemed to him that it would pass when the cancerous surface was pressed against the healthy surface.

Dr. DAY said his idea was that the whole was not the result of what seemed to be considered cancerous diathesis, but simply an error of nutrition. Professor Stokes had misunderstood him, if he thought he meant to infer that cancer of the lungs was always preceded by a cancerous condition of the bone.

Professor STOKES said he had not thought so; but that Dr. Day thought cancer of the bone more likely to precede cancer of the lungs than any other form.

Dr. DAY did not feel himself in a position to answer Mr. Moore's suggestion about inoculation, as he had never made any experiments on that point. But there were some experiments recorded in the *Gazette Médicale de Paris*, in which the experimenter had succeeded in inoculating some tumours, but had failed after cancer. He was not surprised that there should be such outbreaks as Mr. Moore had described in the neighbourhood of the first outbreak; and he did not think it proved that cancer could be inoculated.

13. On the Treatment of Acute Rheumatism. By J. Birkbeck NEVINS, M.D. The author advocated the employment, from the very first, of steam baths and subsequent cold affusion, even when the patient could not be moved from bed; and of quinine and iodide of potassium in combination, even though there might be all the febrile symptoms usually present. The

employment of opium was scarcely necessary, and only in the most moderate quantities. The benefits stated to result from this treatment were—1, the speedy abatement of pain and of sweating; 2, the early recovery of strength and convalescence; and 3, the unusual absence of heart complications or of relapses.

Dr. FALCONER said he had brought several cases of acute rheumatism which had occupied his attention during the last six months. Of eighteen cases, there had been one death. There had been one male and three females of the number with heart-disease. Four had had relapses; three he had treated with injection of morphia. There was one thing with regard to what he might call the auxiliary treatment—that, in all these cases, the patient had been put into blankets. He found the use of blankets in such cases mentioned in the *Medical Miscellany* of 1810; so that it was not so new as was often supposed. They wore a sack of flannel, with an opening on the left side to allow of the examination of the heart. Cotton wool was used where there was heart-disease, and belladonna administered. He had never used the blister; and he had made a point of combining iron with the alkaline treatment, employing the bath from the first, and using an injection of quinine and iron. He hoped to have an opportunity of tabulating these cases, and going more completely into the matter. He believed it would be found that the temperature of rheumatism was 103°6'; and if it reached anything like 104°, they might be certain there was a complication approaching.

Dr. STEWART thought the blanket one of the greatest of all means of treatment in rheumatism. He used it as a sack, to prevent chill. His orders were always that the patient should not be allowed to rise, but was to be kept in bed, and the bowels kept open. He felt convinced that chill was very much the cause of complications. As to temperature, he thought he had found it 101° and 102°, and rarely more than that; but he had not yet got his results on that point. As to the alkaline treatment, he had much the same views as Dr. Falconer. During the last twelve years, he had used it largely, and had not found it prevent heart-complications, or that they went off after it more generally than after expectant treatment. In one case, where he had been obliged to suspend the alkalies, the heart-complication had come on at the precise moment.

Dr. MARKHAM thought a great deal of mischief had been done by Dr. Dickinson's excellent paper, with the cases proving the excellent effect of alkaline treatment. It had been forgotten that those were selected cases, which had had no heart-affection when brought in; and they had been taken as though they were average cases. Everybody knew that the very fact of cardiac disease being absent was a proof that cases were not serious.

Professor BENNETT understood the paper now read to advocate the good effects of quinine; and he should like to hear that brought out. It was some years since he had made any very careful trial of the alkaline treatment. It had occurred to him to ask, How long does rheumatism take to get well of itself? Until that point was settled, how could they determine what to do? He regretted that they had not had out that discussion on Dr. Stewart's paper on the previous day. Who could venture to say this or that treatment was or was not successful, if he did not know how long the disease was likely to last of itself. He had tried everything—there was no drug he had not tried—in rheumatism; and he found them all pretty much alike. He had tried nothing, and the result had been the same. He had tried the blanket, with the same result. They had given the alkaline



treatment a most careful trial in Edinburgh, and it had seemed to him to shorten the duration of the disease a little. In Edinburgh, they saw a great deal of rheumatism in servant-girls, on account of the system of washing adopted there. Girls got up very early in the morning to wash, and in all weathers, without care as to clothing, they alternated carelessly between the hot steaming kitchen in which the washing was done and the open air, often bitterly cold, where they hung the clothes to dry. He thought he had observed that, where a strong young girl of this sort was seized with rheumatism, the acute symptoms had a tendency to disappear in about six or seven days; and if there were much complication, it would disappear in about fourteen or fifteen days. If the girl were weak, they found that murmur at the heart for which formerly violent remedies—mercury and so on—were given. Then, as, under the influence of rest and good diet and warm, comfortable treatment, the patient became stronger, the murmur went away. In the old time, when mercury was given in these cases, it generally so happened that the murmur went away about the same time as the mercury touched the gums; and so it was concluded that the murmur went away in consequence of the mercury touching the gums. Now mercury was not given, and yet the murmur went away as soon. They had come to the conclusion in Edinburgh that, in one of the healthy cases he had named, if alkalies were used—they gave nitrate of potash—instead of being seven days, the average duration of the acute symptoms was six days and a half. He had given nitrate of potash regularly ever since coming to that conclusion. His view was that acute rheumatism cured itself. It had once been said that six weeks in bed was the best cure for everything; and he had noticed that, of Dr. Stewart's cases mentioned on the previous day, the average duration was forty-two days, which was just six weeks.

Dr. STEWART was understood to say that the average was less than forty-two days.

Dr. MARKHAM suggested that the great point was, whether or not the heart was affected. It was said that the alkaline treatment prevented this.

Dr. DAY had tried the alkaline method in numerous instances, and was of opinion that no remedy produced such curability. In his hands, blister treatment had been very satisfactory; and he was able to publish an extended account of cases in which he had proved it. The average duration of those cases was not more than nineteen days. Some years ago, Dr. Mitchell had published a book in America, in which these cases were traced to spinal origin. In Philadelphia, a hospital had been established since the late war, and it was there found that where there was a nervous affection there had been rheumatism in the same limb; and treatment of the spine was adopted with success. He had almost always found spinal irritation, and found this treatment satisfactory.

Mr. SAMUEL HEY had found that a blister, wherever applied, diminished the acute symptoms. It seems to eliminate the poisonous condition to a greater and better extent than anything he had seen.

Dr. RICHARDSON confirmed this view.

Dr. NEVINS said the discussion had not turned upon the point he had wished to ventilate—the early employment of steam-baths in bed, and the combination of iodine with quinine. He had seen very little of cardiac complications whilst he had been using this method. He had avoided blisters, not wishing to add to the patient's sufferings. He believed in the efficacy of cantharidine introduced into

the system; and he had used tincture of cantharides as an internal remedy, and in chronic rheumatism had found it exceedingly valuable.

14. On Three Cases of Compound Dislocation of the Astragalus, with Removal of the Bones. By T. T. GRIFFITH, Esq.

Mr. SAMUEL HEY said he could corroborate Mr. Griffith's views. Since Mr. Turner's paper, this had been the ordinary method. It had been frequently followed; and, in every instance, with great success. But he would suggest whether, in a case that was not compound, they should cut down for it and remove the bones, or wait till sloughing was caused before they interfered. In a case of dislocated astragalus, with a wound communicating with the section, he should remove the bone entirely without any attempt at reduction. The advocates of this method alleged that it shortened the process greatly; and it was a question whether they should make a simple dislocation into a compound one when it was sure to become so in time if left to itself.

Mr. GRIFFITH said it had been settled by a greater authority than himself that the rule of practice was not to disturb a simple case; but, where inflammation came on, the practice would be to enlarge the wound and remove the astragalus. But that would not justify the making a simple into a compound case.

Mr. WILLIAMS said that, if Nature made the effort unsuccessfully, and the bone were entirely dislocated, he thought they were justified in waiting and making a secondary operation. If the foot remained twisted, they were justified, and the operation was attended very little risk.

#### THE MYOGRAPHION.

Dr. WILLIAM RUTHERFORD of Edinburgh gave a description of a most ingenious instrument—Du Bois Reymond's Myographion; and performed with it the remarkable experiment devised by Helmholtz to measure the rapidity of nerve-force. He described the instrument as consisting of three principal parts: 1. A glass cylinder turned by clockwork, having a dial by which the rate of the cylinder's revolution may be ascertained with the greatest precision. Before each experiment, the cylinder is smoked, and so permits the point of a stilette to make a tracing upon it. 2. Arrangements for fixing the gastrocnemius and sciatic nerve of a frog, and for connecting the muscle with the stilette. The femoral extremity of the muscle is secured by a pair of forceps; and the tendo Achillis is connected by hooks with a moveable beam, having at its one extremity a stilette. When the muscle contracts, the beam is raised; and the stilette, being in contact with the cylinder, produces a tracing corresponding to the contraction of the muscle. The muscle and nerve are surrounded by a glass case containing wet blotting-paper, to prevent the tissues from becoming dry. 3. Arrangements by which the nerve is irritated, and the muscle thereby thrown into action at a given point of time. The nerve is irritated by breaking a constant electrical current sent through it. Two pairs of wires are placed in contact with the nerve; one pair as near the entrance of the nerve into the muscle as possible, and the other at a point of nerve about two inches from the muscle. The wires are connected with a simple contrivance called an inverter, by means of which the current from a battery and galvanic machine can be sent through one pair of wires in contact with the nerve or the other; the object of the experiment being to ascertain how long the nerve-force takes to pass from the point of nerve over the one pair of wires to that over the other. The part of the instrument by which the electrical cur-



rent is broken, and irritation of the nerve thereby produced at a given moment, consists of a round brass box, fixed to the axle of the cylinder, and rotating with it. The box contains a moveable weight; and as it revolves, the weight, from centrifugal force, moves outwards; and, when it has reached a certain point, it suddenly breaks the electric circuit, and so throws the muscle into action. By means of the dial upon the clockwork, the rate of the cylinder's revolution, just when the current is broken, can be accurately ascertained; and, by means of a spiral spring attached to the weight in the brass box, the rapidity with which the weight moves outwards may be regulated, and so we can have the current broken when the cylinder revolves ten times or fifteen times in a second, and so on.

The experiment was begun by counting the velocity of the cylinder when the current was broken. It was found to be exactly fifteen revolutions in a second; the circumference of the cylinder being six inches— $6 \times 15 = 90$  inches linear of surface of cylinder—equal to a second of time. The cylinder was then blackened by means of turpentine smoke. The gastrocnemius and sciatic nerve of a frog were dissected out and attached in the manner above indicated; the electrical current was sent through the nerve close to the muscle, and the clockwork set in motion. When contraction had taken place, the instrument was stopped and re-arranged; the current was then sent through the portion of nerve two inches from the muscle, and the clockwork again set in motion, and stopped when the muscle had contracted. The cylinder was then rolled along a moistened sheet of gelatine, and an impression taken from it. It was then found that the commencement of the tracing produced after irritating the nerve two inches from the muscle was one-fifth of an inch distant horizontally from the commencement of that which had followed irritation of the nerve near the muscle. The nerve-force had taken an interval of time equivalent to the one-fifth of an inch of the cylinder's surface to pass from the point of nerve over the one pair of wires to that over the other; that distance was two inches. The next point was to find the value in time of the one-fifth of an inch. Ninety inches of the cylinder's surface corresponding to one second, one-fifth of an inch would, of course, be equivalent to 1-450th of a second. If it took 1-450th of a second to travel two inches, how long would it take to travel a foot? By simple proportion, it was found to be 1-75th of a second, which is, of course, equal to seventy-five feet per second. This is the usual rate in the frog.

The myographion of Du Bois Reymond is similar to that constructed by Helmholtz; the essential difference consisting in the arrangements for breaking the current at a given moment of time. In Du Bois Reymond's, this is effected with greater simplicity and precision.

#### THE ENDOSCOPE.

At the Chester Infirmary, by the kind permission, and with the assistance of the medical staff, Mr. Christopher Heath had an opportunity of demonstrating to the members of the Association the use of the Endoscope on three patients under treatment in the infirmary. The instrument used was Dr. Cruise's modification of Desormormeaux's Endoscope, and Mr. Heath was able to demonstrate satisfactorily the interior of the urethra and bladder in a patient the subject of chronic cystitis. In a female the subject of epithelioma of the rectum, a stricture some inches from the anus was readily brought into view, and in another woman, also suffering from stricture, the demonstration was equally satisfactory.

#### THE DINNER.

An excellent dinner was provided at the Grosvenor Hotel, on Friday evening, when about a hundred members and guests of the Association assembled. The President, Dr. Waters, presided, and amongst the guests were the Right Rev. the Lord Bishop of the diocese, the Rev. Canon McNeile, the High Sheriff of the County, the Mayor of Chester, Lieutenant-Governor Cox, etc.

After dinner,

The PRESIDENT said the first toast of loyal England, and in England there was no more loyal class than the medical profession, was, "Our Gracious Queen." [Applause.] From the time when, as a young, lovely, and graceful girl, she had opened the bridge which spanned the river Dee, and in honour of the noble family whose guest she was, christened it the "Grosvenor Bridge," till now, whether as a devoted wife or as a judicious mother, the Queen had been an example to all her subjects.

The toast was honoured with loud cheers.

The next toast from the chair, "The Prince and Princess of Wales and the rest of the Royal Family," was received with similar tokens of loyalty.

The PRESIDENT was happy and proud to say that he had a representative to respond to the next toast, "The Bishop and Clergy of the Diocese." [Cheers.] The manner in which they had received the mere mention of the toast was a sufficient indication of the fact that it required little recommendation from him. Chester had been remarkable for the men who had ruled the diocese, of whom the last and present Bishops had not been the least distinguished. He associated with the toast the name of the present bishop. [Cheers.]

The BISHOP OF CHESTER: I thank you heartily for the cordial response you have given to the toast. It is a great pleasure to me to find the clerical body of which I am a member so favourably recognised by an assembly like this. There is, I am happy to think, great congeniality between the two professions. [Hear, hear.] None of us live long in this world without feeling ourselves more or less under obligation to the medical profession. I have had my share, although, thank God, it has not lasted long; but I have had occasion to feel under vast obligation to the medical profession in my family. As a curate, as a perpetual curate, as a rector of a parish, I have been encouraged to lean upon my medical friends; and I have found them ready to meet any emergency, and often to anticipate my warmest wishes. [Applause.] As a college tutor, and in other offices in the University, I have received obligations which I can never forget from medical men, and I am happy to say that I remember some of my oldest friends who are members of the medical profession. I am heartily obliged to you. [Cheers.]

The PRESIDENT gave "The Lord Lieutenant of the County," whom he eulogised on account of his public spirit, which had induced him to build the hotel at a loss to himself, and to give a park to the city. By his many good qualities, he had endeared himself to the citizens, and therefore his health should be honoured. [Applause.]

The PRESIDENT proposed "The Army, Navy, and Volunteers," and made reference to the militia and yeomanry. Responses were made by Surgeon Britain for the Army, Dr. FitzPatrick for the Navy, Dr. McEwen for the Yeomanry, and Surgeon Weaver for the Volunteers.

Mr. TURNER (Manchester) proposed "The Dean and Chapter of Chester," coupled with the name of the Rev. Canon McNeile. [Cheers.] He had no hesitation in proposing the toast, because he was



quite sure they would agree with him in the opinion that no association could be warmer or more heart-felt than that which existed between the clerical and the medical professions. [*Applause.*] If they wanted evidence of it, they had it in the fact that in the migrations of the Association, at no place had they received so warm a reception as in the University of Cambridge. [*Hear, hear.*] There had seemed to be there an exhibition of the most kindred and happy feeling; showing that, so far from believing, as some might do, or supposing for one moment, that the medical profession was a body of sceptics, they regarded them as the opposite. He repelled that supposition with perfect indignation; and as the President had said no men were more loyal, so he ventured to say there were no men more moral or more religious than the medical profession. [*Cheers.*] The toast he proposed spoke for itself, and required no vocal commendation. He wished the clergy in that assembly had had the good fortune to listen to the address of Mr. Bowman before the Association on Thursday, in which had been embodied not only the highest principles of their profession, but also those of morality and religion in the loftiest sense. It had set forth a standard which they hoped the profession might attain to, but of which they must say in all humility they fell far short. He was quite sure the members of the British Medical Association could not feel themselves happier than in associating with their clerical friends. [*Applause.*] The meetings of the Association would be *nil* without them. If it were the duty of the medical profession, as it was, to relieve suffering humanity, to avert death, and, where this could not be done, to smooth the pillow of the dying, the right-minded medical man would always seek, for the higher and more important purpose, the assistance of the clergy. They had no hesitation in this. Their studies were such as led them direct to the study of Nature, and of Nature's God. And if the clergy were to visit the place of which the medical profession boasted so much, and were so proud, the Museum of the Royal College of Surgeons, as instituted, and for many years carried on, by the immortal Hunter and the men who had succeeded him, and to see there the exposition of nature, from the most simple object in which life was found up to the most complicated and beautiful organisation of man, they would see it to be impossible that the medical profession should not study Nature, that they were incapable otherwise of carrying on their practical duties; and the transition was a very easy one "From Nature up to Nature's God." There could be no difficulty in determining the fact that where there was a design there must be a Designer; and that, since the Designer was not man, it must be One higher than man, and that was God. He had, therefore, no hesitation in proposing this toast to the assembled medical men in the place; and he was sure they would agree with him that they should drink it with enthusiasm, exhibiting by the manner in which they drank it the high estimation in which they held the clerical body, and their hope that the clergy would receive them as their friends, as they received the clergy as theirs. From what the Bishop had been pleased to say already, he was quite sure he would receive his lordship's response in favour of the medical profession. [*Cheers.*]

The Rev. Canon McNEILE, said that on behalf of the Dean and of his brother canons and the Chapter, and for himself, he cordially acknowledged the very kind manner in which the toast had been given, and the warm and cordial response with which it had been received. He should perhaps consult the convenience and certainly the inclination of the present company in adding no more but his thanks. He

could not, however, refrain from saying a few words connected with both professions. He thought it a very gratifying feature of their advance in civilisation that the learned men of both professions should assemble together in amicable rivalry, to contend as to who should most be instrumental in good to their fellow creatures. [*Hear, hear.*] They all seemed to act upon the principle that "in the multitude of counsellors there is wisdom," in Church Congresses, British Associations, Medical Associations, and so on. In this course it was certainly very gratifying and encouraging when members of our profession appreciated the labours of another. [*Hear, hear.*] There was some difficulty on the part of the clergy in appreciating the labours of the medical profession, because the latter was a technical description of work, which did not enter into the studies of the clergy. There was, however, one distinction between the two professions. The last speaker had said that many of the medical profession were willing, even anxious, to avail themselves personally of the benefit to be derived from the clergy; but they must excuse him when he said that if the clergy had their preference personally they would rather spend a whole life without being indebted at all to the medical profession. With regard to his own portion of the toast, he must say, and they would excuse his doing so, "*Carum esse civibus, bene de republica mereri, coli, diligi, laudatis laudari, hoc jucundissimum.*" [*Applause.*] He would only add an epigram he had once heard with reference to a very celebrated man in whom both professions seemed to have joined—

"Lucas evangelii et medicine munera pandit;  
Artibus hinc, illinc religione potens."

"St. Luke, by medicine and religion joined,  
Relieved the body and consoled the mind.  
Blest in both labours, dark disease to part,  
And darker ignorance forsakes the heart.  
Thrice happy youth! commissioned from on high,  
Preserves in life and teaches how to die."

Mr. JOHN HARRISON (Chester) proposed the "Members for the City." The toast was duly honoured.

Dr. BURROWS (London) proposed "The Health of the High Sheriff of the County of Chester," and, the toast having been received with demonstrations of marked respect, the HIGH SHERIFF responded.

Dr. DAVIES-COLLEY proposed "The Mayor and Magistrates of the City," which was warmly received.

The MAYOR, in reply, expressed his sense of the high honour done him by the talented assembly around him, and congratulated Dr. Waters on the success of the meeting of the Association, a success that was highly gratifying to the President's fellow citizens. [*Applause.*]

The PRESIDENT said it was with a feeling of extreme diffidence, though in no unduly modest spirit, that he rose to propose the next toast; for the toast was one of such great importance that he really felt altogether unequal to the task. It was a toast which, however imperfectly he might discharge the duty, would meet with a perfect response—"The British Medical Association"—[*cheers*]—of which he truly felt himself an unworthy President. It had long been the desire of the founder of the Association, the late Sir Charles Hastings, that they should meet in Chester. That wish had been fulfilled; but sad it was to feel that he who had for so many years looked forward to their meeting there was not now, by his presence, his genial manner, and his glowing language, adding to the attractiveness of the meeting. [*Hear, hear.*] But a few days back, he who had been so long the guiding spirit and chief counsellor of the Association had vanished from the



world for that portion in the future which it was the object of all men to earn. [Applause.] The late Sir Charles had been so frequently alluded to during the week, that he would not now say more upon that subject. He would, however, allude to the history of the Association. Through the instrumentality of Sir Charles Hastings, combined with that of other great and good men, practical philanthropists, who, with him, had now also vanished from the scene, it had been founded thirty-five years ago, in the city of Worcester, with two objects; first, the advancement of science; and second, the promotion of social intercourse amongst the scattered members of the profession throughout the provinces. [Applause.] There was no question that the paltry quarrels between doctors, which used formerly so to amuse the public and discredit the profession, were rapidly dying out under the influence which this society exerted. [Applause.] The Association, growing so rapidly and exercising so vast an influence upon the legislature, had gradually drawn to itself the attention of the medical men of the metropolis [hear, hear]; and then that great battle had been fought, which, though resulting in opposition to the wishes of the founder at the time, had afterwards led to the union of all members of the profession—not only uniting London and the English provinces, but combining Ireland and Scotland in one great brotherhood with them. [Cheers.] Those who had before that time belonged to the Association had now every reason for pride in the fact that the best men in the metropolis were proud to belong to it with them [hear, hear]; and that they had gracing that board on that occasion the President of the Medical Council [applause], and also a member of the Medical Council, in the person of Dr. Stokes of Dublin [applause]; and also a gentleman whom he was proud to call his friend, from whom he had derived greater advantage than from any other teacher, and whose name he had found on the continent a sufficient introduction to every eminent man in the profession with whom he wished to hold converse, Professor Hughes Bennett of Edinburgh [loud applause]; whose great work on *Clinical Medicine* had been characterised by the *Lancet* (no friendly reviewer of Scotch works, or of the productions of the Edinburgh school) as “not only a credit to the author, but a credit to the kingdom.” [Applause.] They had reason to be proud of the presence of men of such high distinction from the three great cities of learning. [Applause.] London was not, perhaps, as an university, the most celebrated. Still, as a school of medicine, London was the most celebrated in England; Dublin was unquestionably the greatest school in Ireland; and Edinburgh, without disparagement to other admirable schools, was the best in Scotland; and they had at that board three of the most distinguished representatives of those separate schools, doing fealty and homage by their presence to the British Medical Association. [Cheers.] While the present of the Association was a thing to be proud of, he believed it had before it a still greater future. [Hear, hear.] As their Scotch and Irish brethren joined their ranks, the voice of the Association, which hitherto had not been raised in vain to attain objects from the legislature, would become all powerful for good, in obtaining all that was right and just for the medical profession. He would not refer to those objects which had been already so secured; but he might say that medical reform, and the Medical Council, and the improved education of those entering the profession, were owing to its existence. Another great feature he could best illustrate by a reference to the state of the profession in Wales a few years ago. There was now no better Branch of the Association—though its numbers were

small—than the North Wales Branch. A few years ago, the members of the profession in Wales, even when only short distances from each other, were a jealous and illiberal, though very acute, set of men. They did not live in harmony; but each seemed to regard his neighbour as a poacher upon his domain, against whom, if it had been possible, he would have put the law in force. Last year he (the President) had attended a meeting of the North Wales Branch, at the house of Dr. Turnour, of Denbigh, and there he had learnt that now they all worked together with mutual assistance and good will. [Applause.] Now, if so small a branch could do so much good, what must be the influence of the meetings of the parent Association in the localities where they were held? [Applause.] For those men who had left the schools and were general practitioners in the country, they were the most powerful means of extending their acquirements that could be possibly conceived. [Hear, hear.] At the present meeting they had had two of the most distinguished men in the profession—the one in Medicine and the other in Surgery—reading addresses. The Address in Medicine had shown them what the past had been and what the present was; but, above all, the true method by which alone they had any chance of extending the knowledge of their profession. [Applause.] They had had discussions on sanitary and state measures; and he was desirous, in Cheshire especially, to call attention to the fact that these discussions, to which the public were invited, involved most important points connected with the public weal. At the Leamington meeting last year their talented associate, Dr. W. Budd of Bristol, had brought before the Association the history of the Cattle-Plague, told them how it was contagious—how it entered a country, and pointed out the means by which its entrance into a district could be prevented. Had those means been adopted, Cheshire would never have been invaded and its farms desolated, by the plague which had carried ruin and misery in its track to an extent which time alone could show. [Applause.] It was true that the Government had lent thousands of pounds to the sufferers; but they could only repay it by taking the means one from another, to be paid back when they had nothing with which to pay. [Hear, hear.] He begged to commend to their attention “The British Medical Association.” [Loud applause.]

The toast was received with great cheering and honoured standing.

Professor BENNETT, whose rising was the signal for renewed cheering, rose to propose “The health of the President.” [Applause.] The President had told them he was an old student of his (the speaker’s); and he had only to say he was proud of him. [Applause.] Wherever he went he had the honour of meeting his students; and in Chester, where he found one of them the principal medical man in the place, enjoying universal respect, triumphing over calumny [loud cheers], exhibiting hospitality of which everyone might be proud, and displaying all the talents, whether scientific or social, which distinguished the physician, he need say little more. [Applause.] But in one thing he was very much disappointed in Dr. Waters. He was the author of one of the most excellent works on typhoid fever with which he (Dr. Bennett) was acquainted—a history of the great epidemic of typhus and typhoid fever in Edinburgh in 1846, in which they had seen about 3,000 cases of these diseases in the Infirmary, of which there was no published record. Dr. Waters had written its history, and it was one of the best works in the library. It had constituted the thesis which he presented to the University on his examination, and was crowned by the highest honours of their gold medal, which



was unanimously awarded to him at the time. [*Applause.*] It was truly a magnificent work, illustrated by a beautiful series of plates, showing the morbid anatomy of the disease, which he (Dr. Bennett) believed to be unequalled, and which he showed from year to year to his students as the best examples of the disease. But his disappointment was that he could never get Dr. Waters to publish that treatise. He believed that if Dr. Waters would even now put it into the press, his name would not only be known throughout the city and county of Chester, but in the history of British medicine it would descend with honour to posterity. [*Loud applause.*]

The PRESIDENT briefly replied, thanking Dr. Bennett for the flattering observations in which friendship had carried him beyond discretion, and thanking the assembly for the reception accorded to the toast. He regarded his Presidency as the brightest gem in his diadem, if Mr. Steele would allow him to appropriate the expression, and he not having a diadem. [*Laughter.*]

Dr. WATERS (Liverpool) proposed the health of Lieutenant-Governor Cox, of Maryland, who had come across the Atlantic to represent the American Medical Association at this meeting. [*Applause.*] He believed this was the first occasion on which such a toast had ever been proposed, or had been called for by the presence of a member of the profession from the other side of the Atlantic. They all rejoiced in the event, and trusted that no future meeting of the Association would take place without the presence of a representative of the same great country. [*Hear, hear.*] At this time, when Great Britain and the Continent of America had been united by the successful laying of the Atlantic cable, it was to be hoped that the bonds which had united them would be increased in strength, and that the political relations of the two countries would be firmly cemented. [*Applause.*]

Lieutenant-Governor Cox replied. He said he had no language in which to express his profound thanks for the honour thus conferred upon him. He felt deeply everything that had been said, and reciprocated it; and he could only say that the most delightful memory of his life would be the recollection of his visit to the Association. This visit had been the dream of his life; and the dream had been more than realised, his anticipations more than fulfilled. Wherever he had gone, in England, Scotland, Ireland, France, he had met with the greatest kindness; but he had felt more at home in Old England than in any other part of Europe. [*Applause.*] When, on a most delicious evening in the early part of June, he had first beheld the headlands of Ireland, in approaching this old country, he had felt that he was coming to the land of his nativity; and it was his pleasure and pride to trace out upon this soil the homesteads of his old English ancestors. [*Applause.*] There was a peculiar pleasure in this visit to Chester—it had been his pride and gratification to be present at the deliberations of that great body. He had been impressed with its importance, with the value of the services of its members; and he should go back and report to his countrymen, not only the importance and the value of that Association as a medical body, but the great social interest which attached to it. [*Applause.*] He had formed associations and made acquaintances in Chester which he valued amongst the dearest of his life, and of which he should carry the memory to the remotest period of his existence. [*Applause.*] He concluded by quoting Moore's poem—"Farewell! but whenever you welcome the hour"—in the recitation of which, he was again and again loudly applauded, and by proposing as a sentiment: "The Atlantic Cable: the

re-union of the umbilical cord which binds the child to its parent." [*Loud and enthusiastic cheers.*]

Dr. JEAFFERSON, in rising to propose "The Medical Council, the College of Physicians, and the College of Surgeons," reminded the meeting that at the Leamington meeting last year, Dr. Sims, a distinguished American accoucheur, had done them the honour of reading a very admirable paper on "Obstetric Surgery." With regard to the toast, he counselled them all not to be despondent about the Medical Council. He asked them to remember that the Council had to deal with things as they had found them, and the only matters it could regulate were in regard to the future. It was, therefore, not surprising that there should be some disappointment on account of what they had done. He could only say that the work was in the hands of men who were earnest, zealous, and desirous of doing all the good they could. He knew less of the proceedings of the Council than of the characters of its individual members. It was some proof of the zeal of the Council that its President had come from London to be present at the meeting, and no man knew better than he the relative wants of the profession and the public. [*Applause.*] What could he say of the College, of which he was himself a Fellow, the College of Physicians? He could not extol his own College; but he could say that within the last few years it had shown an enlarged and liberal spirit, which would be productive of good. [*Applause.*] He knew little of the College of Surgeons beyond what he read and heard; but he wished the College would bear in mind that there were in the provinces fellows as honourable, and good fellows as any in the metropolis. He wished they would listen to the desire of the whole profession, and open their gates more widely, and allow the fellows in the provinces to vote by proxy. [*Applause.*] He proposed to associate the toast with the health of Dr. Burrows, whom to know was to esteem and respect. [*Applause.*]

Dr. BURROWS responded for the members of the Medical Council of Education, of whom he was one. The proposer of the toast had thought it right to make some sort of apologetic observations on behalf of the Council. Having had a large experience of that body, and the honour of a seat in it for the last six or seven years, and having presided over its meetings for three years, he assured them that if they had been present at those meetings they would have seen that the distinguished men who came there from all parts of the United Kingdom were really animated by a desire to do their duty towards their profession. He did not think those who had not been there could be aware of the difficulties that stood in its way. From 1858, when it came into existence, great expectations had been entertained as to what the Council would do for the profession; but it would be known to all who took the trouble to read the Act of Parliament that the powers there given to it were much less than were generally supposed to belong to it, and that however desirous the Council might be to do great things, their powers were inadequate. The Act had been couched in terms so obscure and ambiguous that it was difficult for the most astute of the members of the Council to make out the exact meaning of any particular clause; that even the judges and magistrates of the land, when they were called upon to carry the act into effect so far as they related to the protection of the profession, gave the most adverse and contrary decisions; and that when questions upon those clauses were submitted to the most profound lawyers in the profession, they gave answers the most conflicting. He wished the meeting and the medical public to be aware that the shortcomings of the Council were not due to its members,



who devoted their time and energies to the interests of the profession, but to the fact that they had a most cumbersome and ill-fashioned instrument to work with. Mr. Walpole, who originally introduced the measure, had now gone back to the same position, as Home Secretary, which he had at that time held. He was aware of its many defects and had acknowledged that he was so; he had most courteously and kindly received deputations from the Medical Council, who had sought to impress upon him the faults of the Act; and he had consented to take the question in hand during the autumnal recess, and to receive him (the speaker) as President, and see what could be done in order to amend it, promising his support and cooperation in its amendment. [Applause.] Therefore, they hoped that something better would be enacted; but from all he knew of the feelings of the legislature and the run of public opinion, there was little chance of their obtaining what was desired by a large portion of the profession, that was, a more perfect protection against the practice of irregular practitioners. He was afraid that, although it must be much to the benefit of the community that their health should be under the care of those who had undergone proper education and examination, there was little chance of penal clauses against irregular practitioners being introduced. It was very much against the genius of English institutions. Englishmen felt themselves at liberty to consult whom they would for spiritual advice and consolation, to take the advice of anybody they choose in pecuniary and other secular affairs; and they preferred to have the same liberty in relation to their medical advisers. [Hear, hear.] He thanked them for the reception the toast had received. [Applause.]

Dr. PAGET, of Cambridge, proposed "The Health of the President-Elect, Dr. Stokes." He said he knew no better step for the advance of the scientific character of the Association than the intended meeting in Dublin, except that Dr. Stokes would be President. [Applause.] The first time he saw Dr. Stokes had been when the British Association met in Dublin, in the year 1835. He well remembered that the week of the meeting was one of the most delightful of his life; and he should never forget the truly Irish reception given to the Association. The advantage of such a visit could not be overrated. Of Dr. Stokes, he might be tempted to say much, but that he was present, and he would only say of him that in this country he was *nulli secundus*, and that he believed, as Lieutenant-Governor Cox could probably tell them, his scientific reputation was known wherever medicine was studied. Two of his (Dr. Paget's) best friends belonged to the same family; and they united in themselves all the best qualities of Englishmen and Irishmen. [Loud applause.]

Lieutenant-Governor Cox hoped he might not be considered obtrusive if, as allusions had been made to him, he ventured upon a single remark. He simply wished to say that throughout America no name was held in more endearment and admiration amongst the medical profession than that of Dr. Stokes, of Dublin. [Applause.] It was, it was true, always connected with that of his lamented colleague, Dr. Graves [Hear, hear]; but the universal feeling was that no work on practical medicine had ever been issued more valuable to the profession than that which bore the names of Graves and Stokes. An old Irish physician had come to him before he left America and said "Well, doctor, only one thing I have to say to you: you have been subject to intercourse with rheumatism for a good number of years, now have you Stokes's liniment?" [Laughter.] No man was more read, more esteemed, more highly regarded than Dr. Stokes; and no greater pleasure had

he (Dr. Cox) had in his visit to Europe than in meeting face to face that distinguished member of his profession. [Loud applause.]

The toast having been honoured,

Professor STOKES said he knew not how to thank them, for it would be impossible to say anything that would not be very much inferior to what he felt. He was thankful for the extraordinary honour the Association, of which he was a very junior member, had done him in making him its President-elect for next year. [Applause.] He thought it about the greatest compliment that could be paid to an Irishman. It was one of those acts for which all men who wished for the union, and the peace, and the accordance of the British Empire, should be thankful. He thought it would be a very important commencement of what was much wanted, the knowledge of Ireland by England. [Applause.] England did not yet know Ireland, her danger, her power, her talent, her feeling, or her loyalty. He believed that in Ireland, which had been so much traduced by the English periodical press, there was more true loyalty to the crown than in any other portion of the British dominions. He hailed with joy the visit to Ireland of a section of the British public which would comprise the most liberal, best educated, and best citizens of the State. [Applause.] He did not know how to express his gratitude that he was elected to be their President and their host in Ireland; but he could speak to them in the voice of the profession in Ireland, and tell them that they would be received with great welcome and open hand, and that their visit would be one not soon to be forgotten. [Applause.] He enumerated the matters of interest the Association would find in Dublin; and then said he wished he were not there alone to bid them welcome to a country which had been vanquished but not yet conquered; but which this visit would greatly help to conquer—that was to say, to bring into full relations with England, and make Englishmen and Irishmen brethren in every possible way. [Applause.] In conclusion, he trusted that he, as President, would see them all, and many more, in Dublin next year, that they might give them, in the old Irish way, a hundred thousand welcomes. [Loud cheers.]

Dr. MARKHAM proposed "The Health of the new President of Council, Dr. Sibson." [Applause.] He knew none he could propose with more pleasure, because he thought they had been very happy in the selection of the new President of Council. Dr. Sibson combined all the qualifications needed for the highest office the Association had to give. He possessed the *suaviter in modo* and also the *fortiter in re*; he was one of the oldest members of the Association; he had inscribed his name as a man of science amongst those who had done work in the medical profession which would hand down their names to the latest ages; he had done something for his profession, and he was distinguished in it. [Applause.] It was no small honour to have in such an office a man who had done no act as a member of the profession for which he had the smallest need to blush—and he believed Dr. Sibson would blush if he had done a dishonourable act. He had, therefore, great pleasure in proposing his health.

Dr. SIBSON, in responding, was loudly cheered. He recalled the time when, in 1843, as the resident surgeon of the Nottingham Hospital, he had first attended the meetings of the Association—then met in Leeds under the venerable presidency of Mr. Hey; and the kindness with which, then and ever since, he had been treated by the members. He felt that, in his election to the office of President of the Council, he had received the greatest honour that could be conferred on him. It had filled him with gratitude,



as much as at first it had filled him with surprise. It was an office that might be filled to the advantage of the Association, and also to its disadvantage; and he should have the greatest fear, were he not sustained by the knowledge that he was surrounded by men who made failure impossible. [*Applause.*] There was a combination of men in the Association, who must raise it by raising the profession, by elevating it in science, giving it its true position before the public, claiming for it the right to do its own work, and making the world feel they were a body of gentlemen—their aim, science; their end, the relief of suffering. [*Applause.*] In this work, going on from day to day and from year to year, very often but little cheered by the approbation of those for whom they worked, they had the consciousness that by raising themselves they raised their fellow men, which alone could give them that self-respect which would sustain them in such a work. He could not fail to remark that these meetings brought together a body of men of most remarkable minds, capable, from the most opposite points, of throwing the most varied and penetrating lights upon the integrate and complicated subjects which formed the centre of their social life; and that they had within the Association means of probing points of practical knowledge possessed by no other body whatever. [*Hear, hear.*] The College of Physicians, to which he owed his first loyalty, had the duty of forming and admitting to the profession the right men. The College of Surgeons had its work in another department; but this Association had its work in advancing science, and to elevate the medical profession to its proper status in the estimation of the world. [*Applause.*] He could only say that, as long as he had the honour to hold the office of President of the Council, he should endeavour to raise himself to the intellectual and moral position which would fit him for the office; and he hoped that would be all his life.

Dr. STEWART gave "The Editor of the BRITISH MEDICAL JOURNAL." Notwithstanding his old friend Dr. Markham's presence, he must say what he felt as to that gentleman's merits. Last year, they had been compelled, to the great pain, he believed, of all, to listen to an indictment; but now they were prepared to judge Dr. Markham as such a man who had done such service deserved. After an experience of twenty-six years, he thought he might say of Dr. Markham that he was, in the words of Horace,

"Justus et tenax propositi vir."

He was every inch a man of fair and right principle, who would, when he had such principle to promote, accomplish the task. During the last five years, they had had experience of these qualities in him. He was not a man who always spoke quite so bluntly as some men; but a man who, if he thought a thing right, would uphold it strenuously. He had fought some battles, which had done him credit. In 1861, he had revived and fought out successfully the battle against professional intercourse with homœopaths. [*Hear, hear.*] After he had done it, people had applauded him; and then, in the midst of petty cavillings and objections, they had forgotten the service he had rendered. [*Hear, hear.*] His distinguished and admirable efforts for the medical service of the army and navy was another service to the profession. [*Loud applause.*] But for his energy and pertinacity, though that battle might have been fought in a certain way, it would not have been successful. [*Hear, hear.*] His name had been synonymous with great capacity and many public services; and he (Dr. Stewart) had great pleasure in proposing his health and prosperity. [*Loud applause.*]

Dr. MARKHAM thanked Dr. Stewart and the meeting for the honour done him. As he might soon

have to part from the Association, so far as the editorship of the JOURNAL was concerned, he might be allowed, perhaps, to say something as to their future editor. No man required more of their aid in backing him in his labours than the man who held that office. By an accident of fortune, the mere pay or fee of the Association had been a matter of little consequence to him. He had taken the JOURNAL, because it gave him a place in which he could work for the benefit of the Association. If he had chosen to use his pen for his own private interest, he could have done it to great advantage; but it had seemed to him that he was doing something for the Association, and that was his reward. Dr. Stewart had spoken of the battles that had been fought. He (Dr. Markham) had heard the opinion of an eminent man only the night before, that homœopathy was almost dead—nothing was now heard of it. [*Hear, hear.*] He scarcely knew whether they appreciated the benefits that had resulted from that battle; but they might do so without associating individuals with the fact. Five or six years ago, the question—on which several years previously the Association had expressed a strong opinion—whether medical men should meet homœopaths in consultation, was revived. Some of the great men of the profession had decided it was right to do so; and, when rising but younger men had been appealed to on the subject, they had asked, "What can we do? If we don't meet them, our bigger men will; and we are forced to it?" [*Hear, hear.*] When he (Dr. Markham) first took it in hand, a friend had said to him, "You are doing the maddest thing you ever did in your life. It is a personal affair, which will cost you misery for years." And when he asked, "What is your opinion?—is it what ought to be done?" the reply had been, "There can be no doubt about that." Then he had said, "Here goes!" and for about six months, with at least one of the heads of the profession, and with the press at large, the JOURNAL had fought the battle; and, during that time, every public and private malignity had been heaped unsparingly upon him. [*Hear, hear.*] And was it not a fact, that from that day there had been no question in the profession as to the matter? [*Hear, hear.*] Such consultations were now unknown. He wished to speak in no terms of bigotry of the homœopaths, whom he was pleased to meet in social life, and whom he hoped the profession would meet in that way; but, as medical men, it was a duty they owed to the profession to refuse to shake hands with them. [*Applause.*] If the question had not been checked at that moment, it would have resulted in something very serious to the profession; and he thought he might take some credit on that account. [*Applause.*] It was a proud thing, in which he rejoiced, that they could come there and admit, as they had done during the week, their deficiencies before the world. Nothing was more certain than the knowledge of their imperfections to accelerate the progress of the profession. [*Applause.*] He asked them, if in the future they had an editor who met their approbation, to treat him as a liberal profession should. [*Applause.*] It might be that to such a man the question of salary might be important; and, if they got a man to carry on the JOURNAL as it should be, they ought to remunerate him; and the present rate was utterly absurd for such a man. The qualities they required in such a man they would find it difficult to meet with in the market; and he could only say, if they found a man who did not do the work, they ought to get rid of him; but, if they got one who did, they ought to pay him according to his worth. To himself, his connexion with the JOURNAL had been a great sacrifice;



but he did not say this as a reflection upon the Association, because it had been a pleasure to him to occupy the post. [*Applause.*] He hoped they would not take these as personal remarks. He thanked them for the assistance they had given him—though there might be one cantankerous person who had given him a great deal of trouble; and he spoke very highly upon the advice and aid he had derived on many occasions of difficulty from Dr. Stewart. [*Applause.*]

Dr. SIBSON said he echoed all that Dr. Markham had said about the JOURNAL, and said the latter would never have uttered such sentiments, if they could have led to increased benefit to himself. He proposed "The Readers of Addresses and Papers in Medicine and Surgery". They had listened to two noble addresses, the products of the lifetime of two of the most distinguished men in the profession in the three kingdoms [*applause*]; and the effect of those addresses had not been lost upon any one of them. He coupled with the toast the name of a gentleman who, by his acuteness and powers of observation, was able to throw light upon any subject he touched—Mr. Steele. [*Applause.*]

Mr. STEELE responded, observing that, of all the various elements and functions of the Association, none seemed to him more important and useful than the cultivation of the sciences applicable to the profession. [*Hear, hear.*]

The Rev. Dr. BELL proposed "The Health of the Secretary"; and Mr. WILLIAMS briefly replied.

Mr. STEELE then, in complimentary terms of acknowledgment of the reception given to the Association in Chester, proposed "The Local Secretary"; and, Mr. JOHN HARRISON having made a suitable reply, the proceedings of the annual meeting were brought to a close.

## Correspondence.

### POOR-LAW MEDICAL REFORM.

LETTER FROM RICHARD GRIFFIN, Esq.

SIR,—I shall feel obliged by your giving insertion to the annexed correspondence. I rejoice to see that another Medical Inspector, Dr. Markham, has been appointed by the Poor-law Board—a sign that the medical element is in the ascendant; and I trust the time is not far distant when the sick poor of England and Wales, and their medical officers, will be treated with due consideration.

I am, etc.,

RICHARD GRIFFIN.

12, Royal Terrace, Weymouth, August 11th, 1866.

Subscriptions forwarded to the Association—Geo. Elkington, Southam, 5s.; Grimbey and Francis, Banbury, 10s. From the Bethnal Green Union, the following—C. Welsh, 10s.; G. Haycock, 10s.; W. E. Brotherton, 10s.; B. Lyell, 10s.; F. J. Burgess, 10s.; J. E. Massingham, 10s.; J. E. Defries, 10s.

"12, Royal Terrace, Weymouth, July 24th, 1866.

"SIR,—I perceive a Bill is now before the House, brought in by yourself and Mr. Earle, entitled a Bill to amend the Act providing Superannuation Allowances to Officers of Unions and Parishes, etc.

"In the first clause of that Bill it is stated, 'The Superintendent-Registrar and Registrar of Births and Deaths appointed to any union or parish shall be deemed an officer within the operation of the statute, etc.' I respectfully beg of you to add the words 'Medical Officer'; and my reason for asking this boon is that, for the sake of the poor, you should be able

to superannuate your medical officers when unfit for the service, which a retiring pension will enable you to do; otherwise they must continue in the service, if poor, for the sake of a mere living. In addition to this, it is but just to the medical man himself that, after passing not less than twenty years in the service of the Poor-law—a service which at all times is most fatiguing, and most assuredly tends to shorten life—that he should have a retiring pension.

"I respectfully beg to call your attention to my letter of the 9th inst.

"I have the honour to be,

"Your most obedient servant,

"RICHARD GRIFFIN.

"The Right Hon. Gathorne Hardy, M.P."

"Poor-law Board, July 25th, 1866.

"SIR,—I am directed by Mr. Gathorne Hardy to acknowledge the receipt of your letter of the 24th inst.; and to say that no alteration of the kind can be made during the present year.

"Your obedient servant,

"S. STEWART HARDY."

### NURSING BY SISTERHOODS.

LETTER FROM WILLIAM EDDOWES, Esq.

SIR,—It is with much pleasure that I observe your advocacy of an extension of the system of nursing by sisterhoods, or under their direction.

From having during several years witnessed the admirable method of nursing at King's College Hospital, from having been house-surgeon for four years at one, and also having visited many provincial hospitals, I may claim to have had a fair opportunity of estimating the merits or demerits of the old and new systems.

The quality of the nurses employed, and the way in which nursing is conducted in most of our hospitals, especially provincial, are a disgrace to a country boasting, as England does, of its education and advancement in moral and religious life.

In this country, we find it impossible to obtain good hospital nurses, and very difficult to get any suitable for the work required of them. A movement is now going on, likely to lead to improvement; but progress is very slow, and requires means and energy for its furtherance. Why do not our philanthropists, instead of conjuring up Utopian ideas about female morality, and whining over the supposed want of employment for women, make an effort to direct their labours into new channels, and teach them,

"'Tis thine to soothe, when hope itself has fled,  
And cheer with angel smile the sufferer's head."

And one word as to the religious fanaticism and intolerant bigotry that obtrude themselves to frustrate one of the most useful and holy purposes to which the mind of woman has devoted itself. Surely no pursuit can be more righteous or more commendable than that of dispensing charity and nursing the sick. At the deathbed, is it not more desirable to have a right-minded and educated woman to minister to the dying patient, than an irreligious and ignorant one? I would ask objectors one question: If you oppose the present system from religious scruples, what better will you suggest or originate, and what qualifications will you require?

I am, etc.,

WM. EDDOWES.

Salop Infirmary, August 14th, 1866.

GLASGOW LYING-IN HOSPITAL. The Summer session was brought to a close, a few days ago, by an admirable address to the students on practical midwifery, by Dr. Tannabill.



## Medical News.

**THE ARMY MEDICAL SERVICE.** The following gentlemen have passed the examination for admission to the Army Medical Service.

Notter, J. L., University of Dublin, T.C.D.	4571
Comerford, H., Queen's College, Galway	4440
Brown, H. T., Queen's University, Ireland	4345
Wright, J. H., King's College, London	4080
Jennings, W. A., Queen's College, Galway	3823
M'Cutchan, J. N., University of Dublin, T.C.D.	3845
James, H. N. L., University of Edinburgh	3630
M'Crystal, E., Queen's College, Belfast	3735
Buchanan, R. F., University of Dublin, T.C.D., and College of Surgeons, Ireland	3575
Roney, J. P., Peter Street School, Dublin	3554
Hanagan, J. H., Cecilia Street School, Dublin	3480
Patterson, J. W., Peter Street School, Dublin	3420
Martelli, W. G., Ledwich School, Dublin	3405
Forbes, W. A., Stevens Hospital, Dublin	3355
Hodder, F. W., Toronto University	3304
Stevenson, W. F., University of Dublin, T.C.D.	3126
Thompson, W. A., University of Dublin, T.C.D.	3045
Hobbs, H. A., St. Thomas's Hospital, London	3022
Macpherson, R. M., University of Edinburgh	3000
Eaton, R. C., Richmond Hospital, Dublin	2940
Burnett, W. F., College of Surgeons, Ireland	2930
Lambert, R. R., Peter's Street School, Dublin	2595
Ryan, M. J., Richmond Hospital, Dublin	2575
Boult, F. F., United Hospital, Bath, and King's College, London	2525

### MARRIAGES.

DUNN, Christopher R. N., Esq., Surgeon, Crich, Derbyshire, to Ellen, fourth daughter of Edward Trotter, Esq., Surgeon, Holmfirth, at St. John's Church, Holmfirth, by the Rev. W. Flower, Incumbent, on August 22.

LANGMORE, Arthur G., Esq., to Jane Balbirnie, youngest daughter of the late Robert A. B. Vans, Esq., of Melbourne, Australia, at South Yarra, on May 10.

**THE SOCIAL SCIENCE MEETING.** Lord Shaftesbury has accepted the office of President.

**THE NEW FRENCH PHARMACOPEIA** is to appear very soon. M. Dumas has written a preface for it.

**DEATH FROM BURNING.** The papers state that Mrs. Hoare, the wife of a medical man at Maidstone, an old member of the Association, has died from a burn. Her dress caught fire whilst she was visiting a poor sick man.

**THE HOMOEOPATHIC REVIEW** recommends its proselytes not to stir out without Rubini's tincture of camphor in their pockets, and to administer it to themselves or others, "whenever a qualm seizes them in the epigastrium."

**SANITARY ADVICE.** A very useful broad sheet of good advice has been prepared for the Working Men's Club and Institute Union, in furtherance of a suggestion from Dr. Aldis, Medical Officer of the District of St. George, and by Mr. Hall, Architect, assisted by Dr. Aldis; and it has been printed at the expense of the Ladies' Sanitary Association.

**LONGEVITY IN ENGLAND.** The mortality returns of England for 1864 show that in that year twenty-eight men and seventy women died who had reached 100 years of age or upwards, one woman dying at 108, and one man at 109. Of these ninety-eight, twelve died in London. In Yorkshire, with nearly three-fourths of the population of the metropolis, there were only three. There were three also in the north midland division, which had not two-thirds of the population of Yorkshire; and Wales, with less than half the population of London, had twenty-one centenarians in its obituary. The man and woman who had attained the great ages of 108 and 109 years respectively, resided the former at Hereford, and the latter at Bolton, in Lancashire.

**UNIVERSITY COLLEGE HOSPITAL.** A donation of £100, for investment, has been presented by Mr. John Hibbert, of Braywick Lodge, Maidenhead.

**POISONING WITH CROTON OIL.** At Liverpool lately the mate of the ship *Manchester* was charged with poisoning a seaman. He poured half a bottle of croton oil into a glass with some castor oil, and gave it to the man to drink. He became very weak from the effects of the oil, and died the next day.

**THE MEDICAL SCHOOLS.** The Right Hon. Sir Laurence Peel will deliver the inaugural address at the opening of the forthcoming session of the Medical School, Guy's Hospital. At King's College Medical School, the address will be delivered by Sir William Fergusson, Bart.; at Westminster, by Dr. Fincham; at St. Thomas's, by Dr. Barker; at Middlesex, by Mr. Hulke; at St. Mary's, Paddington, by Mr. Haynes Walton; at St. Bartholomew's, by Mr. Savory, F.R.S.; at St. George's, by Dr. J. W. Ogle; and at University College, by Professor Ringer, M.D.

**THE CATTLE-PLAGUE.** The last return of cases of cattle-plague shows a considerable decrease of attacks for the week, the number reported being 150 in England, 6 in Wales, and 5 in Scotland. The following twenty-two counties have from the commencement remained free from the disease: viz., Westmoreland, Monmouth, the six counties of South Wales, Montgomery, Merioneth, Carnarvon, Anglesey, Wigtown, Bute, Argyll, Banff, Elgin, Nairn, Ross, and Cromarty, Sutherland, Caithness, and Orkney and Shetland. In sixty-six counties, the metropolis, and two ridings of Yorkshire no cases have been reported as occurring during the week. One animal in every 19 of the ordinary stock of cattle in Great Britain has been attacked, and to every 1,000 attacks, the results of which have been reported, 862 animals perished. The total of sheep attacked to the date of this return is 6,393.

**ST. THOMAS'S HOSPITAL.** The introductory address will be delivered by Dr. Barker. A scholarship has been founded by W. Tite, Esq., the proceeds of £1,000 Consols, to be awarded every third year, on proof of continued residence and good conduct. Preference, in case of equality between students, to be given to the son of a medical man, and more particularly to one who has been educated at St. Thomas's Hospital; or to the son of a medical man of Bath. This scholarship will be awarded at the end of the approaching session. There are a great number of medals and prizes in money. The committee of the "Nightingale Fund" have arrangements with the authorities of St. Thomas's for educating women as hospital nurses. On the satisfactory completion of one year's training they will be required to enter into service as nurses in the metropolitan or provincial hospitals or infirmaries. A limited number of ladies are admitted to this course of training with a view to qualify themselves to act as matrons or superintendents.

**HOSPITALS.** S. G. O., in a letter to the *Times* on the subject of orphanages, makes the following remarks:—"A hospital is a very practical affair; the human being has been well studied in every branch of its organisation, its lesions are for the most part well known, how to cure or alleviate physical decay or injury is here studied, each year's experience adding to the soundness of each day's practice. Your patient is cured, or has his ills alleviated, or dies. All has been done for him that science could do. The building to do it in, its furniture, its commissariat, all its necessary appliances, its staff of medical officers, nurses, etc., are all under command and supervision. In no one charity does money given get more worth in good, in none is less money



wasted; it is scarcely possible that the accounts should be cooked, or any deception practised. Proseletism is here on forbidden ground; you cannot pervert a hospital to the perversion of the patients. There is no field for the war ever waging, now more than ever, which would compass palace, if possible, mansion, cottage, every alley, every locality where theological zeal can tread, to bring over to the favoured creed and practice any one soul. It is my belief that the man who would count the value of the good on which he invests in charity as he would reckon up the value of a consignment he is about to purchase, may safely give his money to a hospital; if he shares my horror at the idea of making the field of distress that for the scrambling of religious bodies for the direction of souls, he may, I think, feel his money safe when given to a hospital.

UNIVERSITY COLLEGE, LONDON. Prizes and certificates of honour for the summer term in the faculty of medicine have been adjudged as follows:—*Medical Jurisprudence*, Gold Medal, E. C. Shoppee; *Silver Medal*, L. M. Le Grand; *Certificates*, R. Pollock; 4th, D. Havard; 5th, E. T. Williams; 6th, S. Pidwell. *Materia Medica*, Gold Medal, R. L. Roberts; 1st *Silver Medal*, W. H. Allechin; 2nd *Silver Medal*, J. R. Darby; *Certificates*, 4th, W. Hardman; 5th, S. Peacock; 6th, W. R. Davies; 7th, equal, W. Bishop, C. Wood, T. G. E. Bolton, A. H. Hackney; 11th, equal, W. R. Cheyne, L. K. Times; 13th, equal, E. Snell, A. Sewell; 15th, J. L. Bullock. *Pathological Anatomy*, Gold Medal, H. C. Wigg. *Practical Chemistry*, Gold Medal, A. Shewen; *Certificates*, 2nd, W. Milligan; 3rd, F. Salter; 4th, S. Peacock; 5th, equal, J. R. Darby, T. C. Fox; 7th, J. H. Mummery. *Midwifery*, Gold Medal, G. O. Spencer; 1st *Silver Medal*, equal, W. Hardman, Dr. E. Jones; 2nd *Silver Medal*, S. B. Brooks; *Certificates*, 5th, equal, R. M. Pryce, L. M. Le Grand; 7th, R. Pollock; 8th, C. F. Groone; 9th, D. Havard; 10th, C. P. Kempe; 11th, A. J. Pearce; 12th, E. T. Williams; 13th, T. C. Lloyd. *Botany*, Gold Medal, H. N. Martin, D. Watson; *Certificates*, 3rd, equal, W. W. Westcott and J. L. Browne; 4th, A. Shewen; 5th, R. T. Smith. *Liston Clinical Medal (Gold)*, C. B. Laxon.

THE CARLOW LUNATIC ASYLUM. On the 25th ult., Mr. Pack-Beresford asked the Chief Secretary for Ireland if he was aware that the gentleman recently appointed resident medical superintendent of the Carlow Lunatic Asylum had taken no medical degree, and was not entitled to be designated M.D., and if Mr. Michael Howlett was improperly described as such in the warrant of appointment, signed by Lord Kimberley, bearing date 7th July, 1866; and if so, did it not appear that some misapprehension as to his qualification must have existed. Also, if the diploma of licentiate, granted by the Royal College of Physicians of Edinburgh, constituted Mr. Howlett a physician in the sense required by the act, as one of the essential qualifications necessary to the holding of the important and responsible situation of resident medical superintendent of a county lunatic asylum in Ireland. Lord Naas said, with regard to the second question of the hon. gentleman he made inquiries, but had not as yet received any answer. With regard to the other questions he would best answer them by reading a letter he had received from Dr. Hatchell, one of the inspectors of lunatic asylums in Ireland. Dr. Hatchell stated that Dr. Howlett's diploma, as a licentiate of Edinburgh College, was sufficient legally to qualify him for the position he held.

COMMUNICATIONS have been received from:—Mr. WILLIAM EDDOWES; Dr. J. C. MURRAY; Dr. ALDIS; Dr. SAMELSON; Mr. B. BLOWER; Mr. A. B. STEELE; Dr. PHILIPSON; Dr. J. CLAY; Dr. RENDLE; and Mr. C. JOHNSON, JUN.

## OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.  
TUESDAY....Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.  
WEDNESDAY...St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.  
THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.  
FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.  
SATURDAY....St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

## TO CORRESPONDENTS.

\* \* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

We much regret that the crowded state of our pages has compelled us to defer many very interesting communications.

DR. SKINNER in a letter complains of the mismanagement of the business proceedings of our Association at Chester, whereby time was wasted or misapplied, and papers not read. Dr. Skinner should address his letter to the Committee of Council, in whose hands reside the conduct of the proceedings. We have no doubt that his suggestions will there receive due attention.

NURSES.—On the subject of nursing by religious orders, Mr. B. Blower calls attention to the success of the Nightingale Institution in Liverpool, to show "that we (the profession) need only train women, and give them a remuneration for their services, and we get all we can desire, both for nurses and matrons, without putting ourselves into the hands of powers foreign to the subject." "Let us put our own shoulders," he adds, "to the wheel, and if it won't go round, then it will be time enough for us to call upon the church for help."

THE PROPOSED NEW MEDICAL ASSOCIATION.—Dr. Murray in a letter says: that "I would much regret did I do what might in the slightest degree militate against the British Medical Association. On the contrary, I have endeavoured to induce those gentlemen who have favoured me with their names for membership in the proposed association, who are not members of the British Medical Association, to become such, and believe that, in many instances, the advice will be followed. Indeed, I was anxious to read my paper at the meeting of the Northern Branch of the Association at Durham in June last. Had I read it there, and received encouragement, I probably would have gone to Chester to propose that the new features in the intended Universal be adopted in the British Medical Association, and there the 'fact' might, as you suggest, have been taken as a starting-point on which to base the development of the 'new' proposal, which might then have been confined to students, who could have been entered as a Students' Section of the Association, to become members so soon as they qualified."

"A month ago, on a tour through the east of Scotland, I distributed many of the British Medical Association circulars, and took every opportunity of recommending gentlemen to enter it. The proposed Universal Medical Association would not necessarily interfere with any kindred society."

"Having a number of medical relatives and friends in the army and navy, I am not much behind in information upon the service, and the good offices which the Association has rendered it. The united service medical officers, and indeed the whole profession, cannot be too thankful to the British Medical Association for the interest it has always taken in their advancement."

"The title 'Universal Medical Association,' is only applied to the project until, from the authority of numbers, it may receive a distinctive name."



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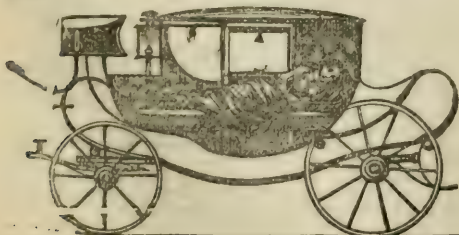
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# Addresses and Papers

READ AT

## THE THIRTY-FOURTH ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

[Held in CHESTER, AUGUST 7th, 8th, 9th, and 10th, 1866.]

### THE PRESENT STATE OF PUBLIC VACCINATION IN ENGLAND.

By A. B. STEELE, Esq., Lecturer on Midwifery at the Royal Infirmary School of Medicine, Liverpool; Examiner in and Teacher of Vaccination at the National Vaccine Establishment.

WHEN Jenner promulgated his great discovery at the commencement of the present century, he expressed his conviction that vaccination was an absolute and complete protection against small-pox—as much so, at least, as small-pox itself. He held that a person who had been efficiently vaccinated was in precisely the same position, in reference to liability to a subsequent attack of small-pox, as if he had undergone that disease itself, either naturally or by inoculation. He founded his opinion upon the belief that cow-pock was not the preventive of small-pox, but small-pox itself. As to the absolute correctness of this theory of the complete identity of variola and vaccinia, it is not my intention on this occasion to inquire; for, interesting as the question may be in a scientific point of view, the practical bearing of our subject does not require its solution. I would, however, observe, in passing, that subsequent inquiry and observation have convinced many high authorities of the truthfulness of Jenner's prophetic genius in this particular point. After the lapse of half a century, and at the conclusion of an elaborate and almost exhaustive treatise on the whole subject of vaccination, we find Mr. Simon declaring "that, if vaccination were universally performed in the best known manner, deaths by small-pox would be among the rarest entries in the register" (*Papers on Vaccination: Blue-book, 1851*). Further than this we are not justified in going; nor does the most ample justification of vaccination require more than this, because we cannot claim or expect more from vaccination as a preventive than from small-pox itself. We know that secondary small-pox, though rarely, does occasionally prove fatal; and the occurrence of secondary small-pox is by no means so unfrequent as was formerly, and perhaps by many is still, supposed. Dr. Copland, in his article on Vaccination in the *Cyclopædia*, estimated the frequency of a second attack of small-pox as something less than one in ten thousand; but the incorrectness of this statement has been fully demonstrated by the records of various epidemics. In an epidemic in Edinburgh from 1818 to 1823, Dr. Thomson observed about 85 cases of recurrent small-pox. In Marseilles, in 1828, of 2,000 persons who had small-pox, 20, or 1 per cent., had it a second time; and of those, 4 died. The Vaccination Committee of the British (then the Provincial) Medical Association, whose labours are recorded in the eighth volume of their *Transactions*, give an account of 239

cases of recurrent small-pox, of which 12 or 13 proved fatal. Mr. Goulden, in a professional experience of forty years, had seen "between 80 and 90 cases of small-pox after small-pox, 4 of which proved fatal; many were confluent and very severe." The same report contains the following statement, which, perhaps, we should scarcely have anticipated. "If we except the fatal cases of small-pox after vaccination which are reported to have occurred in the Small-pox Hospital in London, the deaths from small-pox after small-pox in the country correspond very nearly with the deaths from small-pox after reputed vaccination." (*Transactions of Provincial Medical and Surgical Association*, vol. viii, p. 66.)

From the foregoing, as well as from other authentic records, we feel justified in asserting that, where vaccination is known to have been genuine, the protective influence is almost absolute, certainly as great as that of small-pox itself.

Although I should have deemed it an unprofitable expenditure of time, and almost an insult to the good sense of those I am addressing, to have brought forward arguments in favour of the universally acknowledged protective influence of vaccination in the abstract, yet the introductory observations with which I have prefaced my subject will not, I trust, be considered irrelevant, as they enable us to commence our inquiry with a more definite idea and a juster appreciation of what really is to be expected from vaccination as a preventive against small-pox.

We now proceed to ascertain what vaccination has actually accomplished in the diminution of the prevalence and fatality of small-pox; and, although our inquiry is primarily intended to extend only so far as our own country is concerned, it will be necessary to refer, by way of comparison, to other nations as well. Not to trouble you with dry statistical details, I content myself with reminding you that, on the authority of Dr. Seaton, in his article on Vaccination in the first volume of the *System of Medicine* by Dr. Reynolds, the remarkable power of vaccination in protecting against small-pox is shown by the fact that "the present average death-rate from small-pox is scarcely in any European country one tenth part, and in those countries in which vaccination has been most carefully carried out it is much less than one tenth part, of what it was at the end of the last century. Thus in Sweden, where, before vaccination was discovered, the average annual death-rate from small-pox was 2,050 out of every million of population, during the forty years 1810-50 it was but 158. In Westphalia, it has been reduced from 2,643 to 114; in Bohemia, Moravia, and Austrian Silesia, from 4,000 to 200; in Copenhagen, from 3,128 to 286; and in Berlin, from 3,422 to 176. (*Reynolds's System of Medicine*, vol. i, p. 501.)

These figures so clearly demonstrate the powerful and almost unvarying influence which efficient systematic vaccination exerts upon the small-pox death-rate, that we may educe from them as a corollary, that wherever the mortality from small-pox exceeds a very moderate percentage, the system of vaccination is in some respect or other defective.

Let us now apply this test to our own country, the land in which Jenner lived and died, and where we should naturally expect to find the most complete and striking illustration of the beneficial influence of the priceless legacy he bequeathed primarily to his fellow-countrymen, but in effect to the whole human race. An impartial inquiry into this question will shew that, although the benefits conferred upon the population of this country have been such as fully to justify the faith which Jenner had in the efficacy of this great discovery, yet at the same time it will but too clearly disclose the somewhat humiliating fact,



that his own countrymen have fallen far behind other nations in securing for themselves all the advantages which vaccination is capable of affording.

First, then, let us inquire what vaccination has done for this country; and of this we may obtain a tolerably correct idea from the following table.

Periods compared.	Annual deaths by small-pox in England & Wales.	Annual rate per million of population.
1. Average of 30 years previous to introduction of vaccination .....	—	3,000
2. Average of 3 years (1838-40), when vaccination became established, but before it was gratuitous .....	11,944	770
3. Average of 9 years (1841-53), when vaccination was gratuitous, but not obligatory .....	5,221	304
4. Average of 10 years (1854-63), when vaccination has been to a certain extent obligatory .....	3,351	171

To select an illustration on a smaller scale, I may refer to a report of the deaths in Christ's Hospital, London, published in the Report by Mr. Simon, which shows that, from 1751 to 1800, there were 31.11 per cent. deaths from small-pox in that establishment; while from 1801 to 1850, representing the period since the introduction of vaccination, but one death from that disease occurred, at the rate .0025.

What, then, we next proceed to inquire, is the average mortality from small-pox in England? The returns of the Registrar-General inform us that no less than an average of 3,350 deaths from this disease are recorded every year in England; and what renders this high small-pox mortality still more significant is the fact that, of these, 56 per cent. are in children under five years of age, and 70 per cent. under ten years of age. We can, as Dr. Seaton observes, have no hesitation in saying that, in all the fatal cases at this early age, there must, with very rare exceptions, have been neglect of vaccination; for where that operation has been performed even with the effect of raising a single vesicle only, death from small-pox in childhood very seldom occurs. We know also that, of the mortality above two years of age, a large proportion takes place in persons in whom vaccination had never been performed; so that an estimate which should ascribe four-fifths of the present mortality from small-pox to the omission of vaccination would certainly be much below the mark.

Of the deaths from small-pox which take place after puberty (the annual average of which is about 900), a large portion occur in persons who had been vaccinated, and who believed themselves protected against small-pox. Now, the observations of Mr. Marson, published in the thirty-sixth volume of the *Medico-Chirurgical Transactions*, leave little room for doubt that these deaths must have chiefly occurred in persons who had been insufficiently and imperfectly vaccinated; for, of 268 reputedly vaccinated persons who died in the Small-pox Hospital, of whom 191 had the vaccine cicatrix or cicatrices on their arms, he found that only three had been vaccinated in the way which he has shewn to be the most protective, and of which I shall speak presently.

I have alluded to the existence of a high rate of small-pox mortality as affording inferential proof of the neglect or inefficiency of vaccination; but on this point we are not left to inference alone. There exist authentic records which exhibit but too clearly the inefficiency and imperfection of the vaccination throughout the land. Within the last few years, inquiries have been made, under the direction of Government, by Drs. Seaton, Stevens, Buchanan, and Sanderson, extending to every part of England, which have shewn that, so far is that universal perform-

ance of vaccination in early infancy, which is indispensable for the effectual protection of the community from small-pox, from being attained, that more than 13 per cent. of children old enough to be in attendance at public infant schools are unvaccinated. In the course of these inquiries, the arms of nearly half a million vaccinated children were examined; and the result of this examination was that, taking the country throughout, not more than one child in eight was found to be so vaccinated as to have the highest degree of protection which vaccination is capable of affording; not more than one child in three could, on the most indulgent estimate, be considered as well protected; while in more than one in four the vaccination had been of a very inferior kind indeed, resulting in marks of imperfect character, or in only one or two marks of merely passable character. (*Op. cit.*, p. 503.) It is worthy of note, that on this point Dr. Seaton states that the observations just referred to were made upon children most of whom had been vaccinated by public vaccinators, but a large number had been operated upon by private practitioners; and, without affording statistical evidence of the fact, they left a strong impression that, as a rule, the latter were less well vaccinated than the former. He further states that his own experience has satisfied him, in other ways, that many in the upper and middle classes in England have been very imperfectly vaccinated. The chief reason why small-pox is so much less met with among them than among the lower class is, that they are so very much less exposed to it.

Before proceeding further, it may be well to direct more particular attention to what really constitutes efficient vaccination.

Mr. Marson has, during thirty years' labour at the Small-Pox Hospital, collected the following observations, which, from their extreme value, I hope I shall be excused from repeating here, although they may be familiar to many whom I address. He has shown that the degree of protection is in the exact ratio of the excellence and completeness of the vaccination, as shown by the cicatrices; in other words, that it is directly as the amount of vaccine marking and as the character of the marks; as shown by the following table, corroborated by the subsequent inquiries of Dr. Seaton.

#### Dr. Seaton's Observations.

Classification of children examined.	Marked with small-pox per 1000.
1. Having no vaccine marks.....	360
2. Vaccinated and having—	
a. One vaccine cicatrix .....	6.80
b. Two vaccine cicatrices .....	2.49
c. Three vaccine cicatrices .....	1.42
d. Four or more .....	.67
A. Cicatrices of bad quality .....	7.60
B. Cicatrices of tolerable quality.....	2.35
C. Cicatrices of excellent quality .....	1.22

#### Dr. Marson's Observations—6000 Cases of Post-vaccinal during 25 Years.

Patients admitted with Small-pox.	Deaths per cent.
Stated to have been vaccinated, but having no cicatrix.....	21½
Having one vaccine cicatrix.....	7½
Having two vaccine cicatrices .....	4½
Having three vaccine cicatrices.....	1½
Having four or more.....	½
Unvaccinated patients.....	35½

It is evident, from the foregoing statements, that

\* Cases with one well marked cicatrix, the death-rate was 4½; with one badly marked, it was 12; with two well marked, 2½; badly marked, 7½.



vaccination in this country is not carried out in such a manner as to afford anything approaching to complete protection of the community. The defects of the system are two-fold; first as to the amount, and secondly as to the quality, of vaccination. The deficiency in the amount of vaccination is shown by the inquiries of the Government Medical Inspector, who found that "more than thirteen per cent. of children old enough to be in attendance at public infant schools are unvaccinated." (*Op. cit.*, p. 502.) The deficiency as to quality appears from the same inquiries, which prove that, out of nearly half a million vaccinated children, not more than one in three are well protected, or, in other words, properly vaccinated. (*Op. cit.*, p. 503.)

Having clearly ascertained the existence of the evil, it remains to consider the causes and their remedy.

The two main objects to be attained are: first, to establish the universal adoption of infantile vaccination; and secondly, to adopt such measures as shall secure the efficiency and completeness of the operation in every individual case.

For the accomplishment of the first of these conditions, the co-operation of two parties is essential—the government on the one hand and the public on the other; and this brings us to the much disputed point, whether vaccination should be compulsory or not. In some countries, this difficulty has been solved; for compulsory vaccination has been carried out to the manifest advantage of the community; but, in our own land, where the liberty of the subject is so jealously guarded, and where, as it has been said, no person thinks it necessary to obey an Act of Parliament unless he pleases, the question is surrounded with difficulties.

To show further what compulsory vaccination can effect, we may point to the greater degree of protection afforded to those countries in which it is enforced; and further evidence is obtained by the result of the partial adoption of compulsory measures in this country, as already noted.

The objections to compulsory legislation are more apparent than real. The liberty of the subject would be no more endangered by enforcing vaccination, than by enforcing many other sanitary provisions which involve the sacrifice of individual prejudice to the requirements of public safety.

The instances in which it would be necessary to set the law in motion, would be much fewer than may be supposed. The educated and intelligent portion of the community are almost universally willing and anxious to avail themselves of vaccination; and the poorer classes also, as a rule, fully appreciate its advantages. After many years' experience as a public vaccinator, I am convinced that the obstacle to the full extension of vaccination, arises much more frequently from the indifference, carelessness, and procrastination of parents, than from any want of faith in its efficacy.

Nothing less than authoritative interference can overcome these difficulties; and it is to meet these exceptional instances of selfish, wilful opposition, that recourse to law would most frequently be required. I need scarcely observe that the present almost inoperative Compulsory Vaccination Act cannot be expected to fulfil satisfactorily the objects aimed at by a judicious and efficient system of compulsory vaccination. It is perhaps better than nothing.

Time will not permit me to dwell upon the defects of this Act; I may, however, allude to one defect which is in itself fatal to the utility of the whole measure. It has been decided in the Court of Queen's Bench, that when a parent has once been fined for

neglecting to have a child vaccinated, no further proceedings can be taken, and he can suffer his child to grow up unprotected; so that the Act, instead of being compulsory, permits the option of submitting to vaccination, or escaping it on payment of twenty shillings. In dismissing the subject, I must express my conviction that, without certain compulsory powers, a proper national system of vaccination is unattainable. I would, however, have recourse to compulsion only as a *dernier ressort*, and would exercise the powers conferred by law with extreme discretion and forbearance.

The second condition—which is certainly of as great importance as the first—viz., to establish such a system as would secure to all vaccination of the most efficient character—involves questions upon which there exists much difference of opinion.

It is thought by some that the best way to render vaccination universal would be to make every practitioner a vaccinator. There is some plausibility in this argument; and I regret to observe that it has recently received the sanction of a member of this Association, whose opinions must always exert considerable influence on the mind, not only of the profession, but of the public at large. I allude to my friend Dr. Richardson. Highly as I estimate his talent and respect his judgment, as evinced in various scientific researches in which he has distinguished himself, I must enter my strong protest against his enunciation of a scheme which has been demonstrated to be unsound, and which is at variance, I may venture to assert, with the combined experience and opinion of all those who have a practical acquaintance with the details of public vaccination. To adopt Dr. Richardson's proposal, and to make every practitioner a recognised public vaccinator, would be to legislate backwards, and would more or less completely undo all that has been effected during the last few years towards establishing a system of national vaccination, which only requires due extension and consolidation to place this country in the same enviable position as regards protection from small-pox which is enjoyed by other countries of Europe.

The experience of the National Vaccine Establishment amply verifies the conclusion, that the efficiency of public vaccination, in all its details, has always been greatest where it is conducted under what may be termed, for the sake of brevity, a system of centralisation, and has invariably retrograded when it has been subdivided. The truth of this has been, as it were, forced upon the authorities by the course of events.

Some years ago, the whole system of public vaccination of the metropolis was in the hands of the National Vaccine Establishment; conducted, I believe, at one, or at most at two or three stations. At this time, the Establishment had at all times a sufficient supply of lymph to meet the demands of the whole country and the Colonies. When the system was so changed that each district medical officer became a vaccinator, and the vaccination of London was thus subdivided, the Central Establishment gradually lost more and more of their original sources of supply, and soon found themselves unable to meet the demands upon them. Now came the test of the system of subdivision. Unless it were inherently faulty, the supply of lymph, although diverted, ought to have been as great, if not greater than before; but what was the fact? Why it was found that these public vaccinators not only were unable to keep up a sufficient source of lymph to make up for the falling off at the Central Establishment, but they themselves were actually amongst the most frequent applicants for a renewal of lymph,



not being able even to sustain a permanent source of supply for their own stations. There was actually threatening the community an almost entire suspension of general vaccination from the impossibility of obtaining an unfailing source of vaccine lymph. In this emergency, and to meet this most urgent need, the Health Department of the Privy Council, in conjunction with the National Vaccine Establishment, originated, some seven or eight years ago, the present system of national vaccination, which, although it is still far from being as complete and sufficient as could be desired, has nevertheless done and is doing much towards placing the vaccination of this country on a satisfactory footing. They established in every large town where there was a medical school a vaccine station, under charge of a competent vaccinator, who, under the supervision of the Central Establishment, carries out a thoroughly efficient system of vaccination, and transmits to London weekly supplies of vaccine lymph for distribution to practitioners in all parts of the British Isles and its dependencies.

In 1859, the first year after the establishment of these stations, the number of charges of vaccine-lymph supplied to the Central Establishment was 16,712. In the year 1864, it amounted to 108,405. From these facts we draw two conclusions: first, that what I may be allowed to call the centralisation system is essential to the very existence of general vaccination, as the only means of sustaining the source of lymph; and secondly, that a very considerable number of the practitioners throughout the country who represent the system of indiscriminate vaccination would be unable to carry on their operations for want of lymph unless they had the permanent unfailing supply of the Central Establishment to fall back upon. It nothing more could be urged in favour of centralisation, this incalculable advantage would perhaps be a conclusive argument; but this is only one of the important benefits resulting from these stations.

Each station is a school of vaccination, where students and practitioners who require the instruction (and of such there are not a few, owing to the almost entire absence of any systematic teaching of vaccination in our medical schools) are taught every important practical point connected with the subject. Mr. Simon has observed, and my experience as a teacher of vaccination enables me to confirm the statement, that it is quite possible for a practitioner to pass through his course of professional education, and to receive his diploma, without so much as having seen a single case of vaccination. This need no longer be the case; and under the present system it can never again happen that any person can become a public vaccinator, unless he can produce evidence of having undergone a regular course of instruction in vaccination at some recognised station.

Now Dr. Buchanan tells us, as the result of his inquiries, that unsatisfactory quality of vaccination depends mainly upon two circumstances—a failure of the arrangements to give a proper supply of lymph, and a failure of the operator to produce an adequate amount of local affection.

Dr. Seaton says the causes of neglect of vaccination are mainly: the absence of systematic supervision and the very imperfect arrangements made for the performance of public vaccination. I can, he adds, affirm, with the utmost certainty, that with thorough supervision and proper arrangements, the neglect of vaccination would be very inconsiderable; for though objection to vaccination exists in isolated instances in several places, and although in one or two places there was a strong local prejudice, yet, taken on the whole, it was not in one case out of a hundred

that the omission of vaccination was due to any other cause than to the indifference and idleness of the parents or to real want of opportunity; and he further says, that the local supervision which is required is quite as much a supervision of vaccination arrangements and of the performers of vaccination as of the fulfilment of duty by parents. Now it is perfectly manifest that these conditions, which have been ascertained to be essential to the maintenance of a proper system of vaccination, can only be ensured by centralisation, and would be absolutely unattainable if the system were left indiscriminately to the profession at large.

One very serious disadvantage which must attach to too great a subdivision of vaccination, is the impossibility of sustaining a constant system of arm-to-arm vaccination. The superior advantages of direct vaccination are so great and so well known, that all authorities on the subject insist upon the necessity of its being considered imperative in every practicable instance; all processes for preserving and conveying lymph, invaluable as they are for their own proper purposes, render, in the long run, the taking of the vaccination a matter of inferior certainty, and are therefore to be adopted only in case of necessity. And further, arm-to-arm vaccination itself cannot be kept up efficiently unless the operator has on all occasions a sufficiently large number of arms to select from; for if the vaccinations be few in number, the opportunities of lymph selection are limited, and lymph must be taken from second-rate vesicles. And this, in fact, is a source of much inferior vaccination. The National Establishment considers no station to be up to the mark where the number of children vaccinated is below 500 a-year, or the average number of arms to select from on every vaccinating day less than ten.

It may, perhaps, be asked, Why could not a direct supply of lymph from the cow be organised as a substitute for the human supply? To this, I reply, first, that we have no means of ascertaining the practicability of this method, and indeed the difficulties would in all probability be found to be insuperable; and secondly, that, if attainable, it is not nearly so well adapted for the purpose as humanised lymph. The very early vaccinations from the cow have a peculiar intensity of local irritative effect, which is so far from being an advantage, that it frequently needs to be controlled; it not unfrequently produces, as Mr. Ceely has pointed out, a special vesicular vaccine eruption, called by the Germans *Nachpocken*, causing a good deal of temporary disfigurement and annoyance, and sometimes, when copious, severe and even dangerous eruptions. The opinion entertained by some that vaccine lymph necessarily degenerates by repeated transmissions through the human body was denied by Jenner, and subsequent experience has fully established the accuracy of his view on this point. The deterioration of human lymph in transmission can generally be traced, and may always be attributed, as Jenner himself pointed out, to a want of due care in the selection of the lymph employed, or a failure of some other precaution in the details of the mode of using it. Jenner found lymph, sixteen years from the cow, as efficient as it was the first year.

The reports of the National Vaccine Establishment, the observations of Ceely and others, and the experience at the Liverpool Station, have amply verified the undiminished activity of carefully transmitted lymph for an indefinite period—fifty years at least—as I have shown in former papers on the subject.

It is in truth, as Dr. Seaton observes, not to the cow, but to adequate care and skill on the part of the vaccinators in the selection of the children and



vesicles from which lymph is taken, that we must look for maintaining stocks of active lymph.

The public vaccination in this country, as it exists at present, is chiefly in the hands of the guardians of the poor, who contract with their medical officers for its performance; and although undoubtedly, in many districts, it is carried out very efficiently, still the system is far from satisfactory, and, being subject to no supervision whatever, has been found to vary very much as to efficiency, as reference to the Government reports amply testifies.

There is the greatest want of uniformity of opinion amongst public vaccinators themselves as to what constitutes efficient vaccination, as well as on various other important practical details. Another serious objection to the system is the fact of vaccination being identified more or less with the administration of parochial relief, and the necessary arrangements being in the hands of the guardians, who are not unfrequently found to sacrifice efficiency to false notions of economy. In many cases, all the evils of subdivision exist to the fullest extent. The records of what is done are for the most part too incomplete and irregular to render them of the slightest value.

A certain but a much smaller portion of the public vaccination is more or less under the control and supervision of the National Vaccine Establishment, their stations being in some instances under the management of vaccinators salaried out of the parliamentary grant; in others, they are connected with medical charities; and in a few instances they have adopted a parochial medical district. Now, I have already shewn that it is the stations of the National Vaccine Establishment which furnish almost the entire supply of lymph for the public service; and I may add, that it is at these stations alone that vaccination in all its details is invariably and uniformly carried out in the best known manner. A careful record is kept, showing the source of the lymph, and the result, in every individual operation. The system, in fact, so far as it goes, is probably as satisfactory as could be desired; and all that in my belief is required to place vaccination on a proper basis in this country is to enlarge the but too limited powers of the National Vaccine Establishment by increasing the parliamentary grant, and giving to that body the complete control and responsibility of the whole public vaccination of the country. This would involve its disconnection with parochial relief, an uniform and suitable division of districts, the appointment and adequate remuneration of thoroughly competent vaccinators, and the necessary amendments in the various Acts of Parliament relating to the subject.

It has sometimes been urged, that a plan of this kind might be found to interfere with the rights and privileges of a certain number of the medical profession; but I can conceive no foundation for this apprehension. Almost the whole of the vaccination which would be included in such a plan would be that of the poorest classes of the community, the class which almost exclusively furnishes the bulk of the unprotected, and to whom the ravages of small-pox are almost entirely confined. The more intelligent and well-to-do class are able to take care of themselves; and their medical attendants, having a thoroughly efficient system of public vaccination to fall back upon for an unfailing source of lymph, would be much aided in their efforts to maintain vaccination of the highest character amongst the children of the wealthier section of the community, who, at present, are to a certain extent deprived of the full benefits of vaccination, as a natural result of the imperfections in the national system of public vaccination.

## Original Communications.

### CONSIDERATIONS RESPECTING CHOLERAIC COLAPSE.

By C. HANDFIELD JONES, M.B., F.R.S., Physician to St. Mary's Hospital.

THE condition of choleraic collapse must be admitted, I think, to be essentially independent of any evacuations from the blood. Setting aside cholera "sicca" (so-called), it certainly seems to occur when there is no possibility of any material loss of fluid; and, on the other hand, is not observed in certain instances of profuse intestinal discharge. In the cold stage of malarious fever, and more rarely in typhus, we meet occasionally with very perfect examples of choleraic collapse, understanding thereby blueness of the surface and icy coldness, shrinking of the body, failure of the heart's action and pulse.

Different views may be taken as to the essential cause of the above-mentioned symptoms. We may hold with Dr. Johnson that they all depend on spasm of the small pulmonary arteries causing arrest of the blood-flow through the lungs; or with Dr. Parkes, that the obstruction giving rise to them is the result of deposition of fibrine in the capillaries and pre-capillary vessels; or with Briquet and Mignot, that they are the result of the hyposthenising toxic influence acting principally on the heart and cerebro-spinal nervous system. Lastly, it may be held, that the algid phenomena are produced in the same way, I do not say by the same agent, as they probably are in pernicious ague; viz., by a morbid stimulation of the vaso-motor nerves, especially of the limbs and surface; or, according to a modification of this view, that they depend on severe irritation of the intestinal nerves or ganglia.

In Dr. Johnson's theory, there is much that is very truthlike, and perhaps it expresses truth, but not the whole. The chief objections to it seem to me those which arise from a consideration of the events of fibrinous deposition in the heart, which have been so ably investigated by Dr. Richardson. Here, supposing the obstruction to be on the right side, we have great and peculiar dyspnoea, often tumultuous action of the heart, wandering of the mind from failure of supply of blood to the brain, livid pallor and coolness of the surface, and more or less tendency to rupture of the air-cells and emphysema. Dyspnoea there may be in cholera; but it is not so constant, nor so severe, as in fibrinous deposition. The inspirations taken are shallow and frequent; whereas in the latter affection they are rapid and deep. The respiratory distress, when present, is further augmented, as Briquet and Mignot state, by a tearing pain, or oppressive weight at the epigastrium, or by a sensation of pressure or constriction at the base of the thorax. This is not present in the state with which I am contrasting the choleraic phenomena. According to Dr. Parkes, the respiratory murmur is altered in every case where the distinctive features of cholera are present. The inspiratory sound is lessened, becomes rougher and more bronchial, and the expiration lengthened and exaggerated. In fibrinous deposition, the breathing is full and free, as long as there is no obstruction on the left side. The muscles in the one condition are affected with cramps; in the other with restless prostration. The brain in the former, though evi-



dently scantily supplied with blood, is able to function effectively; in the latter it fails, and the mind wanders. If the blood were prevented from reaching the lungs by spasmodic closure of the pulmonary arterioles, there would almost surely be for some time violent struggling action of the right heart. I well remember a case of malaroid fever, in which the first paroxysm set in with pulselessness and a sensation of imminent death. On auscultation, I found the heart acting violently, and was greatly puzzled to understand how, with such forcible cardiac action, there could be an absence of radial pulse. In a few hours, the pulse returned, and the hot stage set in. No doubt can exist that, in this instance, the arteries of the limbs were closed by spasm, and that the heart was struggling to carry on the circulation in spite of this obstacle. In a case recently under my care, where fibrinous deposition in the heart was diagnosed during life and proved to exist after death, the action of the organ was greatly excited. In cholera, on the contrary, though the action of the heart may be sometimes rapid and tumultuous, yet for the most part enfeeblement and failure are the prominent phenomena. The surface of the body is notably bluer and more icy cold in cholera than in fibrinous deposition in the right cavities. Pulmonary collapse is not a feature of the latter condition any more than interlobular emphysema is of cholera.

The foregoing seem to me to constitute substantial differences between the two pathological states, which should not exist if the theory in question were correct. It is, however, to be remarked, as a notable point of resemblance, that in fatal cases of both the lungs are found anæmic, and that inflammatory affections of the lungs previously existing have been considerably diminished after the supervention of both. This, however, might ensue whatever was the cause of the arrest of the blood-flow.

A weighty objection to Dr. Parkes's theory seems to me the rapid though temporary improvement obtained by injections into the veins. These could not remove capillary emboli.

Against Briquet and Mignot's theory, it must be considered that hyposthenisation of the heart and cerebro-spinal nervous system is what the miasms of typhus and typhoid fever effect; but their symptoms are very unlike those of the algide stage of cholera.

Whatever opinions may be held as to the degree of real affinity existing between cholera and the pernicious malarious fevers, it cannot be questioned that the causes, supposing them different, produce almost identical results in the algide period, the more peripheral parts being icy cold and devoid of circulation in each, while the internal are the seat of active hyperæmia and congestion, and have their temperature increased.\* In both disorders there may be profuse evacuations or none. Now, it not unfrequently happens, that a morbid state may be produced by several distinct causes, yet be to all appearance identical from the operation of each. Thus, erysipelas certainly may arise from contagion; but there can be no question it often is set up quite independently. In our treatment of it, however, we have regard solely to the existing condition and not at all to the cause. So I hold it to be with respect to cholera. Its cause may be more or less different from that of pernicious fever; but the morbid processes may be almost or quite identical; and where the results are so similar, we can hardly fail to de-

rive instruction with respect to one from a careful examination of the other.

In endeavouring to frame to ourselves a *rationale* of the algide condition in malarious fever, we may observe: 1. That there is almost a certainty that the poison acts especially on the nervous system, both on its cerebro-spinal and sympathetic departments. 2. This action seems to be at first more exciting and subsequently paralysing; the former mode being more apparent in the peripheral parts, the latter in the abdominal viscera. The rigors may be viewed as indications of excitement of the spinal cord, and it is worth remarking that they do not occur in palsied limbs. The vaso-motor nerves may be so excited that the radial pulse is obliterated during the entire cold stage. 3. The enfeeblement of the heart's action may be well accounted for by a similar state of the plexuses supplying its nutrient arteries. 4. The peculiar coldness of the surface is to be accounted for by the contracted arteries ceasing to transmit a supply of aerated blood, and probably also by a special influence of the excited nerves on the nutritive vital actions of the part. I am the more inclined to adopt this latter view, as the rise of temperature, which has often been noticed after death, seems necessarily to imply the cessation of some force which depressed the calorification during life. As the phenomenon occurs some time after death, it is of course independent of any movement of the blood. 5. The blueness depends on the same cause; viz., the want of an efficient *vis a tergo*, in consequence of which the capillaries and small veins become filled with stagnant corpuscles of a dull red colour. This condition may be seen, not unfrequently, perfectly developed in the frog's web, as is well described in the following quotation from Mr. Wharton Jones's paper, p. 21: "In a third case, the two larger webs of a frog's foot were very much congested, the blood stagnant in a great many capillaries, and flowing slowly or oscillating in others. The flow in the veins sluggish. The arteries all more or less constricted. Sometimes one artery would be seen to dilate a little; and, in proportion as the flow of blood in it thus became free, the circulation in the capillaries to which it led was re-established. The application to the web of solution of salt was followed by uniform dilatation of the arteries, a brisk flow of blood, and dissipation of the congestion." Section of an artery has nearly the same effect, as constriction, congestion, and stagnation, take place in the venous radicles and capillaries connected with the lower end. The effect of cold in producing the above described condition is notorious, and was well exemplified in the following observation. An ice-bag had been applied for some length of time over a pulsating abdominal tumour, and had produced dusky venous redness of all the area of integument where it lay, while the surrounding surface was quite pale. A warm finger was laid on the discoloured part, and immediately the dusky tint gave place to the natural pallor. No one can doubt that, in this instance, the arteries were constricted by cold and relaxed by warmth, just as one may see them to be under the microscope in transparent parts. Other more obscure causes act occasionally in the same way as cold. Thus, it is stated in the *Echo Méd. Suisse*, that a girl, aged 17, without known cause, felt violent pain in the hands; the four fingers of the right and two of the left became slate-coloured, cold, insensible—in short, exhibiting all the symptoms of incipient gangrene. Movement was almost entirely abolished in these fingers. The induced current was applied, giving rise at first to increased pain, but soon arresting the sufferings of the patients. After ten or twelve sittings, at about the end of a week, the sen-

\* Dr. Macpherson states, that late experiments in Paris show that the temperature rises to 104° in the rectum. (P. 38.) Similar observations have recently been made in London. (*Nile Lancet*, August 18th, 1866.) The temperature of the vagina in one instance was 102°.



sibility, the normal temperature, and colour as well as motion were restored. The epidermis came off to the extent of the first appearance of the gangrene. It seems impossible that the Faradisation could have availed anything in this case, if the vessels had been obstructed by emboli; whereas it is intelligible that it might have been very efficient in removing a state of spasm. In my work on *Functional Nervous Disorders*, I have referred to some other instances of the same kind, which are, I think, sufficient to show that algidity may occur as a local phenomenon, and may, therefore, be independent of any intra-thoracic derangement.

It appears to me to be a question of great interest why the loss of *vis a tergo* so often conditionates stagnation of blood in the capillaries and venules. That it does not do so constantly is certain. I have repeatedly seen in the frog's web whole tracts of capillaries, empty apparently, and devoid of corpuscles when the arteries communicating with them were constricted. The capillaries themselves remained perfectly patent. It is said that frost-bitten parts become of a waxy white; while less intense cold produces, we know, a dull red. This might suggest that in the former case the arteries were more completely constricted than in the latter. I doubt, however, very much whether this is a sufficient explanation; and I am rather inclined to believe that the attractive force of the tissue through which the vessels pass has much to do with the result. In inflammatory stasis it certainly has.

Considering the intimate relation of malarious fevers to the neuroses, of which no practical man can doubt, the unquestionable control also of the nervous system, especially its vaso-motor department, over calorification, the evidence afforded by the microscope of the effect of constriction of the small arteries, and the nature of the remedies which prove beneficial, it seems to me that there is strong ground for believing that the *rationale* above offered of the causation of the algide condition in malarious fever is in the main correct.

The lesions revealed by *post mortem* examination are great engorgement of the large veins and of the right cavities of the heart, oedema of the lungs, or extravasation of blood into their tissue, formation of pigment in the blood, and deposition of it in various parts, a pale and flabby state of the cardiac muscle, which is stated to be much softened in the algide choleric forms.

We may next consider whether there exists any sufficient reason for refusing to class the algide condition of cholera with that above noticed. The phenomena during life scarcely differ, except in the character of the evacuations, and in their resisting, in the case of cholera, the administration of quinine. Neither of these seem to me absolutely distinctive. The evacuations in both cases are copious outpourings of serous fluid; and the rice-water appearance is only the result of the admixture of fibrinous flocculi or epithelium, and is perfectly imitated in some instances of hypercatharsis from drugs taken in a poisonous dose, as croton-oil and colchicum. If the contagious quality of the fresh evacuations was demonstrated, it would be a strong point of difference. The inutility of quinine in established cholera does not appear to me surprising. Bark has often failed in pernicious fever; and Livingstone found that quinine did not avail in the endemic fevers of the Zambesi. The chief peculiarities, which dissection discloses in fatal cases of cholera, are said to be the bloodlessness of the lungs, their collapse, and the quantity of blood which is retained in the pulmonary arteries, and pours out when they are divided. Now, these features do not appear to be constant by any

means. Annesley says, p. 111: "The lungs were always completely engorged with blood of a pitchy or black appearance." This evidently has reference to cases dying in the algide stage, as well as subsequently; and cannot, I think, possibly be meant to describe only the condition of the larger vessels. Leudet, in the majority of the cases fatal in the algide stage, found that no other morbid change existed than engorgement of the lower and posterior parts of the lungs with dark blood. In some instances, this was so complete as to cause portions of the pulmonary tissue to sink in water. In certain cases, the pulmonary tissue throughout was full of dark blood. Reinhardt and Leubuscher state that the lower lobes (that is, I should say, fully one-half of the lungs) were in general full of dark blood. Virchow states similarly, "The lower lobes were for the most part much congested." These quotations are taken from the Report of the College of Physicians. Parkes writes: "The quantity of blood in the substance of the lungs was considerable in three cases, in one there was extravasation of blood in the lower lobe of one lung; in six cases, there was a considerable quantity in the vessels of the lower lobes, but none in the upper; in ten cases, the quantity was small; in eleven cases, there was no blood in the minute texture of the lungs." According to this statement, the amount of pulmonary congestion was notable in ten out of thirty-one cases. Again he says, p. 20: "In other cases, there is more blood in the minute structure, a corresponding dark colour of the lung, and a variable amount of frothy serum." In some recent reports of autopsies of cholera patients dying in the algide stage, it is mentioned that a woman under Dr. Moxon's care died after eighteen hours' illness; the lungs were considerably engorged with dark blood, and all the heart-cavities contained white gelatinous clots (*Lancet*, July 28, 1866); also, that a case died in collapse at the Middlesex Hospital, where, at the autopsy, both lungs\* were found much congested (*Lancet*, Aug. 4).

These statements seem to me to prove that absence of blood from the lungs cannot be considered an essential condition in fatal cholera. It is surely not so constant an occurrence as blueness and coldness of the cutaneous and adjacent surfaces. Collapse of the lungs cannot be essential to fatal cholera, as it has been found altogether or nearly absent in autopsies. Out of thirty-nine cases examined by Parkes, this condition seems to have been marked in seventeen; in eight it was slight; and in fourteen it was more or less prevented by old adhesions. In a recent fatal case at St. Mary's, I am informed, the lungs were not collapsed more than in death from other diseases. Moreover, the same authority tells us that, "almost till the last moment, the patient can breathe deeply, if told to do so." It is probable, therefore, that collapse of the lungs is rather a *post mortem* phenomenon than an *ante mortem* condition; and that it is simply the result of the unopposed action of the elastic fibres of the tissue. Perhaps the anæmia of the lungs may be due in some measure to the contraction thus taking place, which squeezes the blood out of the capillaries and smaller vessels into the larger.

Retention of blood in the pulmonary arteries and right side of the heart is a striking feature in many instances of cholera, perhaps in the great majority; and, taken together with the more or less bloodlessness of the lungs, it appears to afford a good deal of

\* It ought, I think, in fairness to be stated that, in some instances of complete obstruction of the pulmonary artery, the lungs are found much congested. (*Vide* Meissner's Report—Schmidt's *Ber.*, vol. cxvii, p. 235.) This goes to assimilate the choleraic condition with that of right side fibrous obstruction.



appui to the view that the blood is prevented from passing onward by spasm of the smaller pulmonary vessels. The theory referred to represents this spasm as the essential condition of the arrest of the circulation; it must, therefore, be of constant occurrence; and the tokens of its existence ought to be constant also. But Dr. Parkes states that "in other cases, however, the lungs are also excessively shrunk, and contain no blood or serum; yet, on cutting through their roots, no blood escapes, and all the cavities of the heart are nearly empty. There is, therefore, no evidence of obstruction." In Briquet and Mignot's experience, the signs of pulmonary artery obstruction (viz., accumulation of blood on the nearer side of the barrier, and its absence on the distal) do not seem to have been at all constant. They write: "Sometimes the cavities of the heart were engorged, especially the right. The left cavities, however, had no tendency to emptiness." Dr. Andrew states, in his account of a case which died at St. Bartholomew's, that both pulmonary arteries and pulmonary veins contained a considerable quantity of blood, and so did the right and left cavities of the heart. Of another case, he states that both sides of the heart contained clots of dark blood and decolorised clots; while the lungs, which were emphysematous, contained a fair amount of blood. (*Med. Times and Gaz.*, July 21, 1866.) In the record of a case like the two preceding, dying in collapse at the German Hospital, it is stated that the pulmonary vein was quite filled with thick dark blood; the lungs were dark red. (*Med. Times and Gaz.*, Aug. 4, 1866.) If spasm of the pulmonary artery existed sufficient to obstruct seriously the current of the blood, there would surely be visible distension of the jugular veins during life, at least in cases where no considerable evacuations had taken place. No such appearance, however, is mentioned in the descriptions extant.

From the above evidence, I feel much inclined to admit the probability of choleraic collapse being produced very much in the same way as that of algide fever is. I think it not unlikely that the pulmonary arteries may participate in the constriction which affects the systemic, the vaso-motor nerves of each being affected alike; but I believe the chief seat of obstruction and arrest is in the aortic, and not in the pulmonary ramifications; and that the affection of the latter is non-essential. As to the argument, that, if the arrest were in the systemic vessels, the left side of the heart and the arteries would be gorged, it does not seem to me of weight. We see and know that, as a consequence of arterial constriction, the capillaries and veins become engorged; and if the blood accumulates, as we know it does, in the larger and smaller veins, it is no wonder that it is absent from the left cavities and their afferent channels.

Although we are not able to consider the physical changes produced in cholera-blood as the chief cause of the arrest of the circulation, yet we cannot but regard them and those taking place in the tissues as exponents of the action of an injurious influence, which, by gravely interfering with the several nutritive processes, aids greatly in deranging those conditions on which the free transit of the blood through the capillaries depends. The small intestines are the chief focus of these lesions, where we find not only vast effusions of serosity taking place into the cavity of the canal from a vascular surface denuded of its epithelium, but also infiltrations of its coats with exuded fluid, and not unfrequently more or less extensive hemorrhagic extravasations. Recent catarrhal irritation, with increased epithelial exfoliation, was found constantly in the urinary pas-

sages by Virchow. The uterus was commonly hyperæmic, and often presented small extravasations of blood on its inner surface or in its tissue. Similar extravasations were found in various parts—the pericardium, the endocardium, the lungs, the pleuræ, the spleen. Their occurrence can only be referred, I think, to an altered condition of the walls of the capillaries, as there certainly must be a considerable decrease, and not increase, in the amount of intravascular pressure, except, perhaps, in the case of the vessels of the small intestines. The kidneys presented indications of the commencement of morbid changes, which were more developed after reaction took place. The pneumonia, and engorgement or œdema, which was so frequently observed during this stage, must be considered to have had its origin in the loss of capillary tone or retentive power, of which there were sufficient traces during the algide stage. The softening or alteration of the muscular tissue of the heart, which was observed by Briquet and Mignot in four-fifths of the cases fatal in the algide period, is a strong evidence of the injurious influence of the poison on the tissues, and must be taken into account in estimating the immediate causes of the fatal event. It is also to be noted, as showing the tendency to cardiac paralysis, that Parkes found, in some instances, the ventricles flaccid and inexcitable soon (about one hour) after death, though they subsequently contracted firmly. The paralysis in these instances was probably of the inhibitory kind. Owing to its natural weaker conformation, it is conceivable that the right ventricle might be paralysed before the left, as the above mentioned writer suggests. The dark, tar-like, wasted condition of the blood, is not referable, I believe, to the abstraction of water and salts only; for it is noted as having these qualities in Dr. Stokes's case of algide typhus fever, where there were no unusual evacuations. Its tendency to deposit fibrine, as well as its other peculiarities, seem to me more probably the result of the direct action of the poison, than of its imperfect aëration. In a case mentioned in the *Medical Times and Gazette*, July 28th, it is stated that a fibrinous mass, of the size of a cherry, was found in the right lung.

The general tenor of the above facts is to show that the operation of the poison is by no means limited; that it affects the blood, the arteries, the capillaries both pulmonic and systemic, the mucous and serous membranes, and glands. From this I should conclude that the morbid process is not confined to any one region, but affects many, probably with varying degrees of intensity in different instances.

Although the above exposition seems to me to be the nearest the truth, it ought, I think, to be considered also whether in many cases, perhaps more especially in some epidemics, the symptoms may not be dependent, in a greater or less degree, on irritation reflected from the morbidly affected intestine. In a case of poisoning by croton-oil, the patient having at the same time typhoid fever, the symptoms, as Dr. Macpherson remarks, approach wonderfully close to those of cholera;\* and it is especially observable that the algide phenomena were apparent three-quarters of an hour before purging commenced. The depression of the circulation which occurs in acute peritonitis, like that resulting from severe irritation of the mucous surface, is no doubt dependent on morbid impressions conveyed by the intestinal nerves to the ganglia and cord, and thence reflected on the heart and arteries. In a fatal case,

\* Dr. Greenhow has recently recorded a case in which they were absolutely identical even to the rice-water evacuations. (*Medical Times and Gazette*, August 11th, 1866.)



I found the left ventricle quite empty and firmly contracted, just as it has been found in cases of cholera. The right was occupied by a largish fibrinous clot extending up into the pulmonary artery. It did not appear of *ante mortem* origin. The lungs were congested. The absence of abdominal pain is not an argument against this view; as we know, from observation of epilepsy, that an unfelt irritation may give rise to very severe symptoms. Cases of this nature would be more amenable to treatment than others; inasmuch as the intestinal irritation might be removed by appropriate remedies, as calomel and opium, castor-oil, etc. It is to be feared, however, that, in many cases, the heart, kidneys, and other organs, are too severely stricken in their vital powers to carry on their necessary functions, even when the irritation of the intestinal nervous structures is removed.

In conclusion, I may say that I regard cholera as by no means a single and uniform morbid process, but one which consists of several varying elements. These may be enumerated as cardiac paralysis, constriction of arteries, alterations in the blood and capillaries, intestinal irritation. They may be variously developed in different instances, some may be more marked in one case, others in another, and remedial means should be varied accordingly.

#### REMARKS ON SYPHILISATION.

By GEORGE GASKOIN, Esq., Surgeon, Chevalier of the Order of Christ, Portugal; Surgeon to the Artists' Benevolent Fund; formerly House-Surgeon and House-Pupil, St. George's Hospital.

[Continued from page 41.]

IN the continuation of his second lecture, Mr. Lee says that the immunity obtained in animals through repeated inoculations was attributed by M. Auzias to saturation of the system with the syphilitic virus; and then he goes on to say that "the early theory formed of the process was embraced by the word given to it; but that theory has perished, though the term has been maintained. Syphilisation is a misnomer. For, let us allow that we can make an indefinite number of ulcers on the person of a syphilitic by repeated inoculations of the pus of an indurated chancre, there is here no analogy to the process by which animal poisons are carried into the constitution—to vaccination, for example." Here we have it implied that Auzias Turenne has fled from the principles with which the public were first deluded and amused; he has experienced a defeat, we must suppose (for has he not shifted his ground?); a loathsome mode of treatment is maintained, though the plea for its introduction is found to be groundless and untenable; "the theory embraced by the word given to it" is utterly destroyed; while, in obedience to necessity, the venue now is changed, and a source of professional notoriety is supported on some other ground of conclusion equally false and subvertible.

But why, oh! Henry Lee, do you persist in laying your readers on a wrong scent by suggesting in others the existence of untenable and varying opinions, for which there is only the very faintest foundation in truth? Why range yourself with the oppressors of a great discoverer, as if it were not plain to every eye that his tardily and meanly acknowledged merits are a reproach to the age in which we exist, even more than the false glitter of reputations which flourish by his side. Was it not truly said by the wicked lawyers of James's reign, Give us a line of writing from a man's hand; it shall

be enough for us to hang him straightway? and you have got now this unfaithful record of a dream, you rake up this word "saturation", which, in conjunction with syphilis, expresses so revolting an idea. The intention and legitimate aim of the discoverer to regulate and destroy the action of the virus by means of the same virus, and thus to rescue the patient's health from destruction, is kept out of sight altogether; and we have this "saturation" presented to our notice, which is asserted to have been M. Auzias-Turenne's original conception in proposing a new treatment of syphilis; and, "therefore", say you, "this process was *naturally* termed syphilisation—*this theory has perished*, while the term has been retained". But did this theory ever exist?"

See we not rather here revived the prejudices of the previous century, when to give a man the small-pox, or matter from out of the body of a cow, was called flying in the face of Providence, and marring God's likeness in his creatures, just as now we are accused of piling syphilis on syphilis? What is your ground of warranty for this assertion? No greater than what we shall see to follow. In the earliest physiological communication made by M. Auzias-Turenne to any learned society, November 1850, in the brief summary of his crude ideas on syphilitic vaccination, or syphilisation, as he then commenced to call it, one phrase, or short section of an introductory character, runs simply thus. No. 3. "The noun-substantive syphilisation (the corresponding verb being syphilise) may be used to denote a sort of saturation of the living organs, or *better* a condition of immunity obtained by successive chancres"; and by and bye he says, in so many words, that the virus offers itself to us as the best means of contending with the difficulties of the disease.

Could anything be more modestly expressed by a youthful aspirant? But, just as any stick may serve to beat a dog, we see here how unfashionable talent may cry out in vain for protection against the imputation of absurdity; nay, even when one of the cleverest men and one of the best physiologists of the time is in question. If he be not buoyed up by a clique, he must go to the wall; and abroad, out of his own country, where his personal qualities and antecedents are unknown, he must be content to rank with a Hahnemann and a Paracelsus, or with smaller fry. You threaten the public with an accumulated syphilis; and ask, by implication at least, if Auzias-Turenne and the rest are to be allowed to fill up human creatures like beer-barrels, or swell them out like sponges, with syphilitic poison.

What can give a more sad idea of the times in which we live than to see favoured and diligent men like Ricord and Henry Lee, representative men of the day, putting themselves so entirely in the wrong with regard to the degree of merit to be found in their contemporaries? What a picture is thus afforded of the condition of science amongst us, when all sorts of forced interpretations, imperfect apprehensions, and explanations ill understood, weary out the thread of life and exhaust all philosophic patience! Such experience might seem to make a return to the middle ages desirable when ghostly charity attempered a material persecution, altogether not more terribly felt perhaps than this crushing prejudice from the regions of fashion, while the very organs of public liberty are made to swell the chorus of dispraise.

In what way, we ask, is syphilisation a misnomer? With a thorough-paced dualist, it is liable to such an interpretation, because he looks on the whole thing as a sham. Yet with no reason on his part. For these wise men of Lyons have lately decided



that vaccinia is a wholly different disease from the small-pox. To use their hackneyed expression, it is "antagonistic" to it. Still none of them, that we have heard, affirm that the poison of vaccinia does not control small-pox. But Mr. Lee is not openly a dualist—as to difference of species, at least; he does not deny expressly to the matter of soft chancre the name of syphilitic matter; but if the cure is done with syphilitic matter, surely the patient is syphilised. The idea of making an indefinite number of ulcers is altogether assumed by Mr. Lee; it is on the definite limitation of the inoculations that the whole *rationale* is supported. The number of inoculations in a series and in the aggregate, though it may vary much, is necessarily limited; till, at last, when the final limit is reached, the most erosive virus no more affects the frame than a drop of water laid upon the skin. What does the writer know about the process by which animal poisons are carried into the human system? Does he know more than the rest of the medical world? Has he any particular theory to support? Is there one path, one process for them all? We know little enough about these things as yet.

As regards vaccinia, then, the poison does enter the constitution; we should scarce have expected such a confession from Mr. Lee; we should have thought he would have declared the operation of the vaccine vesicle to be "localised", "its history terminating with its cicatrisation." What proof to the contrary, if we omit its protective power? In the soft chancre, beside other proofs, there is a curative power as regards syphilitic disease. This is one of the reasons why we believe it affects the constitution, and is not a purely local or "localised" sore, the sphere of whose operation, according to the Lyons school, is confined, "like a spine in the tissues," to the neighbourhood of its site; and we also believe its secretion to be of a syphilitic nature and origin, so that, whether matter from soft chancre or hard chancre be used, syphilisation is not a misnomer.

But, forasmuch as no imputation can be more serious than that of thrusting back science and impeding the freedom of its career, we may say that we agree with that admirable writer, Bassereau, as to the existence of a simple ulcer of the genitals before the advent or cataclasm of syphilis in Europe; but it is not this Venerola which we have to deal with in the present day, but a soft chancre, which is a product of syphilis, and which is syphilis in a modified or fluctuating form, just as it falls under observation when we inoculate, and such as is signified, apparently, in the pages of Guicciardini, where this writer says that in the course of his not very lengthy experience, which dated from the very beginning of the French disease in Italy, it had become mitigated, "*having divided spontaneously into more than one sort differing from what it was at first*"; and too much weight cannot be given to his words. Although the history of the soft sore is the most obscure problem in the study of syphilis, this is what we are inclined to believe concerning it: we think ourselves justified in considering it to be part and parcel of the disease; and we believe that Bassereau's view of the subject is a partial one, for he has not taken all the facts into consideration.

As to the thrust of the indefinite number of hard chancres, we may say that the sophism is of Paris importation. It is repeated, as regards the soft sore, in all new French treatises, as well as in the books which are copied from them. It is a truth which cannot be denied, that of all mankind the Parisians are the most gullible; for, if the Londoner enjoy a standing testimonial of his credulity, having acquired the name of cockney, yet

the Parisian, as far more sanguine, unballasted, fed on silly vanities, goes very far beyond him in this respect, so as indeed to have merited a more significant epithet which it will not be necessary to mention.

Now, Lindman, the young German physician, who was one of the first to try multiple inoculations on himself for syphilis, when his fellows at the Académie de Chirurgie, fresh from their masters' teaching, came round him pitying his condition, and beseeching him to desist, told them people would never believe that syphilisation was so bad as in truth it was, until some worthy and excellent man had died of it, and therefore he had determined to go on. His subsequently improving health and flourishing appearance being the subject of general remark, defeated their anticipations of his decease. He still went on inoculating; and he appears to have told some one who questioned him or bothered him (for he would have nought to do with the Academy after their first behaviour to him), that he had inoculated himself with 2200 chancres, and after that *he had ceased to count*. He seems to have taken a pretty exact measure of their credulity, and to have reprovved with a just sarcasm their pretentious scepticism. It is necessary to say that the fact of so many inoculations is perfectly absurd. The greatest number got by Boeck out of a large collection of cases treated by him was not a third of the number mentioned. How few of them are ulcers, it is not necessary to describe. The exaggeration of the French shows how far their wishes extend beyond their proofs in propping up their artificial systems.

This story is on a par with that still current in the Quartier Latin, of a student, J—, killed by syphilisation, a piece of tragedy retailed to a friend of ours, some time since, by a medical bookseller of the Quartier, with the true *accent de la vérité*. The tale occurs in the celebrated *Lettres sur la Syphilis*. The more correct version is as follows. About fifteen years gone by, a young student, in very distressed and unfortunate circumstances, adding toil to dissipation, died of contagious erysipelas, then raging in the house and quarter, at a time when the few inoculations that had been made on him were (as we have it on the evidence of M. Auzias-Turenne) wholly cicatrised.

M. Ricord, in a book characterised rather by "humorous anecdotes" and "situations" than by anything like fair argument, applies to this event his favourite word "deplorable" less in pity than in censure; and the case is still quoted as a warning to all who dare, even in thought, oppose themselves to those who hold the reins of power in the schools of science; and, since the action of animal poisons is in question, this would seem the best opportunity of referring to that argument which Mr. Henry Lee has put forward in his last lecture, as to the immunity which is attained after bites of fleas and mosquitoes, either constantly reiterated or multiplied at short intervals of time. Whether an effort of candour prompted our objector to a confession which he makes so entirely for us, or whether, as we rather believe, he brings it in to support a theory of derivation which we entirely reject, it would still appear to range itself under the head of those stories to which we have referred above. Such a tale seems to want confirmation from popular experience. We have inquired of great travellers and others who have been much among those things, and they have answered us with smiles, or with laughter not unaccompanied with tears. But if he have persuaded himself of this matter, we may surely be permitted to give attention to what we have heard concerning



immunity obtained by repeated inoculation of the poison of serpents, a far more important fact, but which, as far as we are concerned, needs further elucidation, though the sources from which we heard of it are more than respectable.

M. Ricord may proffer and publish the belief that syphilis is a degraded glanders, M. Diday expect to find in vaccine matter the materials for a cure; English syphilographers may depend on chlorate of potash, and give sulphite of soda a fair and lengthy trial; but when a method of treatment offers itself, which is in accordance with pathology, and an order of ideas are produced which rest on instruction, observation, and experiment, it is decried as baseless and absurd, and its advocates, too, are treated with slight respect, if not with scorn and inattention.

So far from there being no analogy between syphilisation and the operation of animal poisons, it is by analogy that we are guided throughout. Without this guide to the practitioner, we think it scarcely right and hardly possible to expect much success. The attention of modern physicians has been far less directed to the class of virulent diseases than formerly. Of late, pneumonia, carditis, diabetes, pyæmia, rheumatism, and other complaints, have excluded fevers and virulent diseases from much notice. Only fitfully and exceptionally have they engaged attention. It was far otherwise in the middle of the eighteenth century. When inoculation for small-pox arrived in England in the year 1721, although its inventor was lost to view, it came soon to be considered one of the noblest efforts of the human mind. We know the difficulties opposed to it; and that thirty or forty years had passed away before its merit was well recognised. From that time onward, every one's head was working in one direction. Inoculation was the order of the day; for the cure of syphilis, it was first tried in the year 1778. This idea with regard to syphilis obtruded itself on many minds. The circumstance of the disease running itself out, and of its being an eruptive disorder, made the analogy too obvious not to occur to many. The chief objection to the treatment lay in the chronic character of the disease, so different from small-pox and other exanthems, which pervade the tissues rapidly.

Before the discovery made by Auzias-Turenne, in the middle of our century, the medical mind of Paris had been deeply stirred by discussions on the occurrence of glanders in man. It required the stubborn perseverance and earnest soul of Rayer to prevent this pathological fact being consigned to the grave of the Capulets. The evidence of cases went for nothing against an opposition of the most bitter kind. All the questions which relate to the contagion and course of virulent diseases came under review and consideration at that hour; and it was under the impulsion of ideas which had become familiar through discussion, that Auzias-Turenne availed himself of opportunities he then possessed to attempt the inoculation of animals with syphilis. Being fresh from anatomical study, a delicate and dexterous manipulator, and withal earnest in the work, he succeeded, where Hunter, Ricord, Cullerier, with a less degree of earnestness, had failed. When M. Auzias-Turenne had discovered a natural limit to the number and extent of the inoculations, the path was traced out to that point of success which was uppermost in his mind, but which had equally suggested itself to others. Immunity was found at length to be attainable. Mankind were now sufficiently well informed to put the plan in execution; and, as it appears to us, it has been followed by a certain measure of success.

That Dr. Boeck inoculated, or caused to be inoculated, the hard chancre on the bearer during

his stay in England, admits not of a doubt; that the same has been done since his departure cannot be denied. Mr. Lee believes he can inoculate and get a soft sore with an unwashed lancet wiped with dry lint, such as is commonly done by Dr. Boeck in his clinical practice. This, however on the first blush it may appear plausible, has not been put to the test by the objector.

In writing of the inoculable pus obtained from stimulated chancres, Mr. Lee expresses himself thus: "Whether," he says, "such matter be a product of true syphilis, or whether it depends on some dynamical change in the action of the part, it is essentially different from that which pertains to an infecting sore." This secretion, whether *theoretically we suppose it to have its origin in syphilis or not*, is practically not that which produces syphilis. In the change of action which has taken place during its production, it has lost its sting so far as its power of producing an indurated chancre is concerned, and it has also lost, so far as present evidence goes, its power of affecting the patient's constitution.\* Our foregoing argument will give us the key to such errors as these. He holds to the false belief, that an inoculation on a syphilitic soil carries no principle of infection; and he is then driven into a corner to find what can have happened in the sore. "It is changed," "it is essentially different," it is "practically different," "it has lost its sting—the sting which it has in the parent sore." An unicist would look on this with calmness; but to a dualist of the advanced school it is very perplexing.

Of the disappearance of the virus Mr. Lee is fully convinced. The theories of Langlebert are so flattering in their application; the girls from the *clinique* of Bidekap shut out all else from view. But what if there be no change after all? What if such sores do infect? This, truly, is what Mr. Lee will be the last man to allow, because it gives a shock to his system; for he has spent many years in constructing an "edifice", and never was there a more ingenious artificer than our friend. His edifice, however fairly built, will have to share the fate of many modern constructions. The keystone of this fair building is "adhesive inflammation", as distinguished from "suppurative action"—a secretion of sero-epithelial *débris*, in antithesis to pus. But is not the distinction between lymph-globule and pyoid globule too subtle whereon to establish a difference in kind, or, let us say, in species? In fact, the difference between them is roundly denied by the French, with whom the chancreous secretion, in all its forms, is pus. Fibroplastic globules and fibres have been somewhere called, we believe, heteromorphous; and the pyoid globule, homoimorphous; but the line was never cut so sharp between them as we find it in this artificial theory before us. Nor, indeed, is a pus-globule, according to our ideas, exactly a pathological entity. To Henry Lee, who identifies the infecting sore with adhesive inflammation, the passage, whether by artificial or other means, to a suppurating sore, is all-important; it is an "artificially induced" action, manifested in the pus, and conveyed by the pus. The sore has lost its sting; it has "lost its infecting principle; and it has gained a contagious principle, as a result of this action. What does all this mean? It conveys the idea that there has been produced a soft sore, a contagious non-infecting sore and mark, not *in situ* where the "action" has been "induced" by irrita-

\* See case of Melchior Robert's pupil, quoted in previous paper. Ricord has stated that, if chancreous pus be inoculated on a syphilitic person, the sore produced is never an indurated ulcer; but, notwithstanding, if the pus from it be transplanted to a non-syphilitic, a hard chancre is the result, and also consecutive syphilis. See also Burnstead *On Venereal Diseases*, 1864, Introduction, p. 46.



tion of some sort, but manifested in the spot of inoculation, where the infecting power is lost, "as far as present evidence goes," and the contagious power is retained; so that from this sore you can inoculate right on in a series, although it be no longer pox.

Wrong in fact, wrong in theory. The case of the pupil of Robert, who, as we have seen, was infected through one of these inoculations, shows that it has not necessarily "lost its sting"—i. e., its infecting power. But let us follow Lee in his argument, in which he so nicely distinguishes contagious from infecting power. It needs explanation truly, and one requires to be behind the scenes. Let us consult his French prototypes. According to their purely artificial distinction, contagion is local, infection general in its effects. A small quantity of blennorrhagic pus deposited on a mucous surface, followed, as often is the case, by the disease, marks blennorrhagia as having a contagious principle. The same term, then, applies to the simple or soft venereal sore, which is with the French a local, contagious, non-infecting disorder. We now understand what he means by its losing its infecting, and gaining a contagious power. He means, *totidem verbis*, it has ceased to be an infecting, and has become a soft or simple chancre. There has taken place a change of species; that is what he insinuates. This is the theory of the dualists and of Langlebert, undisguised. But how does this change occur, and when? At what point? During its flight to the inoculated part; at the moment of departure or of arrival. One disease goes out, and the other comes in, like two sentinels relieving one another, or night-nurses taking their turn about. But this contagious sore, whence comes it? Not out of the savine powder or the dry lint of the manufactory? Does it come *e nubibus*, for *ex nihilo nihil fit*? It is the result, the author says, of "action"; it is "action" which is at the bottom of the change, and which produces a sore which is not a common ulcer, but which can be inoculated right on in a series. The passage from adhesive inflammation to suppurative inflammation, is it so extraordinary that it makes quite a change of disease? The action does not only break down the syphilitic principle completely, but it manufactures out of it an entirely new article, a most definite non-syphilitic malady, which, if we may believe the dualists, had a pre-existence to syphilis among European populations. But perhaps Mr. Lee may say it is not a disease at all which is begotten; it is an "action" which is "induced". Does not common sense revolt at that? Suppose now you were to say to a man, "Sir, excuse me, you have not a disease hanging about you; you have an action." Might he not answer, "Sir, I never had an action in all my life? I have really something that ails me." Would it not be a *scene de Molière*? No, that argument will not do. Would it hold good in pneumonia, phlegmon, or any disease? Does leprosy begin only in a tubercle, and not also in an ulcer or a scale? Are we then so precise? We have heard something of polymorphism lately, and the term has been applied with a somewhat lavish hand to affections which are tolerably regular in their course; but syphilis, has it not always been esteemed polymorphic *par excellence*—the polymorphic disease? Be, therefore, less exacting as to its elementary forms and primary deviations, we beseech you.

It remains for us to add, that a strong corroborative proof is given of the infecting character of the inoculations in the occurrence of the multiple glandular swellings which occur "like a chaplet" on the edge of the pectoral muscle, as described by Boeck and Bidenkap; and the same may be said

of those skin-manifestations so convincing to the mind of the operator that the inoculated virus really has what M. Rollet and others have been pleased to deny to the simple sore—an "echo" in the economy.

[To be continued.]

We are requested to remind members of the Association that the Annual Subscriptions became due on the 1st of January. They can be paid either to the Secretaries of the Branches; or to the General Secretary, T. Watkin Williams, Esq., 13, Newhall Street, Birmingham.

## British Medical Journal.

SATURDAY, SEPTEMBER 1st, 1866.

### APHASIA.

A GREAT deal of very good work has recently been done, chiefly in France, in the attempt to fix the seat of the faculty of language or of articulate language. We believe, for our part, that it is not well to speak of language as being a distinct faculty—at all events, in the sense of its being so distinct from the rest of mind and its outward doings as to have a separate seat in a small part of the brain. There has been much discussion on the subject; but, to our thinking, the work which will last will be that which M. Broca and others have done in collecting facts to shew where the Nervous System is most often damaged in cases where power of speech is lost or disordered. It may seem at first glance to be a tiresome refining of words to speak as if it were settled—although we do not say that we admit even this—that damage within a limited region of the nervous system disorders or destroys speech, whilst we will not admit that language has a seat. Within the limits of this short article, we have no intention whatever to discuss the subject of language; nor, in speaking briefly, must we be understood to wish to dogmatise on points which are very much disputed. Our object is rather to contribute what we can to greater width and precision of investigation, and especially to point out that the distinction we have just indicated is an intelligible one.

In many published cases of loss of speech, the damage to the nervous system has been of convolutions in the region of the corpus striatum; and, according to M. Broca, it has generally involved part of the third *left* frontal convolution. It nearly always involves the corpus striatum too, and hence loss or defect of speech is almost invariably attended by hemiplegia. Speaking of those cases in which the damage is the result of embolism, a writer in a contemporary (*Lancet*, Nov. 26th, 1864) says:

"In some, the supply of blood is cut off from so large a quantity of brain round about the highest



part of the motor tract, the corpus striatum—the point of emission of the orders of the ‘will’ to the muscles—that the patient seems to have lost the power of *intellectual expression* altogether. In others, so small a part is damaged, that he has little more than a difficulty in the executive of articulation, that is, in getting out his words.”

The patient, this writer seems to think, cannot talk, or talks badly, because the injury is at the critical point where a great part of the brain is connected by fibres with motor centres and motor organs, and not because the peculiar seat of one distinct faculty is more or less broken up. This is essentially the view long ago put forward by Mr. Dunn.

It must be kept well in mind, that “language is, in its actual condition, an art like baking or brewing, handed down from generation to generation;”<sup>\*</sup> and that thus the cultivated movements which constitute speech differ widely from movements like those of swallowing and respiration, which are perfect at birth. The former have to be learned like the tunes we play on a piano; the latter require as little education to set them a-going as a barrel-organ does. In certain cases of disease of the nervous system, it will be found that there is, in extreme cases, nearly a total loss of the power of intellectual expression by these acquired movements; whilst involuntary and emotional actions are well performed. It is, in other words, the language of the individual that is lost; the language of the race being unaffected. Practically, there is a distinction; but, in noticing differences, we must not overlook resemblances. Laycock long ago applied the doctrines of reflex action to the explanation of mental operations; and in some of these “speechless” patients there are occasional utterances which illustrate his doctrines. These utterances do not convey propositions, and are not voluntary. One writer says, with some truth and yet with considerable vagueness, “Just as a paralysed foot will jump up when the sole is tickled, so these words start out when the mind is excited.” The reader will find in Mr. Herbert Spencer’s *Principles of Psychology* much matter of extreme importance in reference to these points. The phenomena of cases of loss or defect of speech seem to us to confirm many of the views this distinguished thinker has put forward. Now, strictly speaking, speech is rarely quite lost, in the sense of there being inability to utter any articulate sounds at all, except soon after the attack. “Yes” and “no”, the movements for which, although acquired, are movements almost as automatic as smiling, are the words which are generally left. “Yes” is often little more than the expression of a general state of pleasure, and therefore has close affinities with emotional actions, and may be developed by a similar general prompting. It is only when used to convey formal assent to a particular

statement that it seems to embody a proposition. Many of our words and phrases are of this kind, although perhaps swearing is the most striking instance of all. Such exclamations and phrases have become, as it were, naturalised, and assert themselves with native actions due to general states of feeling without the call of the will, and some interjections are uttered almost in spite of it. The words “yes” and “no” are, it will be found, rather more useful to some of our speechless patients as interjections, or as a framework for cadence, than as a means by which to give replies to particular questions.

Bain says: “The linking together of movements, so perfectly as to make them succeed one another without consciousness, brings them into comparison with the instincts. Such actions are sometimes called secondary—automatic.” The occasional interjectional utterances of “speechless” patients may be called secondary—automatic, and may be placed betwixt such actions as smiling and those which are voluntary and performed with a definite object. We might speak similarly of other cultivated movements which have become almost as much part of the organism as smiling or winking. Bain, speaking of the association of movements, after giving several examples, writes: “A more familiar example of the same fact is the signing of one’s name, an operation which, by repetition, has been brought up to the highest pitch of automatic or mechanical sequence.” The facts gathered in our study of diseases of the nervous system shew how true many of the remarks of this able writer are. It will sometimes be found that a speechless patient can write his name easily and yet nothing more, although he can copy well.

M. Broca considers aphemia to be a disorder of motion, and explains the loss of “memory for words” by the supposition that aphemic patients have lost the memory of the process for coordinating the movements of the muscles required for articulating the words they cannot utter. In short, the place of damage is believed to be at a point where the combination of cells and fibres (coordinating centres, or whatever they may be called) for coordinating muscles in particular actions joins the highest part of the motor tract. Bain says: “The mental recollection of language is a suppressed articulation ready to burst into speech.” Bain, from whose writings we have already quoted, has considered in a masterly manner the whole question of acquired movements, of which the movements of speech are some of the most important. For it is to be remarked, that the question of the relation of artificial signs to thought must not be narrowed to mere talking. A human being can, many believe, think in other movements (or impulses to move) than those of speech. The educated deaf and dumb “must use, instead of the remembered words which we employ,

<sup>\*</sup> On the Origin of Language, by Hensleigh Wedgwood, 1866.



the remembered images of hands, in the various combinations of finger-speech, *as the symbols of their thoughts*". (Thomson). Whately, in his *Elements of Logic*, speaking of the case of Laura Bridgman, says:

"The remarkable circumstance in reference to the present subject is, that, when she is alone, her *fingers are generally observed to be moving*, though the signs are so slight and imperfect that others cannot make out what she is thinking of. But, if they inquire of her, she will tell them.

"It has been observed also that this girl, when asleep, and doubtless dreaming, has her fingers frequently in motion: being, in fact, talking in her sleep."

Now, M. Broca and M. Trousseau are at issue on some important questions of fact. We may say, in passing, that, in our experience, loss of articulate language, *i. e.*, the aphemia of Broca—we do not speak of sudden *temporary* loss of power to talk—does not often occur as a pure defect, but is generally accompanied by defects in other artificial contrivances for intercommunication. From the differences of opinion between two such distinguished men, much may eventually be settled; but they are at issue on a matter of comparatively little importance in itself, but of much importance on account of the eminence of those who differ about it. They think it of consequence to fix on some name for certain defects which go with hemiplegia—nearly always of the right side. M. Broca calls them "aphemia", and M. Trousseau "aphasia". We say nothing of other names which have been invented, and we hope the whole series will be quickly forgotten. Much good work has been done under these technical terms—we are anxious to impress this—by many distinguished men in France and England. The work of such men will not lose its value, however much opinions and inferences may change. Yet, whilst it is true enough that a term does not hamper men like Broca, Trousseau, Gairdner, Sanders, and others, in investigating such cases, nor hold down their thoughts when they speculate on the relations of the defects they state to mind and brain, it may be very hurtful to men of smaller calibre and to beginners. If, however, these terms are to be used, we, at least, must study carefully how able men, such as we have named, have employed them.

Now, we should be gravely misunderstood if we were supposed to be the advocates of loose phraseology, and to be deprecating the convenient use of short and descriptive technical terms. We cannot think far without names or signs of some kind, and we must use some technical terms. Yet there is enough confusion about such words as "memory", "thought", "language", "speech", etc., to discourage attempts to introduce more. We are seriously anxious to state our opinion that in this matter, as in many others, such terms as Aphasia, Aphemia, Alalia, Apthensis, etc., are likely to be very mischievous.

There is an appearance of precision in giving a name to such a clinical group of symptoms; but we submit, that the defects of language and of sensibility and movement which occasionally occur with hemiplegia (generally of the right side) will not "endure the chains of a definition." It gives a superficial and (we believe) an unreal appearance of order to symptoms which have not yet been placed in any order worth the name. That kind of "order" which "settles" things, and thus checks thought and investigation, is almost worse than confusion. A subject which necessitates a consideration of speech, language, thought, voluntary and involuntary movements, is too large to be thus confidently handled. We should be satisfied to be going on with our work, and not be too anxious to get to the end of our task. An arrangement is often a refuge of weakness. In spite of the amount of labour that has recently been bestowed on this subject, we are far from being able to make a harmonious whole of our work. There are so many differences of age, of circumstance, of education, in our patients; so very many differences of degree in the defects which occur; so many in the pathological changes on which they depend; and, more than all, so many asserting exceptions that the results of our studies seem like a mass of complexity. And where one man sees "struggling order", and is content to go on working according to some reasonable method, another sees nothing but distracting confusion, and tries to make a speedy end of it by using arbitrary definitions to parcels of facts, and by arranging his cases under divisions and subdivisions. A man who thinks for himself should be willing to endure some doubts as to the relations and meanings of the singular phenomena in a striking case rather than to make short work of it by saying, "It is a case of aphasia." We should not barter our freedom of thought for a lazy repose on so-called definitions and conclusions, any more than we should sell our social freedom for a certainty of food and raiment. Any theory or theorising term may be suspected which does not open out more work. We are anxious that students—students in the widest sense—should not use terms to deceive themselves into the appearance of knowledge, when they are really putting important symptoms out of the path of proper inquiry; labeling them so glibly and so easily, that they can *talk* of aphasia almost without *thinking* of thought and language. The questions that should engage us in our study of the defects which often occur with hemiplegia (generally of the right side) are as wide as those which cluster about the study of mind and brain. We wish, then, to say to the student that it is not wise simply to ask himself, "*Is it a case of aphasia?*" "*Is it a case of aphemia?*" but rather, "*How has language been damaged?*" "*How is mind affected?*" "*What motions have been lost?*" and other general inquiries; the results



of which will give particular symptoms wide and yet precise relations *in his own mind*. He will find, if he talk to many people who have thought on similar subjects, plenty of differences of opinion as to what "mind", "memory", "will", "reason", etc., mean; but he had better bear this discord as well as he can, remembering that all that we call truth is mixed with human error, rather than shirk real difficulties by easily settling down into such conclusions as, "It is a case of aphasia."

There is fear, too, that the idle man will just investigate a case enough, to be able to utter with complacency the formula, "It is a case of aphasia."

To give point to our remarks, we will venture on some advice to students. Let them begin their studies at a little distance from pure doctor's work, by reading the works of Herbert Spencer, J. S. Mill, Bain, and Lockhart Clarke,\* as well as the standard works on Physiology. The account given of Language and Thought by Mill in his *System of Logic*, by Whately in his *Elements of Logic*, by Dr. Wm. Thomson in *Outlines of the Necessary Laws of Thought*, are of the highest value. Max Müller's work on the *Science of Language*, is one of extreme interest in our inquiries. A recent article by Mr. Bain in the *Fortnightly Review*, The Intellect Physiologically Considered, is one of the very greatest importance. Mr. Tylor, in his work on the *Early History of Mankind*, gives an interesting account of language in the widest sense of the word, and of its relations to thought. But the work of the most direct value, and one of which we can scarcely speak in too high terms of praise, is one by Dr. Fournié. Then, besides these works, which consider the subject generally, we wish to draw particular attention to one of the most valuable articles that have appeared on these questions in this country, On the Functions of Articulate Speech, etc., by Dr. Gairdner of Glasgow, in the *Philosophical Transactions of Glasgow*. To no one are we more indebted than to Dr. Sanders of Edinburgh. This careful observer has recorded several cases with *post mortem* examinations, which have helped the inquiry greatly. Dr. Moxon has written in the April number of the *Medico-Chirurgical Review* a most valuable article on the subject; and endeavours, with great ingenuity, to explain how it is that defects of speech nearly always go with hemiplegia of the right side. Dr. Broadbent and Dr. Long Fox have each recently published an important communication in a contemporary.

The student who has read such writings, will be well fitted for investigating individual cases of defects of speech. But if he have little time for it amidst lectures and pressing calls—still we do not

speak only to those students who are not yet registered practitioners—he can, at all events, look at an individual case with his own eyes, and use his own fingers, and not try to gather facts so as to bring the case in harmony with the ideas of the great men of his time. There are some who will doubt the evidence of their own senses, if it do not agree with the views of the day. There is such a thing as intellectual as well as moral insincerity. We too often use words, such as "aphasia", "congestion", "reflex", with a credulous clinging to formulæ; but without any real faith in the propositions the words of the formulæ purport to convey. We need constantly to be going back to things, or the names we use will become our masters rather than our servants. A student's eyes may be bad eyes, and his fingers imperfectly trained fingers, but they are the only eyes and fingers in the world which belong to his own brain. He may learn where to look and what to touch from books, but he must, in the end, see and feel for himself. If he do not, he may live in the midst of scientific work; but science will never live in him. He should, whilst in the act of investigating, abandon largely—including terms—often comprehensive only in *Punch's* sense of the word, *i.e.*, as taking everybody in—and see for himself, as far as possible, what the patient can do and how he does it, what he can say and how he says it, what he knows and how he shews his knowledge. Can he put his thoughts outside himself by any sort of movement and by help of any sort of conventional contrivance? It is well to record, when practicable, what the patient has actually managed to do, rather than our opinion as to his power of doing. There is much hope of any one who will come face to face with the real facts of a case, and state, methodically, things which really do happen; but there is small hope for the mental life of one who tries to live on the innutritious sawdust of technicalities. There may be more life in the mind of the student who observes for himself the real deviations from normal talk in a stuttering patient, than in the mind of one who is never at a loss in naming diseases from their most *striking* symptoms. Indeed, even those who talk boldly of *genuine* cases of epilepsy, chorea, etc., should ask themselves if they are not really hiding their ignorance from their own consciousness. We must use some technical words; but whilst willing to sacrifice part of our freedom for the sake of order, we surely ought not to give up altogether the government of our thoughts, on thought itself, to a tyrant of yesterday.

#### THE CHOLERA IN INDIA.

THERE is a fact in the history of cholera which, in reference to the question of treatment, is well worthy consideration. We refer to the increase of the percentage mortality of our troops from cholera in India.

\* *Medical Critic and Psychological Journal*, Nos. 8, 9, and 10: "On the Nature of Volition, Psychologically and Physiologically considered," by J. Lockhart Clarke, F.R.S.



Modern medical writers in India are struck with the painful fact; but, on perusing the Blue-books which give their reports, we find, to our surprise, no explanation given, or attempted, of it.

Dr. Macpherson (*Cholera and its Home*) gives the following table of the percentages of mortality of our soldiers from cholera in India, furnished to him from the Army Medical Department.

	Bengal.	Madras.	Bombay.
1826-30	27	37	36
1830-40	42	48	25
1840-50	50	55	45
1850-60	53	46	51
1861-63	63	51	71

Some objections have been taken to these tables; but Dr. Macpherson admits as true "the anomalous result that our well-fed Europeans die in the largest, our Sepoys in the next largest, and our jail prisoners in the smallest proportion. The natural order of things would seem to be reversed. Should those who are best cared for suffer most?" Defective returns, he says, have been blamed; but they give no explanation of the fact. The assertion of a "special malignancy" of the diseases is also unsatisfactory. Lastly, he says, "Treatment has been blamed." "But has it been very different from what it used to be?"

It is very much to be regretted, that Dr. Macpherson has not attempted an answer to "the question which himself had asked." We beg to say that we offer no opinion on the subject; but desire merely to state what seem to us to be positive historical facts touching this point. The writings of Indian medical officers on cholera are open to us all. Therein we read, in what seems to be unmistakeable language, that the treatment of cholera a generation ago was very different from what it is now. Formerly, medical men bled and purged cholera patients. Moreover, of late years, as every one knows, it has been generally assumed that a change in the type of diseases—an adynamic phase of them—has taken place. And with that supposition also, a change—a reversal—in treatment has been generally adopted; which change saw its climax in the brandy-cure of the late Dr. Todd. That this theory and this treatment took root in India equally as here is certain. We have questioned Indian medical officers on the subject, and they all state that the stimulant treatment has been, in the main, for many years past the treatment of cholera in India.\*

As we have said, we merely state the facts as they lie before us, and should gladly have had an interpretation of them from Dr. Macpherson. As the matter at present stands, it appears that the mortality from cholera has greatly increased since 1830. We have also records which show that simultaneously

with this increase has occurred a revolution or reversion in treatment; that the mortality from cholera was less in the days when men were purged and bled, than they are in the days when they are astringed and stimulated. There may, of course, be some satisfactory explanation of this coincidence; but assuredly it has, as yet, not been given.

It is a very striking fact that the mortality of prisoners (who are, we suppose, chiefly natives) in the Indian jails has not increased in any such proportion. Dr. Macpherson tells us, from 1839 to 1843, their percentage of deaths from cholera was 42; from 1844 to 1851 it was 37; from 1852 to 1856, 49. In 1862-63-64 it was about 36. The percentage of mortality of European troops being in those years about 69 per cent.

### THE CHOLERA-POISON.

THE remarkable fact, stated by the Registrar-General, of the close connection of the cholera spread in the East of London with one particular supply of water, opens to us some very interesting matter for consideration in connection with the natural history of cholera. Thus, for example, it seems to upset the theory of Dr. Snow, in so far as that theory supposes the spread of the cholera to be due to actual poisonous cholera-elements contained in the water. It is, indeed, impossible to suppose that, in the present instance, cholera-germs can have found their way into the water and have there multiplied, so as to have infected and spread the disease through one entire district. The reasonable explanation of such a case would seem to this: that the drinking of the water produces an unhealthy condition of the body; and so renders it an easy prey to the epidemic poison. But is there not something marvellous in such an explanation? A whole district has, we must suppose, long drunk of this identical water before the cholera appeared; and will, at least for a time, continue to drink of it after the cholera has disappeared; and the drinking produces no appreciable ill effects. What, then, is that change effected in the body which, if cholera-influence be absent, manifests itself by no outward sign; and yet which, if such influence be impending, is a fatal invitation to its ravages? We do not think that sufficient attention has been called to this fact; and therefore recommend it to the consideration of those who are dealing philosophically with the question of cholera. It seems to show, at all events, that there was no necessity for any actual choleraic alvine excreta to have found their way into the famous Broad Street pump in order to account for the outbreak of cholera connected with its name. Moreover, it indicates very strongly that there is a prepared state of the body which renders it easily accessible to cholera. It suggests to us, that there may be two poisonous ele

\* One gentleman tells us of a regiment suffering from cholera, which, in one month, consumed ninety-six dozen of champagne alone!



ments at work in every case of cholera: first, the poison which brings the body into a fitting or favourable state for receiving the disease; and secondly, the cholera-poison, which enters and takes possession of the body thus duly prepared for its entrance. Now, inasmuch as this diseased state (produced, as supposed, by the drinking of poisoned water) is not one which can be noted by any outward signs of altered health, may we not with reason hypothetically suggest, that there is here perhaps a clue to the at present very incomprehensible character of cholera as a contagious disease? If the body be prepared, as by the drinking of the Broad Street pump or East London water, or in some other way, to receive the poison, the poison will enter whether epidemically or by direct contagion; but if the body be not prepared, then will neither the epidemic influence nor the directly contagious influence prevail to produce the disease.

### ANOTHER THEORY OF CHOLERA.

DR. DUDLEY KINGSFORD has put forth a theory of cholera.\* He states that, so far as he knows, *phosphorus* is the only poison which kills in about the same time that cholera does, causing similar symptoms, and leaving "in some respects identical *post mortem* appearances." Dr. Kingsford goes on to say:

"It is not difficult to imagine that phosphorus, probably in the form of phosphuretted hydrogen, may readily be introduced into the body. It seems likewise a reasonable deduction that such waters as the Ganges and the Hooghly in India should be peculiarly liable to this poisonous emanation, from the practice, there common, of allowing the dead to float and decompose in these rivers."

He conceives that,

"Under certain peculiar (electrical?) states of the atmosphere, this poisonous gas may be set free, and conveyed over large tracts of country either by vapour or directly by admixture with water."

Then, to explain why, phosphuretted hydrogen being the cause of cholera, the disease does not always prevail, it is suggested that the electrical state of the atmosphere, when normal, causes the formation of oxygen, which neutralises, or perhaps more correctly balances, the phosphuretted gases.

"In cholera seasons this balance is interfered with" by an excess of phosphorus or a deficiency of ozone. It is suggested "as negative evidence in favour of the above views that, as for cholera, so for poisoning by phosphorus, no antidote is yet known."

Dr. Kingsford then proceeds to state that he has treated cholera successfully with repeated large doses of calomel. Some of the medical officers of the London Hospital also express their belief, "that the cholera treatment will come out well when the statistics are taken."

"How, then, it may be asked, does the calomel act?"

First, by exciting the action of the liver; secondly, (assuming the presence of phosphuretted hydrogen), by itself undergoing decomposition, the chlorine of the calomel uniting with the hydrogen of the poisonous gas, while the metal hydrargyrum is reduced and rendered inert by the phosphorus."

Dr. Kingsford never found that his patients were salivated by the large doses of calomel; but he has recently seen, in the wards of the London Hospital, several patients suffering more or less from pytalism; and he explains this untoward result by the action of the excess of calomel that remains after the decomposition of the phosphuretted hydrogen. Dr. Kingsford says:

"If the solution be correct, then not only is a rational principle of treatment established for cholera, but likewise an antidote is discovered for poisoning by phosphorus."

In conclusion, our author gives an explanation of the recent outbreak of cholera at the East End of London. He learnt from a highly respectable inhabitant of Whitechapel that, on the Saturday before the outbreak, there was a large importation of stale mackerel and putrid meat.

"Now, in Miller's *Elements of Chemistry*, vol. i, is found: 'Sea-fish in general, whiting, herring, and mackerel in particular, soon after death exhibit a luminous appearance.'"

Dr. Kingsford then asks triumphantly:

"If phosphorus be the *fons et origo mali*, how can the increase of the disease in this instance be better explained?"

We have here given Dr. Kingsford's "new theory" as much as possible in his own words; and we have done so in order to show upon how cloudy a basis a theory of cholera may be constructed. We scarcely need say that there is not a particle of evidence to support the fanciful notion that phosphorus, or any compound of phosphorus, is the cause of cholera; and that the suggested decomposition of this imaginary phosphorus compound by calomel is equally unsupported by evidence.

With respect to the recent outbreak of cholera at the East of London, there is not much reason to fear that Dr. Kingsford's phosphorescent mackerel will divert attention from the water as the real promoter of the cholera, and the cause of the limited outburst of disease.

When will writers on cholera learn that, in order to discuss this subject with advantage to their readers, they must make themselves acquainted with the ascertained facts and the natural history of the disease? It is melancholy to see the amount of labour and of ingenuity expended in the discussion of specific cures for diarrhoea and cholera. Some practitioners believe that the mineral acids have a special curative influence, while others place their faith in alkalies. Many believe that calomel has a specific efficacy, while others put their trust in arsenic, and others, again, in quinine. All who thus believe in specifics for cholera share with each other

\* Cholera: a New Theory. By C. Dudley Kingsford, M.D.



and with the homœopaths a too prevalent error; namely, that of disregarding the natural course of the disease, and of attributing to the special influence of remedies results which occur under every variety of treatment, and without any treatment at all. While, however, we express our entire disbelief in specific cures for cholera, we do not doubt that a rational treatment, based upon a knowledge of the natural history of the disease, may do much to assist the *vis medicatrix nature*.

We have heard in this country of a druggist keeping a doctor, and we find that the thing is not unknown in Paris. There a physician has had dealings with a *pharmacien*—giving gratuitous medical advice at his shop. A quarrel arose, however, as to the division of the spoil; the doctor, as he thought, not getting his share. The case was brought before a Cour Imperial, and decided against the doctor; his contract with the druggist being held to be illegal.

A Mr. Clayton, Vice-Chairman of the Huddersfield Board of Guardians, on the occasion of a letter being read from the Poor-law Board, asking why they did not supply cod-liver oil, quinine, etc., instead of the medical officer, put forth his oracle. He considered that they might as well give cold water as cod-liver oil or quinine; it was wrong to put these things into a healthy, let alone a sick man. Besides, the question was (and here he evidently spoke as a logician), if they found these expensive things, would their wine and spirits bill decrease? He had no faith in doctors. However, he had the good sense to agree to try the experiment of finding the oil and quinine, etc., for six months.

Mr. Walter Coulson publishes four cases of auto-inoculation of hard chancre, in two of which the operation succeeded. (*Lancet*.)

Dr. Hammond—*On Wakefulness*—gives the result of many experiments made by him to determine the cerebral circulation during sleep. He confirms the observations of Mr. Durham, which show that during sleep the supply of blood to the brain is diminished, not increased.

Dr. Schnepf, recently appointed French Vice-Consul at Djeddah, has succumbed to fever there.

A very lively and learned discussion on the Cicatrization of Wounds has been lately going on in the French Academy of Medicine. M. Guérin claims as his own the subcutaneous method. He says: Subcutaneous wounds—that is to say, wounds not exposed to the air—do not suppurate. They cicatrise immediately; meaning by this that there is a reproduction of the divided tissues.

French authorities still keep unpublished the death-returns of cholera in Paris; but it is understood that the number of cases have diminished in the different hospitals. M. Moutard-Martin remarked that,

contrary to what was observed last autumn, the disease broke out almost at the same moment in different quarters of the city, and with equal intensity. He added that premonitory diarrhoea had been absent in most cases. M. Féréal made a similar remark. M. Chauffard agreed that, on the present occasion, it could not be said that the cholera had been preceded by a diarrhoea. M. Raynaud, of the Incurables, said that of four cases one only had premonitory diarrhoea. M. Hérard was of the same opinion. M. Guérard's experience was similar. He had seen many cases in which there was constipation; and was of opinion that the retention of fecal matters might, as a source of irritation, predispose to cholera.

*L'Union Médicale* says of Professor Bennett's and Mr. Bowman's Addresses, that they contain only generalities to the glorification of Albion, about which there is no need to say anything now.

#### THE NEW ACT ON PUBLIC HEALTH.

THE Act to amend the law relating to the public health, which has received the royal assent, contains sixty-nine sections (with two schedules). The Act is to be cited as "The Sanitary Act, 1866." There are four parts in the statute. The first part relates to the amendment of the Sewage Utilisation Act of 1865. Any sewer authority is empowered to form committees, and where the sewer authority of a district is a vestry or other body, may, after notice, form part of the district into a special drainage district, for the purpose of the Sewage Utilisation Act, and a number of inhabitants, not being less than twenty, may by petition to the Home Secretary bring the matter under his consideration. Any owner or occupier of premises within the district of a sewer authority is to be entitled to cause his drains to empty into the sewers, and the sewers may be used beyond the district. Provision is made as to the drainage of houses, and the supply of water and wells, etc., belonging to any place are to vest in the sewer authority. The second part relates to the amendment of the Nuisances Removal Acts. In any place within the jurisdiction of a nuisance authority, the police may enter a house for the removal of a nuisance by the warrant of a justice of the peace. A requisition of ten inhabitants is to be equivalent to a medical certificate as to a nuisance. The word "nuisances" is to include any house or part of a house so overcrowded as to be dangerous or prejudicial to the health of the inmates, or any factory, workshop, bakehouse, etc. A nuisance authority is to make an inspection of the district, to ascertain what nuisances exist calling for abatement, under the powers vested in it, and to enforce the provisions. A nuisance authority, on the certificate of any legally qualified medical practitioner, may order premises to be cleansed or otherwise disinfected, and to provide means of disinfection. Carriages may be provided for the conveyance of infected persons. "If any person, suffering from any dangerous infectious disorder, shall enter any public conveyance, without previously notifying to the owner or driver thereof that he is so suffering, he shall, on conviction thereof before any justice, be liable to a penalty not exceeding £5; and shall also be ordered by such justice to pay such owner and driver all the losses and expenses they may suffer in carrying into



effect the provisions of this Act; and no owner or driver of any public conveyance shall be required to convey any person so suffering until they shall have been first paid a sum sufficient to cover all such losses and expenses." Sick persons suffering from any dangerous contagious infection or disorder being without proper lodging or accommodation, or lodged in a room occupied by more than one family, or being on board any ship or vessel, may be removed on a certificate of a medical practitioner to a proper place. Places for the reception of dead bodies may be provided at the public expense, and places for the reception of dead bodies during a *post mortem* examination are to be provided. Power is now given to remove to hospitals persons brought by ships. A nuisance authority may require payment of costs and expenses from owner or occupier, and the occupier paying is to deduct the same from the rent. In the second part of the Act, entitled "miscellaneous," in cities and boroughs or towns, the Secretary of State, on the application of a nuisance authority, is empowered to make regulations as to lodging houses, in fixing the number of persons who may occupy a house, or part of a house, which is let in lodgings, or occupied by members of more than one family, etc. Cellars used as dwelling-places may be closed by the nuisance authority. Hospitals may be founded for the sick. There are two provisions in the Act which require immediate publicity. By the 38th section it is enacted that any person with an infectious disorder wilfully exposing himself, or any person in charge of sick persons causing such exposure, is to be liable to a penalty of £5, and by the next section, for letting houses in which infectious persons have been lodged without properly disinfecting such place the offender is liable to a penalty of £20. There are other provisions to enforce sanitary regulations as to local boards, burial boards, and other matters, to be adopted for the preservation of the public health. The fourth part of the statute is to be applied to Ireland, and certain modifications are made for its adoption in that part of the United Kingdom. The first schedule has reference to Ireland, and the second schedule shows the statutes repealed by the present Act. It came into force from Tuesday, the 7th of August inst., when it received the royal assent, and may be generally adopted as "the Sanitary Act" of the Session of 1866.

### THE CHOLERA.

THE return of the Registrar-General for the week ending August 25 shows a decline of mortality from cholera and diarrhoea. The deaths registered in the week from cholera were 265, and from diarrhoea 129. In the five preceding weeks the deaths were—cholera: 346, 904, 1053, 781, and 455; diarrhoea: 221, 349, 354, 264, and 194. At Liverpool the deaths from cholera during the last eight weeks have been—4, 19, 45, 87, 101, 126, 157, and 146, showing therefore a decrease last week of 11 as compared with that which preceded it. On Tuesday last the returns show a slight increase of the disease.

The first cases of decided cholera at Plymouth occurred on Tuesday last, and resulted in the deaths of Miss Haddy, the matron of the Female Home for Fallen Women in Hill Street, and of the laundress connected with that establishment. Some of the other inmates have been attacked, but hopes are entertained that they will recover. The disease is supposed to have been introduced, or its fatal effects accelerated, by an alteration on Saturday of the drainage of the locality, which is in an imperfect state.

Cholera has been very fatal in the United States. The *New York Times* states that in the week ending August 4 there were 239 deaths in New York, without counting deaths from diarrhoea; 31 deaths from cholera at Cincinnati on the 7th of August; and 24 at New Orleans on the 9th.

From various parts of the continent we hear of the ravages of cholera. The disease has assumed an epidemic character in Bohemia and Moravia. At Prerau it has carried off 800 Prussian soldiers in the hospitals there, and about 180 civilians, among whom the burgomaster of the place, who being an apothecary was in constant communication with the sick Prussians. Though several persons have died of cholera in different suburbs of Vienna, the medical authorities maintain that the malady is still simply sporadic. Some cases have occurred in the military hospital of Milan. The disease has also appeared in Naples. The journals of Amiens state that the cholera has entirely ceased in that place.

The *Lancet* publishes in its "Second Report of the Sanitary Commission on the Epidemic of Cholera in the East-end of London," some interesting particulars as to the sewage received by the river Lea above Enfield, where the East London Water Company take their supply. One of these is Cobbin's Brook, which runs into the Lea at Waltham Abbey. It receives the drainage of Epping. The Cobbin, according to the *Lancet*, is not dry, as Dr. Farre says, but pours into the Lea the sewage of Epping and Waltham Abbey. The Lea further receives the sewage of Waltham Cross, Cheshunt, Wormley, Broxbourne, and Hoddesdon. The sewage of Hertford is nominally deodorised by the New River Company before entering the Lea, but it does in fact pass into the river in a highly offensive state, and causes much complaint. To sum up the total result of these inquiries, it would seem that nearly the whole of Hertfordshire, besides the western borders of Essex, drains into the Lea. The correspondence of the cholera field to the East London water field is traced in detail.

In Dublin, the cholera has broken out with great virulence.

The Bishop of Chester has visited the Liverpool cholera hospitals, and also preached twice in St. Martin's Church, the proceeds of the offertory being devoted to the relief of the sufferers by cholera.

The cholera has entirely ceased at Amiens; and is decreasing in the Nord. On the 19th only three deaths from cholera took place in Marseilles; and there is no outbreak in any other part of France. At Brussels, Liege, and Antwerp the disease is declining. In Belgium it is at this moment most severe at Charleroi.

Dr. Fritz, a young medical man who had highly distinguished himself, died of cholera in Paris on the 20th ult.

For the first time since the outbreak of the epidemic no death from cholera took place in the London Hospital during the space of twenty-four hours terminating last Tuesday forenoon. Two cases of cholera and seven of choleraic diarrhoea were, however, admitted during that period.

From the 11th to the 18th of August the number of seizures in Berlin each day were respectively 32, 46, 89, 65, 58, 46, 47. The deaths, from the 13th to the 18th, were 38, 15, 25, 15, 16. Up to the 18th the total of cases was 6082; out of this number 1065 had recovered, 3456 died, and 1541 remained under treatment. Of these latter the whole of the cholera hospitals contained, on the 18th of August, no more than 128. (*Deutsche Klinik*, Aug. 25th, 1866.)

The cholera has broken out in Pest and in Ofen. In Genoa and Naples its presence is also announced.



## THE LATE HENRY PETER FULLER, Esq.

We regret to have to announce the death of this well known and justly highly esteemed medical practitioner, which took place on Tuesday last, in his 81st year, after a brief illness of forty-eight hours. Mr. Fuller commenced practice in the year 1813, when he became a member of the College of Surgeons, in Piccadilly; first, in conjunction with his father, and afterwards with Mr. Thomas Hammerton—perhaps one of the largest practices ever carried on in London. For about fifty years, Mr. Fuller was a governor of St. George's Hospital, and for many years one of the most active in all the business of the hospital. In one of Sir Benjamin Brodie's published addresses delivered at the hospital, he says, "that had it not been for Mr. Fuller's most active exertions and great perseverance, in his opinion, the building of the new hospital would never have been accomplished." He continued to hold and to fulfil all the duties of a visiting apothecary to St. George's until his death. A few years ago, he retired from practice, and has latterly resided in the country. He had the satisfaction to live sufficiently long to see all his children prospering. His eldest son is one of the physicians to St. George's Hospital; another continues the practice in Piccadilly, in conjunction with Mr. Hammerton. Two others are clergymen, who distinguished themselves in their University career. Few men have been more highly respected and esteemed and trusted, and most justly so, both by the medical profession and the public than Mr. Fuller.

## Special Correspondence.

## LIVERPOOL.

[FROM OUR OWN CORRESPONDENT.]

SINCE my last report, cholera has slowly but steadily progressed in this town, but, up to the present time, has scarcely extended beyond the limits of those defined localities which always furnish the nidus for epidemic disease. An estimate of the progress and fatality of the outbreak may be gathered from the following statistics. At the Cholera Hospital in the Workhouse, the total number of patients admitted has been 172, of which 88 have proved fatal; at the West Derby Cholera Hospital, 22 admissions, 14 deaths. At one parish dispensary at the north end of the town, embracing the whole of the main cholera districts, there is an average of from 180 to 250 daily of cases of diarrhoea, and from 20 to 25 of Asiatic cholera.

In the cholera sheds which were opened on the 4th of August, there have been, up to the 20th, 166 admissions, of which 79 died, 57 discharged cured, and 30 remaining convalescent. The arrangements at these sheds are in every respect complete and satisfactory, with accommodation for about 100 patients. They are under the charge of Dr. Evans,

who has had considerable experience in cholera in India and elsewhere. His treatment, he informs me, has for the last ten years been based on the eliminative principle, and in the present instance has been followed by very satisfactory results—about 60 per cent. of recoveries from collapse. The patients sent to the sheds are almost without exception in the stage of collapse. The plan adopted is as follows. The patient is at once put into a hot bath before the fire; the surface rubbed with the flesh-brush; and the bath, which is on rollers, is wheeled to the bedside, the patient put to bed, and the bowels well cleared out by warm enemata. Castor-oil is given, if the stomach can retain it; and warmth kept up. Ice is not used. Opium is not given, except in some cases, in very small doses, to guard the castor-oil. Chloroform by inhalation is used to relieve cramps. Alcoholic stimulants are used sparingly, or not at all; preference being given to diffusible stimuli, such as chloric ether or ammonia. As soon as reaction sets in, diuretics are administered; and in one case, where the kidneys could not be roused to action, Dr. Evans injected the bladder with warm water, which established the secretion, and, he believes, saved the patient from the danger of the consecutive congestive fever, which so often proves fatal. He observes that there has been much less tendency to secondary congestion in patients treated on the eliminative principle. He avoids astringents entirely, except to check diarrhoea after all danger is over. In short, the treatment here may be said to be in accordance with Dr. George Johnson's theory, and attended with a result as favourable, perhaps, as any plan yet tried.

At a dispensary in one of the out-townships, an uniform plan was adopted in cases of diarrhoea, as follows. A pill of calomel three grains and opium one grain was given at once, followed in half an hour by a dose of castor-oil. Then, if purging continued, the chalk mixture, with astringents and opium, was given. Under this system, of 200 cases of diarrhoea, 150 were cured by the pill and the oil, and the rest required a continuance of the mixture for a short time. It was found that, unless the bowels were first cleared by an aperient, the astringent mixture gave temporary relief only, which was sure to be followed by a relapse with much griping pain.

The treatment pursued at the Cholera Hospital at the Workhouse is, I believe, pretty nearly identical with that at the sheds by Dr. Evans; and, although it is perhaps premature to arrive at a decided conclusion, the results so far appear strongly to favour a course of treatment based upon the principle of elimination.

A letter has appeared in the local papers from Dr. Trench, the medical officer of health, in reply to inquiries made by the rector of a neighbouring parish in reference to precautions necessary in the interment of the dead, from which I am induced to quote the following directions, which at the present moment are both interesting and instructive. Dr.



Trench says: "It is the general opinion of physicians that, in cases of death from cholera, the *materies morbi* clings to the corpse, and may from it be communicated to the living. Hence the propriety of immediate burial of the dead from this disease. But it is also right that the coffin should contain some disinfectant to arrest the emanations of contagion. The best for this purpose are either McDougall's or Calvert's powders, both of which contain carbolic acid, the antiseptic principle of which checks fermentation, kills the germs or sporules of animal and vegetable life, and neutralises the deleterious qualities of all miasmatic emanations. The inside of the hearse should also be freely sprinkled with these powders. Another mode of packing a cholera corpse in the shell is to place over the body and around it a layer of charcoal, which has the property of consuming all emanations by that quality which chemists term '*eremacausis*' or silent combustion."

With these precautions, which, in Dr. Trench's opinion, ought to have been imperatively enjoined by the Orders in Council, there need be no risk to the attendants at a funeral.

In reply to the question, How soon after the burial of a person who has died of cholera might the grave be again opened for the interment of another body? —Dr. Trench replies: "Although science has no certain facts by which to estimate the probabilities of the seeds of contagion being retained for any length of time in the grave; and although many persons believe, probably with some degree of truth, that a layer of soil will act in the same manner as a layer of charcoal, and only allow the escape of the carbonic acid and other gases which are the result of the oxidation of animal matter—yet, in the absence of certainty, you do well to close the grave altogether for a time after the burial of a cholera patient. The question is, For how long? You remember how the sexton in *Hamlet* answered the Prince: 'Faith, if he be not rotten before he die, he will last you some eight or nine year; a tanner will last you nine year.' The clown was strictly right; for, on an average, it takes eight or nine years to return the body to the dust. The exceptions do not, as he thought, depend on the thickness of the hide, but on the nature of the alluvial strata. A clay soil, through which the oxygen-bearing water cannot percolate, will keep a body undecomposed for very many years. The grave-digger of a locality is the best judge of the time required in a locality; but it would be well never to open a grave while decomposition is progressing. But, suppose necessity requires it, or the friends, backed by the rights of private property, demand it, then the sexton should be directed to sprinkle the soil as he excavated with a solution of carbolic acid, in the proportion of one part of acid to thirty of water." Dr. Trench does not consider it necessary to allot a separate part of the churchyard to cholera dead; and, as to the depth of graves, four feet from the surface to the coffin-lid is a guarantee of perfect safety.

## Correspondence.

### ON THE IMPORTANCE OF REST IN BED, AS A PART OF THE TREATMENT OF THE PREMONITORY DIARRHŒA OF CHOLERA.

LETTER FROM J. D. RENDLE, M.D.

SIR,—So much has lately been written on cholera, that I am really unwilling to occupy any space in the JOURNAL, by expressing an opinion on any mode of treatment, or on what I have seen of this disease during former epidemics. I am, however, anxious to call attention to a simple, but an important addition, in the management of the very early diarrhœa which generally precedes an attack of cholera. That neglected diarrhœa will run into cholera, is too well known to need proof; and that lives may be saved by attention to this early indication of danger, is equally true.

In the large Government prison for female convicts, of which I have long had medical charge, there have been many cases of diarrhœa during the last month. There were also several cases during the months of October and November of the last year. No case has gone on to cholera; but I have very often found that medicine and simply *keeping quiet* fail to arrest the looseness. I have also noticed that in cases where there were three, four, or five watery evacuations in an hour, the purging has immediately and permanently ceased by simply confining the patient to a warm and comfortable bed. Cases that have gone on in spite of medical treatment, have also yielded at once to rest in the recumbent posture in bed.

The following short records of two cases, from among many that have lately been under treatment, illustrate the point I wish to enforce.

"J. B., aged 27, admitted at 10 A.M. on the 17th instant, suffering from diarrhœa, unattended with vomiting or cramps. The looseness began at noon yesterday, and continued all day; there was one evacuation during the night, and there have been four or five this morning; looks and feels exhausted. Pulse feeble."

"C. B., aged 31, admitted to the Infirmary at 9 A.M. on the 16th instant, complaining of diarrhœa and pain in the abdomen: there have been six watery evacuations since 6 A.M. to-day; the bowels acted four or five times in the night, and several times yesterday. Has suffered more or less from diarrhœa since the 12th instant, for which she had medicine which gave temporary relief. Has not suffered from cramps or vomited."

Diarrhœa ceased in both these cases after confinement to bed. No medicine was given; and there was no action of the bowels after admission to the Infirmary.

The importance of rest in bed, and the often failure of treatment without this rest, in that early stage of watery diarrhœa which often precedes vomiting and other indications of commencing cholera, are the only facts to which I wish to refer.

That these cases very often end in fully developed cholera, is certain; but experience abundantly proves that a large majority of them may be easily cured, if properly looked after in the early stage. The addition of vomiting to the diarrhœa necessitates rest on the part of the patient, for he is then too ill to be employed; but with a troublesome diarrhœa only, he can continue his ordinary employment; and



he often does so, in spite of advice to the contrary, and even in opposition to his own better judgment.

The late Officer of Health for Southampton, who died of cholera in October last, so far neglected a premonitory diarrhoea for forty-eight hours, as to continue his attendance on the sick, though warned of his danger. A well known member of the profession who recently died whilst actively engaged in the terrible outbreak in the east of London, had also previous diarrhoea. We cannot suppose that these gentlemen neglected to take remedies to check the diarrhoea—diarrhoea not bad enough to oblige them to vacate for a time their respective posts. M. Gibert, who has just died in Paris, suffered similarly for several days before the severe symptoms of cholera began; and of whom, strange as it may seem, it is recorded that he had, at a recent meeting of the Academy of Medicine, “spoken strongly against the significance of premonitory diarrhoea, and, consistently with his belief, he would not use any means to combat the looseness.”

I am well aware that the importance of early diarrhoea is generally known and acted on. It is not to this to which I allude; but to the seemingly trifling, but really important facts, that in order to prevent a watery-diarrhoea—diarrhoea unattended with vomiting and other symptoms—from ending in a severe case of cholera, rest in bed is very often absolutely necessary, and should in all cases be enforced; that remedies often fail in their effect because of the want of this rest; and that during a cholera epidemic, there is serious risk of life by continuing any employment when suffering from the simple kind of diarrhoea to which I have referred.

I am, etc., J. D. RENDLE, M.D.

Brixton Hill, August 21st, 1866.

## SOUNDS OF THE HEART.

LETTER FROM THOMAS SHAPTEE, M.D.

SIR,—In a recent number of this JOURNAL (No. 292, Aug. 4th), Dr. Leared directed my attention to the fact that, in a thesis read in the University of Dublin in 1860, on the occasion of his taking his doctor's degree, and subsequently published in 1861, he had propounded the view that the sounds of the heart were due, not to heart or valvular vibrations, but to the motion of the blood upon itself; and he then quoted at length his statement as regards the second sound. The nature and *rationale*, as thus stated, of the formation of the second sound, appeared to me, as it did to him, to be both identical in principle and in application to that which had been advanced by myself in a paper recently published in this JOURNAL, and I at once wrote to Dr. Leared to say so. At the same time, I begged to assure him I had not seen a copy of his thesis, nor was I cognisant of his views set forth therein; that the views advocated in my paper were certainly advanced as a theory of my own, but that, under these circumstances, I at once disclaimed any appropriation to myself of a credit that may properly belong to him; and that I hoped to examine into his views more particularly by direct reference to his thesis.

Dr. Leared has kindly forwarded to me a copy, and this I have now read attentively. Dr. Leared states generally that “all sounds formed in connexion with the circulation are produced by and in the blood itself, and their mechanism is virtually the same.” (P. 3.) Having detailed certain experiments performed with fluids of different densities, he goes on to say that “Two important principles were established by these experiments. First, the sounds may be formed by the motions of fluids only; se-

condly, that the quality of a sound thus formed is materially influenced by the nature of the fluid. The sounds formed by the circulation of the blood are produced on principles similar to those detailed in these experiments. I shall, therefore, for convenience, and as conveying their true nature, designate them as blood-sounds. Blood-sounds are divisible into two classes—sounds which give the impression of a shock; sounds which give the impression of a current. Shock sounds comprise the normal sounds of the heart, and certain abnormal sounds formed in aneurismal sacs. Current sounds are formed in the heart, in aneurismal sacs, and in the large arteries and veins.” (P. 6.)

The above views are in principle so nearly the same as those advocated by myself, that I at once willingly and cordially yield the merit of their original statement to Dr. Leared. In applying these principles, I entirely agree with Dr. Leared as to the second sound. As regards the first sound, there is considerable difference between us. After reading his statement, I am bound to say I still prefer the explanation given by myself. I also think that Dr. Leared, in setting forth his views, not only inadequately appreciates, but ignores too positively, the vibrating qualities, and perhaps also the conducting power, of the various tissues connected with the circulation of the blood, and the relative amount of sound generated and transmitted thereby. Nor do I think he sufficiently defines the differences of the source of the sound produced by the blow of a fluid when its momentum is suddenly arrested—so well set forth by Dr. Arnott—and the sounds emanating from obstruction of current. The sound produced by a drop of water falling from a height is an illustration of the former, and not of the latter. In illustration, Dr. Leared fully recognises the difference. These are, however, minor points. Dr. Leared, in his thesis, clearly sets forth the theory that the sounds and murmurs of the heart are due, essentially, to the blood in motion, and my purpose was to do the same.

To turn to another point. Granted that a shock is communicated to the blood contained within the arteries by the suddenly arresting its backward flow, it has appeared to me that the sudden vibrations thus produced throughout the arterial system offers a satisfactory explanation of the phenomena observable in the pulse-proper. A paper on this subject is prepared for the JOURNAL, which I hope may be permitted shortly to appear there. The theory I shall there attempt to support and illustrate is, that the pulse is divisible into three phenomena: 1, the filling of the artery by successive waves, through the agency of the ventricular systole; 2, the vibration in the column of blood throughout the whole arterial system, caused by the sudden closure of the semilunar valves (the pulse); and 3, the contraction and collapse of the arteries during, but not caused by, the ventricular diastole. I am prepared to show that this view of the pulse explains many of the phenomena observable in the pulse during disease.

I am, etc., T. SHAPTEE, M.D.

BRITISH ASSOCIATION. In the Section of Physiology a letter was read, communicating the result of an application to the General Medical Council as to a grant for investigating the physiological action of remedies. The Medical Council, by a majority, voted that they had no power to conduct such an investigation, and had no legal authority to expend their funds for such a purpose. Dr. Sibson read a paper “On the Movements, Structure, and Sounds of the Heart”, illustrating the address by reference to diagrams and preserved specimens.



## Medical News.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND.** The following members of the College, having undergone the necessary examinations, were admitted Licentiates in Midwifery at a meeting of the Board, on August 1st.

Butler, William Harris, Old Charlton, Kent; diploma of membership dated July 25th, 1865

Cresswell, Richard, Lewisham, Kent; May 10, 1866

Edmonds, Charles George, Southampton Street, Camberwell; May 9, 1866

Folkes, William, Dukinfield; May 9, 1860

Hay, Thomas Bell, L.S.A., Caledonian Road; July 25, 1866

John, William, Haverfordwest; April 26, 1866

Loane, Joseph, Dock Street, Whitechapel; May 8, 1866

Moore, George, Birmingham; July 24, 1866

Monckton, Wm., Brenchley, near Tunbridge; April 26, 1866

Pryce, Richard M., L.S.A., Caersws, South Wales; July 26, 1866

Quick, John, Penzance; May 8, 1866

Robinson, Richard Holt, Manchester; May 10, 1866

Spencer, Geo. Othwalte, Upper Gordon Street; April 26, 1865

Wey, William John, Plymouth; May 7, 1865

Macdonald, John, Kidderminster; L.R.C.S.E. August 6, 1858,

and L.R.C.P.E. October 4, 1864 (not a member)

The following members of the College, having been elected Fellows at previous meetings of the Council, were admitted as such on August 9th.

Blades, William Dawson, L.S.A., Kirkby Stephen, Westmoreland; diploma of membership dated August 4, 1840

Carter, Charles Henry, L.R.C.P.E. and L.S.A., Pewsey, Wilts; December 13, 1859

Hall, John Charles, M.D. Edin., Sheffield; January 11, 1859

Smith, Henry, Her Majesty's Indian Army; July 7, 1837

**APOTHECARIES' HALL.** On August 16th and 23rd, 1866, the following Licentiates were admitted:—

Clothier, Henry, Haslemere, Surrey

Longbotham, George, Seaton Carew, Durham

At the same Court, the following passed the first examination:—

Cortis, William R., Guy's Hospital

Cuff, John Stanton, University College Hospital

Wills, Douglas, Guy's Hospital

### APPOINTMENT.

STEWART, Hugh Greinger, M.D. Edin., Assistant Medical Officer of the Crichton Royal Institution, Dumfries, appointed Medical Superintendent of the Newcastle-upon-Tyne Borough Lunatic Asylum.

### BIRTHS.

ARNISON. On August 23rd, at Alston, Cumberland, the wife of \*Charles Arnison, Esq., L.R.C.P. Edin., of a daughter.

BERRY. On August 19th, at Mallow, co. Cork, the wife of \*Parsons Berry, M.D., of a son.

### MARRIAGE.

CLARKE, Myrry, Esq., Surgeon, Jamaica, to Margaret Ann, only daughter of F. HAWKINS, M.D., King's Lynn, on August 9.

### DEATH.

DIAMOND, Francis Henry, M.D., Medical Attendant on Lady Elizabeth Lowther, at Faubourg de Bourgogne, Orleans, France, aged 49, on August 25.

**ROYAL COLLEGE OF SURGEONS.** The museum and library are closed, and will re-open on Monday, October 1st.

**THE WILL OF DR. BABINGTON** who died in April last, has been proved, and the property sworn under £6000.

**OUT OF SEASON.** In a catalogue of medical works recently received from a prominent publishing firm in this city, we notice that commendatory quotations are made from medical journals which ceased to exist more than fifteen years ago. (*Philadelphia Med. Rep.*)

**OVARIOTOMY.** Both of the patients operated upon by Mr. Spencer Wells at Chester have, we understand, recovered.

**NEW ASYLUM.** The foundation stone of a new Pauper Lunatic Asylum for Newcastle-on-Tyne was laid by the mayor last week.

**THE MOA.** The Sydney papers state that a fine specimen of that rare bird, the moa, has been recently discovered at some gold diggings.

**DR. CORMACK** has accepted the appointment at Orleans vacant by the death of Dr. Diamond, as mentioned in our obituary, and has gone thither to settle as a physician.

**DEATH OF DR. JAMES DUNCAN.** The profession will grieve to hear the untimely death of Dr. James Duncan of Edinburgh. He died from cholera at Tours, whilst taking his summer holiday.

**MILITARY HOSPITAL AT SUEZ.** It is intended to erect a hospital at Suez for the reception of any invalid soldiers requiring medical treatment after the passage from India and before undertaking the run across the desert.

**THE TOWN COUNCIL OF LIVERPOOL** has just resolved to increase the salary of its medical officer from £750 to £1000 per annum, and has voted £5000 towards the establishment of a hospital for infectious and contagious diseases.

**ST. GEORGE'S HOSPITAL.** The offices of Lecturer on Midwifery and Obstetric Physician at this hospital are vacant. The governors advertise that they are willing to receive applications of candidates for the vacant offices.

**ANOTHER DEATH FROM CHLOROFORM** is reported in the American papers at Jersey City. The only proper safeguard is a total discarding of the article in ordinary surgical practice, says the *Philadelphia Reporter*.

**A CASE OF LIBEL** was heard last week at the Marlborough Street police court. John Alexander, a man who had been an in-patient at the Middlesex Hospital, was charged with libelling Mary Ann Dean, a nurse in the hospital. He had made a statement to the medical officers of the institution in which he charged Dean with immoral conduct in the ward in which she was nurse. She gave a complete denial to the charge. Alexander was committed for trial.

**EXCISE PROSECUTIONS AGAINST DRUGGISTS.** At York informations were lately preferred by the Board of Inland Revenue against Mr. Knowles, Mr. T. Cooper, Mr. Johnson, Mrs. Spurr, Mr. G. Brown, and Mr. Jacob Wood, all druggists residing in the city, and the charge was that they had sold methylated spirit without a licence. The magistrates convicted Knowles, Cooper, Johnson, Spurr, and Wood, but, in consideration of what they thought was their intention, they remitted the penalty to one-fourth, besides recommending the whole of the cases to the consideration of the board in London.

**THE CATTLE-PLAQUE RETURNS** show that the disease is still declining. The Contagious Diseases Prevention Act, 1866, which came into operation towards the close of February, was attended with the happiest results. Up to the enforcement of a policy of slaughter and isolation the disease continually extended its ravages, the attacks noted in July 1865, having been 2290; in August, 4821; in September, 6122; in October, 7955; in November, 16,240; in December, 38,532; in January 1866, 49,287; and in February, 57,004. In March, when the new Act had got into working, the attacks sunk to 35,986; in April they further declined to 15,886; and in May to 14,734.



**LORD H. SEYMOUR'S BEQUEST.** Judgment has been given on appeal against the order excluding from participation in the gift of Lord Henry Seymour ("*aux Hospices de Paris et de Londres*"), the Catholic Almshouses, Westminster, the Convent of Carlisle Street, the Governesses' Benevolent Institution, the British Society for Deaf and Dumb Females, and Bridewell. The Court held that the clerk was right in his exclusion of the first three of these institutions; that the claim of the Society for Deaf and Dumb Females should stand over for further evidence, and that Bridewell might be added to the list (already numbering 171) of those hospitals and institutions of London which were admitted under the word "hospices" in Lord H. Seymour's will.

**HEALTH OF SCOTLAND.** The Scottish Return for the second quarter of the year 1866, shows that the deaths, 18,556, were at the high annual rate of 235 in every 10,000 persons of the estimated population, the average of the previous ten years being only 217. The health of the general mass of the adult population was good, but there was an increased number of deaths among the aged, and scarlatina and hooping-cough prevailed and were fatal among children. Continued fever seems to be abating; the epidemic typhus, which has been raging over Scotland for three years, is just dying out. No cases of epidemic cholera occurred in the quarter, but it is remarkable that both in 1832 and 1848, when there were severe attacks of epidemic cholera in Scotland, it was preceded by epidemic typhus, which just died out when cholera broke out.

**REMOVAL OF THE DEAD FROM CHOLERA.** A recent Order in Council empowers vestries in London to employ an undertaker, whose business shall be to remove the bodies of those who have died of cholera to a place provided for them. A death occurred last Tuesday in Chelsea; and the undertaker went to the house to remove the body, but was prevented by several men who were there. He then applied to the police for assistance, but was refused. Thereupon Mr. Lahee, the clerk to the vestry, applied to Mr. Selfe, at Westminster police-court, for an order to compel the police to give the required help. Mr. Selfe asked why assistance was refused; and an inspector in court produced an order from the commissioners of police prohibiting the force from giving assistance summarily in cholera cases. Mr. Selfe made some strong remarks on the impropriety of such an order; and finally, under the powers of a recent Act of Parliament, gave Mr. Lahee the required authority.

**HOSPITAL ORDERLIES.** The *United Service Gazette* chronicles a paltry piece of economy on the part of the authorities. Hitherto, hospital orderlies, when sick in hospital, have not been subjected to the stoppage of 10d. *per diem* that other soldiers are, but a recent order places them under this liability. Whether this is right in the abstract or not, it is a loss of privilege which the hospital orderlies think they do not merit, and so complain loudly. "They work hard all day, and are liable to be called up at any hour of the night, and they do not deserve this." The men of the Army Hospital Corps, they say, if their conduct is good, and they perform their duties to the satisfaction of the medical officer, are recommended for first-class orderlies, and receive 3d. per day extra pay—a privilege the regimental orderly has not. The military medical authorities having deemed it necessary to recommend that each soldier should be supplied with a flannel cholera belt, orders have been issued to provide each man with one at an expense to himself of 1s. 0½d.

**SISTERHOODS IN ENGLAND.** The *Saturday Review* remarks that to the logical mind it seems at first sight as absurd to reject a good nurse because she wears "a religious dress", or has a "sectarian tone", as, to borrow Mr. Tulliver's homely simile, it would be to reject a good waggoner because he has a wart on his nose. But Englishmen are not governed by logic, and to run counter to a stout English prejudice is, like General La Marmora, to break one's head against a Quadrilateral. This is the cardinal error of the otherwise able and thoughtful letters which Mr. Capes has just addressed, on the subject of Sisterhoods, to the *Pall Mall Gazette*. Mr. Capes shows clearly enough that the nation wants first-class nurses, and that a large body of English women exactly fitted to make such nurses want employment. But he becomes unpractical when he goes on to ask, "If the sight of the chasuble and the odours of the incense are a delight and a support to a woman who is just going to pass her day at the bedside of cholera or fever patients, why should we complain?" or why should we object to her submitting herself entirely to priestly influence, since "the clerical order is the correlative of her religious susceptibilities?" He might as well tell the followers of Mr. Spurgeon that, as the Pope is a harmless and courteous old gentleman who tries in his way to do good, they ought not to refuse him the pious pleasure of sprinkling holy water over them. On such subjects as the odours of incense and priestly supremacy the English nation has strong and deeply-rooted feelings, which, whether they be sound or unsound, it is utterly useless to ignore in any attempt to obtain for sisterhoods national recognition and support. (*Pall Mall Gazette*.)

**LOCAL ANÆSTHESIA.** At the Glasgow Lying-in Hospital local anæsthesia has been tried on several occasions. The apparatus is a modification of that of Dr. Richardson, and is found to answer remarkably well. It is worked by the foot instead of the hand, whereby the ether spray can be projected with greater force, and the instrument worked with little or no fatigue. The ether spray has been freely applied over the lumbo-sacral region with the view of mitigating the pains of parturition. It has also been applied over the hypogastric region in cases of hæmorrhage, with the object of producing speedy and firm contraction of the womb after delivery. In one case of very severe *post partum* hæmorrhage, the ether spray produced immediate and permanent uterine contraction. Treatment of *post partum* hæmorrhage by intra-uterine injections of cold water, has been had recourse to in several cases, and with decidedly beneficial effects. The hospital has, for a considerable time past, enjoyed a remarkable immunity from disease. The last death which occurred was that of a German woman, who sank under an acute attack of broncho-pneumonia. There was no peculiarity, worthy of notice, in reference to her accouchement. She made a good recovery, and was about to leave the hospital when she was unfortunately seized with the above mentioned disease, to which she succumbed after a few days' illness. Among the operative cases may be mentioned that of a negress, who, after a painful and protracted labour, was delivered with the forceps by Dr. J. G. Wilson. Both mother and child did well. The generally received opinion, that women of colour bear children easily, did not hold good in this instance. (*Glasgow Medical Journal*.)

**ADVICE GRATIS.** Advice gratis has an unfavourable reputation, which is, as a rule, by no means unjust. With the cholera has come, of course, the usual rush of letters from medical men addressed to the daily journals vaunting particular methods of



treatment. It is difficult to see the utility of such letters. Rational people are not likely to treat themselves or their nearest friends without taking medical advice, be it good or bad. It is certainly not the practice of the most eminent men in any profession to urge particular theories on an uninstructed public. Besides, there is the embarrassment of deciding which recommendation to adopt out of so many. The College of Physicians are clearly undecided as to what remedies should be employed for the cholera, and are careful to avoid recommending as general measures more than early attention to premonitory diarrhoea; and when cholera comes on, warmth, horizontal posture, plenty of cold water, and warm frictions, with medical advice for particular symptoms. But your *Times'* letter-writer knows a great deal more than the whole College of Physicians. He has cured all his patients with camphor dissolved in alcohol, or with repeated doses of calomel and opium, or with emetics "perseveringly" administered, or with brandy and opium, or with salines, or lead, or quinine, or strychnine. There are as many newspaper cures for cholera as there are for cancer; but their parade in political journals is not even harmless. In the present state of medical science cholera cures stand on much the same footing as cancer cures; and just now they may do more harm if they are allowed to flourish in all the glories of print, where their flimsy theories cannot be exposed by an adequate discussion. (*Pall Mall Gazette*.)

#### OPERATION DAYS AT THE HOSPITALS.

MONDAY.....	Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY....	Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.
WEDNESDAY...	St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.
THURSDAY.....	St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.
FRIDAY.....	Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
SATURDAY.....	St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

#### REGISTRATION OF DISEASE.

RETURN of new cases of disease coming under treatment in public practice. (A.) Manchester and Salford (Sanitary Association). (B.) Preston (R. C. Brown, Esq.). (C.) St. Marylebone, London (Dr. Whitmore). (D.) Birmingham (Dr. Alfred Hill).

In the 4 weeks ending May 26th, 1866.

Diseases.	A.	B.	C.	D.
Small-Pox .....	7	15	9	15
Chicken-Pox .....	..	1	2	2
Measles .....	11	42	44	72
Scarlatina .....	26	2	19	25
Diphtheria .....	..	..	1	1
Whooping-Cough .....	49	14	66	132
Croup .....	1	..	..	9
Diarrhoea .....	103	9	292	142
Dysentery .....	9	2	6	9
Cholera .....	..	..	..	..
Continued Fever.....	..	33	..	171
Erysipelas .....	20	5	9	4
Insanity .....	54	4	11	4
Bronchitis and Catarrh .....	638	83	781	513
Pleurisy and Pneumonia .....	40	9	34	18
All other diseases and accidents	3897	375	3271	2233
Totals .....	4845	*594	4545	*3350

\* Accidents not included.

#### TO CORRESPONDENTS.

\*\* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

THE August number of the *Dublin Quarterly Journal of Medical Science* contains the following original communications:—Dr. R. McDonnell—On the Operation of Trephining in Cases of Fracture of the Spine; Dr. Paton of Toronto—On the Action of the Heart; Dr. Compton—On Temperature in Acute Diseases; Dr. Kidd of London—On the Medical Uses of Chloroform Inhalation; Dr. Hayden—On Diphtheria; and Dr. McCormac—On Strangulated Inguinal Hernia.

CURE OF ITCH.—SIR: In answer to your correspondent L.R.C.P., I would respectfully say, he may meet with all he requires for the cure of itch, in the following cheap and efficient way. Let the affected parts be well washed with a strong warm solution of common soda, and, after being dried, then apply very freely paraffine; and a few repetitions will accomplish all you need. The plan is cheap as well as simple, and now paraffine is to be found in almost every cottage. I am, etc., M.R.C.S.  
August 15th, 1866.

TREATMENT OF SCABIES.—SIR: A correspondent of a recent number of the JOURNAL (signature L.R.C.P.) asks for an inexpensive yet certain and quick cure for the itch. Provided the diagnosis be correct, and that the case be uncomplicated scabies, he will find the following plan all-sufficient. Let the patient be well rubbed all over the body, except the face and scalp, with simple sulphur ointment every night for three nights consecutively, wearing the same linen night and day. On the fourth day, put him in a warm bath, and wash away all trace of the ointment with plenty of soap. This done, clothe him with clean linen, give him clean sheets and pillow-case. Meanwhile give him a gentle purge every forty-eight hours, and in one week he will be perfectly cured. But mark well, first, that sulphur often produces a papulous eruption very like the itch. This must be treated tenderly, and it will soon get well. Secondly, humates of workhouses are subject to an epidemic scabies, which will yield only to change of diet and to active purgatives, together with strong doses of quinine, sulphate of iron, and sulphuric acid. Relapses should be thus treated, and not by reiterated sulphur inunctions. Thirdly, cure all your cases in one week, or there will be endless relapses from the contagion of uncured cases. I am, etc., T. H.

NURSING.—SIR: I am sorry that you did not insert the extract I sent, from a speech of one of our select vestrymen, on the subject of nursing by religious orders, more especially as the JOURNAL has contained four articles in favour of such assistance; and the extract in question seemed to me to give very fair reasons why such should not be admitted into our public institutions. I have been attached to a school (Liverpool Lying-in Hospital) for the training of nurses for nearly twenty years, and I look upon my labours during that period with pleasure, inasmuch as I believe we have done good service, by sending out many women well qualified for their duties, whose services have been valued by the public, and received a liberal remuneration.

I am quite sure that no nurses can be thoroughly trained without the assistance of the profession; but I am not so sure that we need vows and religious orders in the work. Let me again appeal to the nursing in Liverpool, both public and private; and let me not forget the labours of free noble women, such as Miss Nightingale, etc.

I would suggest that the trustees of our public charities have no right to give the work into the hands of any section of the religious bodies, thereby throwing the money and influence into one party, to the exclusion of another. At least, let it be first shewn that the means at our disposal are not sufficient to the exigency.

Let me not be supposed to slight efforts put forth by any religious bodies to minister to the sick; for there are thousands in our courts and alleys needing help, and where such may get the blessing of those who are ready to perish.

I am, etc., B. BLOWER.  
Liverpool, August 25th, 1866.

COMMUNICATIONS have been received from:—Dr. C. HANDFIELD JONES; Dr. G. H. PHILIPSON; Mr. A. B. STEELE; Mr. WILLIAM PARKER; Dr. G. H. HARDIE; Dr. GAMGEE; Mr. STONE; Mr. HAYNES WALTON; Mr. J. ROGERS; Dr. H. G. STEWART; Dr. THOMAS SKINNER; Mr. BLOWER; Dr. H. KINGLAKE; F.R.C.S.; Dr. EDWARD COPEMAN; Dr. TICKLER; Dr. COSSAR; Dr. SAUNDERS; Dr. C. ARNISON; Mr. J. HUTCHINSON; and Mr. PAUL SWAIN.



ESTABLISHED 1848.

**Mr. J. Baxter Langley, M.R.C.S.**  
Eng., F.L.S. (late of King's College, London), PROFESSIONAL AGENCY, 50, Lincoln's Inn Fields, W.C.

**Near the sea-side, for transfer,**

with a long partnership introduction if desired, a good Family Practice in an improving and pleasant town. Patients of a good class, visits charged from 5s. to 10s. Midwifery fees from £1:1 upwards. Income upwards of £600; expenses moderate. The house being the vendor's freehold can be bought or rented. Terms, a year's purchase; receipts during introduction to be shared. Most complete evidence of *bond fides* can be given.—Address "V., 66," Mr. Langley, as above.

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best towns in the county, a good introduction to general practice can be given. Receipts about £350 a year. No low midwifery. Rent of house, stable, and coach house, £47. The advertiser has an excellent connexion, and is surgeon to the local hospital. All health the cause of resignation.—Address "V., 65," Mr. Langley, as above.

**Devon. — £900 a year. For**

transfer, a first class Practice in a good country town. The work is light and expenses moderate. The practice has been established sixty years.—Address "V., 63," Mr. Langley, as above.

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well established easily worked Practice for transfer, in consequence of the illness of the vendor. The house is detached, with garden, grounds, stabling, and coach house; rent £75. Income between £700 and £800, steadily increasing. All appointments have been declined. Midwifery fees from £1:1 to £3:3. Patients of a good class; few bad debts. No brougham, horse, or assistant necessary. Complete introduction secured.—Address "T., 987," Mr. Langley, as above.

**In a first class seaport, an old**

established non-dispensing Family Practice for transfer. Average income of last three years upwards of £1000 a year. Patients of a good class. Midwifery fees from one to five guineas. Excellent house in a healthy situation; rent £50. One horse and brougham kept. The books can be examined and the fullest opportunities for investigation afforded. The successor must be a gentleman of good professional acquirements, and not less than twenty-eight years of age.—Address "T., 965," Mr. Langley, as above.

**Liverpool Royal Infirmary and**

SCHOOL OF MEDICINE.—SESSION 1866-67.  
The Introductory Address will be delivered on October 1st, 1866, at 2 p.m., by Mr. REGINALD HARRISON.

HOSPITAL PRACTICE.—ROYAL INFIRMARY.  
Physicians—Dr. VOSE, Dr. TURNBULL, Dr. INMAN.  
Surgeons—Mr. STUBBS, Mr. LONG, Mr. BICKERSTETH.

LECTURES.—WINTER SESSION.  
Medicine—Dr. Cameron.  
Surgery—Mr. Bickersteth.  
Physiology—Dr. Waters.  
Anatomy—Mr. Harrison.  
Dissections—Dr. Roberts.  
Chemistry—E. H. Birkenhead, D.Sc.Lond.

A Prospectus, and further information, can be obtained on application to the Registrar, Mr. HARRISON, 13, Maryland Street.

**St. Mary's Hospital Medical**

SCHOOL.—The SESSION commences October 1st, at 8 p.m. The Introductory Address by Mr. HAYNES WALTON.

At this Hospital the Medical Appointments, including five House-Surgeons, the annual value of which exceeds as many Scholarships of £50 each, and a Resident Registrarship at £100 per annum, are open to the pupils without fee. It has Obstetric and Ophthalmic Departments, and a Children's Ward (in the new wing). The Clinical and Pathological Instruction is carefully organised.

For Prospectus (with Addresses on Medical Education by the Archbishop of York, Professors Owen and Huxley), entry, and full information as to Prizes, etc., apply to the Medical Officers and Lecturers, or to  
ERNEST HART, Dean of the School.

**Northern Hospital, Liverpool.—**

The WINTER SESSION will commence on Monday, October 1st. Clinical Lectures will be delivered by the Physicians and Surgeons.

Physicians—Dr. Waters and Dr. Roberts.  
Surgeons—Mr. Hakes, Mr. Manifold, and Mr. Lowndes.  
Junior Surgeon—Mr. Harrison.

Fees for Hospital Practice:—Perpetual, thirty guineas; one year, twelve guineas; six months, nine guineas.

Pupils can enter to the Medical or Surgical Practice separately on payment of half the above fees.

For further particulars apply to the House-Surgeon, Mr. BRADLEY.

**University of Aberdeen.**

Chancellor—His Grace the DUKE OF RICHMOND.  
Vice-Chancellor and Principal—The Very Rev. P. C. CAMPBELL, D.D.  
Lord Rector—The Right Hon. EARL RUSSELL, K.G., LL.D.

**FACULTY OF MEDICINE—SESSION 1866-67.**

WINTER SESSION, commencing on the first Tuesday of November.

Anatomy—Professor Struthers, M.D. 11 a.m. £3 3s.

Practical Anatomy and Demonstrations—Professor Struthers and the Demonstrator. 9 to 4, and 2 p.m. £2 2s.

Chemistry—Professor Brazier. 3 p.m. £3 3s.

Institutes of Medicine—Professor Ogilvie, M.D. 4 p.m. £3 3s.

Surgery—Professor Pirrie, C.M., F.R.S.E. 10 a.m. £3 3s.

Practice of Medicine—Professor Macrobin, M.D. 3 p.m. £3 3s.

Midwifery and Diseases of Women and Children—Professor Dyce, M.D. 4 p.m. £3 3s.

Zoology, with Comparative Anatomy—Professor Nicol, F.G.S. 2 p.m. £3 3s.

Medical Logic and Medical Jurisprudence—Professor Ogston, M.D. 9 a.m. £3 3s.

SUMMER SESSION, commencing on the First Monday of May.

Botany—Professor Dickie, M.D. 6 a.m. £3 3s.

Materia Medica (100 Lectures)—Professor Harvey, M.D. 10 and 3. £3 3s.

Zoology, with Comparative Anatomy—Professor Nicol. 11 a.m. £3 3s.

Practical Anatomy and Demonstrations—Professor Struthers and the Demonstrator. 9 to 4, and 2 p.m. £2 2s.

Practical Chemistry—Professor Brazier. 9 a.m. £3 3s.

Matriculation fee (including all dues) for the Winter and Summer Sessions, £1. For the Summer Session alone, 10s.

Instruction in Histology and the Use of the Microscope is delivered during the Summer Session.

Royal Infirmary: Daily, at Noon.—Perpetual fee to Hospital Practice, £6; or, first year, £3 10s.; second year, £3.

Clinical Medicine—Drs. Harvey and Smith. £3 3s.

Clinical Surgery—Drs. Keith and Pirrie. £3 3s.

General Dispensary, and Lying-in and Vaccine Institution: Daily.

Eye Institution: Three days in the week. Royal Lunatic Asylum: Clinical Instruction is given for three months in the year.

The Regulations relative to the Registration of Students of Medicine, and the Granting of Degrees in Medicine and Surgery, may be had of Dr. Macrobin, Dean of the Faculty of Medicine.

**The London Hospital Medical**

COLLEGE.—The next WINTER SESSION will commence on Monday, October 1st, 1866, when the Introductory Lecture will be delivered by Dr. HEAD, at 3 p.m.

General fee to Lectures and Hospital Practice, 84 guineas, payable in two instalments of 42 guineas each, at the commencement of the first two Winter Sessions of attendance.

Perpetual fee to the Lectures alone, £50. Library fee, 1 guinea.

Students can make special entries to Lectures or Hospital Practice.

MEDICAL OFFICERS.

Consulting-Surgeon—Mr. Luke.

Physicians—Dr. Fraser, Dr. Davies; Dr. Clark.

Surgeons—Mr. Adams, Mr. Curling, Mr. Hutchinson.

Assistant-Physicians—Dr. Ramskill, Dr. Down, Dr. Hughlings

Jackson, Dr. Morell Mackenzie.

Assistant-Surgeons—Mr. Maender, Mr. Couper, Mr. Little, Mr. Rivington.

Obstetric Physician—Dr. Head.

Assistant Obstetric Physician—Dr. Palfrey.

Dental Surgeon—Mr. Barrett.

LECTURES AT THE LONDON HOSPITAL MEDICAL AND SURGICAL COLLEGE.

Medicine—Dr. Herbert Davies, Dr. Andrew Clark, and Dr. Ramskill.

Surgery—Mr. Hutchinson.

Descriptive and Surgical Anatomy—Mr. Adams and Mr. Rivington.

Physiology, General and Morbid Anatomy, and Practical Histology

—Mr. Couper and Dr. Hughlings Jackson.

Practical Anatomy—Mr. Rivington, Mr. James Adams, and Mr. Tay.

Chemistry and Practical Chemistry—Dr. Letheby.

Anatomy and Pathology of the Teeth and Dental Surgery—Mr. Barrett.

Midwifery and Diseases of Women and Children—Dr. Ramsbotham.

Forensic Medicine—Dr. Ramsbotham and Mr. Rodgers.

Materia Medica and General Therapeutics—Dr. Down.

Ophthalmic Surgery—Mr. Hutchinson.

Botany—Dr. Dresser.

Comparative Anatomy—Mr. Rivington.

Special Operative Surgery—Mr. Maender.

The London Hospital contains 445 beds, and receives an average of more than 4000 in-patients annually.

The appointments of Dresser, House-Surgeon, Resident Medical Officer, Assistant Medical Officer, Resident Obstetric Assistant, etc., etc., are open to the students without further fee, and include residence and partial board.

Two Scholarships and two Gold Medals will be awarded by competition during the ensuing Session.

Further particulars can be had on application to Mr. Hutchinson, Hon. Loc. Sec., 4, Finsbury Circus, E.C., or at the College.

Mile End, August 28, 1866.



# Addresses and Papers

READ AT

## THE THIRTY-FOURTH ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

[Held in CHESTER, AUGUST 7th, 8th, 9th, and 10th, 1866.]

### ON THE TREATMENT OF RHEUMATIC FEVER.

By J. BIRKBECK NEVINS, M.D. Lond., Liverpool.

At a time when there appears to be a growing tendency to consider that it is a matter of indifference whether anything at all is done in rheumatic fever, except to keep the patient quiet in bed and supply moderate nourishment, I propose to lay before you a plan of treatment which I have adopted for many years, with the general result, as it has appeared to me, of: 1, speedily relieving the patient's most urgent symptoms; 2, shortening the general duration of the case; and 3, securing restoration to strength with less tendency to heart-complications or relapses than usual.

I shall illustrate the general features of the treatment by relating very briefly the last case treated in this manner, which occurred last month, and therefore has the advantage of not being a selected one, but merely the last under observation.

The fundamental principle to be attended to is the one pointed out by Dr. Heberden above a hundred years since, when he recommended the employment of cinchona, in consequence of the resemblance between rheumatic fever and ague, as shown in the rigors, hot and sweating stages in both diseases, and the tendency to periodicity observed in the nightly exacerbations of rheumatic fever; and, acting upon this analogy, he recommended the employment of cinchona in the treatment of rheumatic fever as well as of ague. Since his time, this remedy has been used from time to time; but it has not taken the firm hold upon the profession which it deserves, in consequence of the omission of various adjuncts, which it will now be my object to lay before you, as they were employed during the progress of the case to be related.

**CASE.** W. J., aged 45, a delicate looking man, steward of a steam-ship, had been suffering from rheumatic pains for a fortnight, but had gone about his work with difficulty until two days before his arrival in Liverpool, during which he was confined to his berth, unable to help himself in any way. He was carried on shore, and I saw him in the evening. He was unable to turn in bed, or to move hand or foot, except his left hand a little, though even that was acutely painful. He had had no sleep for two days or nights; tongue furred; lithates in urine; pulse moderately excited, but no distinct heart-symptoms; not much sweat.

**Treatment.** He was immediately ordered a vapour-bath of vinegar, with subsequent cold douche in bed, and ten grains of Dover's powder, which was followed by two hours of sleep, and such abatement of pain, that he said he was easier the next day, though still unable to move his limbs or to turn in bed. He was also at once ordered two grains of quinine and five grains of iodide of potassium, to be taken four

times a day. He had, on a subsequent night, a second Dover's powder, and this was all the opiate taken during the illness. The opium, therefore, formed a very insignificant part of the treatment; and this I have found to be the case almost without exception.

The remedies to which I attach importance are:

1. The vapour-bath, and subsequent cold douche; and
2. The combined quinine and iodine.

In this case, the bath was given in bed, for the patient could neither turn in bed nor move his limbs; and it will generally be necessary to give it in bed, in the first instance, in any case deserving the name of rheumatic fever; and it is so easily administered, that no difficulty can arise to prevent its employment in every case.

Two large pieces of coarse flannel (common scouring cloths answer the purpose admirably) are to be soaked in common vinegar;\* about a pint being necessary for each cloth. Two common bricks are then to be heated nearly red-hot in the fire, folded up in these flannels, and placed on two plates. The patient being stripped, one plate is to be put a little distance from one knee and the other a little distance from the opposite shoulder, and the patient is to be covered over with the bed-clothes. In a few minutes, he is surrounded by a most refreshing steam-bath, which produces a warm, agreeable perspiration, that may be kept up for twenty minutes or longer, if the bricks retain their heat sufficiently.

As soon as it is decided to remove them, the patient, still in bed, is to be very rapidly mopped all over with towels wrung out of cold water, then immediately wiped dry with dry towels, supplied with a warm shirt or flannel garment, and covered with a fresh dry sheet, etc., or with blankets alone, as may be most agreeable to him.

The effects of this bath are a speedy relief of the acute pain, and frequently easy sleep for a time; an abatement of the offensive and distressing acid sweats; and a general state of greater comfort.

The cold water application immediately on the removal of the hot vapour is very important; as it prevents the continuance of an enfeebling perspiration after the hot bath.

The manner of removing the patient's bed garment is a point of importance in cases of such painful helplessness as rheumatic fever; and it is accomplished without pain to the patient or difficulty to the nurse by an extremely simple contrivance. The clothes must be torn down the back from top to bottom; and when this is done they can be removed and replaced as easily as a child's pinafore, without even lifting a limb of the patient or disturbing him in bed. By this means, fresh, clean, dry clothing can be applied without difficulty once or twice a day, according to the amount of sweating; and the sufferer is relieved from the discomfort of his damp, offensive garments.

This bath may be repeated twice a week; and during seventeen years that I have been in the habit of adopting it, I have scarcely ever had to use it a third time in bed; the patient, after the second bath, being almost invariably able to sit up and have the third in a chair.

When he is able to sit up, a steam-bath can be given with great ease by putting a bucket of boiling water under a chair, the seat of which is sufficiently protected to prevent the patient from being scalded, whilst he is sitting upon it surrounded by blankets; and, by putting a red-hot brick into the water in the

\* For many years I soaked the flannels in simple water; but the vinegar is so much more fragrant and agreeable to the patient, that I have always used it for the last few years.



course of ten minutes, the steam is kept up, as by this time it generally begins to abate from the original boiling water.

A jug of cold water may be poured over the patient when the blankets are removed, or he may be wiped by cold wet towels, as is most agreeable to his own fears or feelings, and he must then be clothed and sit up for a few hours.

The second part of the treatment upon which stress is laid, is the combination of moderate—i.e., two grain doses of quinine with five grain doses of iodide of potassium from the first. The theoretical grounds on which quinine was first proposed have been already mentioned; and the general experience of the profession will suggest the explanation of the probable benefit to be looked for from the addition of the iodine.

We will now return to the history of the case.

After using the bath and taking the Dover's powder, he slept two hours, and was easier.

Second Day of Treatment—Tongue rather dry. Two glasses of wine daily in addition to his medicine.

Fourth Day—Sleeps moderately, and takes food moderately. Very uneasy from lying so long unable to turn in bed. Can move one arm a little. Repeat the vapour-bath, and continue the quinine and iodide.

Next day—Fifth—Can sit up in bed, and move his arms so as to change his night-shirt in the ordinary way.

Seventh Day—Walked down stairs, with a little help.

Tenth Day—Had a steam-bath in his chair.

Eleventh Day—Walked a mile and a quarter.

Twelfth Day—Went down to the office.

Sixteenth Day—Called upon me just before going to sea.

Such is an outline of the plan of treatment which I have practised habitually for the last seventeen years. During this time, the cases have been numerous which have been thus treated; and the results have been so satisfactory, that I have always returned to this method, although I have given a fair trial to the alkaline and to the lemon-juice treatment. I have not tried the do-nothing method; nor have I ever relied upon opium alone; and bleeding and mercurials I have no experience of.

During this period, I have only had occasion four times to apply a blister for heart-symptoms; and there has not been any instance of troublesome cardiac affection. What has become manifest on these four occasions has readily yielded to slight blistering, and a continuance of the quinine and iodine.

When the disease previous to admission has been of a more chronic or frequently repeated character than in the case above related, the improvement has not been so rapid as to amount to complete recovery in a fortnight; and where there is much gouty complication, the case will probably be more lingering. But, after endeavouring to ascertain without partiality what method of treatment is most beneficial to the patient suffering from rheumatic fever, I am increasingly impressed with the conviction that the plan now advocated possesses the advantage of—

1. Relieving the patient's suffering most speedily, both as regards pain, loss of rest, and sweating;

2. Of most quickly restoring the patient to strength, for it is extremely rare for him to be confined to bed more than a week, or to be confined to his room for more than a fortnight; and

3. Of securing extraordinary freedom from heart-complications, or liability to relapses.

[In the discussion which ensued upon this paper, Dr. Falconer of Bath showed some tracings made by

the sphygmograph in some cases of rheumatic fever, which showed that, whilst the power of the heart at the commencement of the attack was generally about equal to the natural standard, it fell as the disease progressed to such a degree as to exhibit, by the tracings, a loss of nearly half its strength. He thought that this loss of muscular power in the heart might account for those cases in which the patient dies after apparent recovery from rheumatic fever, and yet, after death, there is no apparent disease of the heart discoverable. These observations (which had been carried on by Dr. Falconer without any correspondence with the author of the paper) have a very important bearing upon the plan of treatment advocated in it, the principle of which is directed from the first to supporting the energy of the muscular and nervous system by the administration of quinine, in conjunction with the agents described; which are followed by an early cessation of exhausting pain, sweating, and loss of rest, and a remarkable immunity from heart-affections.]

## ON LOOSE CARTILAGES IN THE ARTICULATIONS, AND A NEW INSTRUMENT TO EXTRACT THEM.

By HENRY DICK, A.B., M.D., Surgeon to the National Orthopædic Hospital.

THERE is an affection of the knee-joint, and in some rare instances of that of the elbow, the origin of which is involved in great mystery.

Its diagnosis is sometimes very difficult, and on that account mistake is liable to be made in the treatment. There is one symptom of this affection which should always rouse our suspicion; namely, sudden pain in the knee-joint, followed by inflammation and swelling. The existence of loose cartilages in the knee-joint is a very serious affection. The patient suffers from repeated inflammation and swelling of the joint; and, in some cases, the pain is so great in walking, that he is unable to use the affected limb. I have seen some such patients remain for months without pain, when suddenly in some movement of the leg the pain returned.

How these loose cartilages are formed we can only theorise, on looking at their pathological anatomy and histology. They are, as a rule, quite loose in the articulations; but there are instances on record where, on *post mortem* examination, these bodies have been found fixed to the joint. In making such examinations myself, I have found these bodies loose in the joint; but, on a strict examination, the pedicle on the foreign body could still be distinguished.

I think, therefore, that these bodies have their origin on the walls of the joint, and become detached by certain circumstances.

The question now arises, Do they grow after they become detached? Future observation may, perhaps, solve the question. In cases where these foreign bodies were very small and loose in the joint, I have fixed them by a proceeding which I shall presently detail. They remained fixed in the joint; and, on examining them in one case four years afterwards, I did not find that they had grown, so that it is difficult to determine their growth after being once detached. There can be no doubt that the tissue composing them is cartilage, as it possesses all the anatomical elements of this tissue; and in a case of Mr. W. Adams's, both cartilage and bone were discovered.

They vary in magnitude from the size of a lentil



to that of a large bean. I was present at an operation performed subcutaneously by my friend Mr. W. Adams, where the foreign body extracted was of the size of a large bean.

When these bodies are large, their diagnosis is very easy, as they can be felt; or, if not found directly, the patients themselves know how to manipulate to bring them into such a position that the surgeon can feel them. But such is not the case where these bodies are small, and these are the cases wherein mistakes are liable. I am personally acquainted with a case of the latter kind. It was that of a gentleman residing in the country, and fond of the recreation of shooting. On two occasions of being out shooting, he felt a sudden pain in the knee, and fell down and was unable to walk any farther. On each occasion the cause was attributed to having taken cold. I would draw the special attention of the profession to the symptom of sudden pain in the knee-joint in walking. When this symptom presents itself, we may be almost sure there is a foreign body in the joint, even if we fail to discover it at once; and if we carefully examine the patient at different times of the day, we shall at last find it.

In some cases, after rest, in the morning before the patient leaves his bed, we may be so fortunate as to find the foreign body; but in two cases which I marked down I could only find it in the evening, or after the patient had taken some exercise. Hence no rule can be laid down; and it appears to me that it depends upon the position of the foreign body, as to when it is most easily to be discovered.

The mode of treatment is completely surgical. No medicament taken internally or rubbed into the joint has any effect upon the complaint. The only modes of treatment known to me are the radical removal of the foreign body and the palliative treatment, which is fixing the foreign body by galvanic electricity.

Another palliative mode of treatment consists in the subcutaneous removal of the body, and leaving it in the neighbourhood of the joint, whence it will not be able again to intrude into the cavity.

The radical removal of these bodies is practised by two methods: the open and the subcutaneous incision. The open incision I shall not discuss, because the danger therefrom is so great, that I think modern surgeons will hesitate before they undertake the operation. Several cases of death, some of them known to me personally, have resulted from the open incision; and in some cases ankylosis of the knee-joint was the result.

The subcutaneous incision must, therefore, remain the only reasonable operation. It is generally practised by making the incision with a long-bladed cunotome, at a distance of some inches from the spot where the foreign body lodges; on reaching which, the loose cartilage is pushed into the tract of the knife, and so extracted—an operation of very easily performed, and which, I dare say, is one of the reasons why surgeons have preferred the open incision.

But the operation can be much more easily performed by making a subcutaneous incision with an instrument which I have invented, and which is something like a pair of scissors,\* each blade having sharp edges, and which, when closed, has the form of a vice, but, when introduced and opened, can act as a forceps. The operation with these forceps-scissors, as I may call them, is performed on the same principle as the subcutaneous incision with the tenotome. An

assistant fixes the foreign body. The surgeon then thrusts in his subcutaneous scissors (closely shut), at a distance of about three inches from the foreign body (generally the neighbourhood of the border of the tibia is the most suitable spot, but the choice of the point of puncture must depend on the position and seat of the foreign body). When the point of the scissors comes into contact with the foreign body, they are opened, and the foreign body is then seized with them, and cautiously extracted as follows. When the surgeon perceives that he has grasped the foreign body, he should with his left forefinger press on that part of the foreign body and instrument which is next to the inner joint-wound, in order to prevent the air from entering; and the finger should follow the substance all along its course until it is extracted through the opening previously made. When the foreign body has arrived near the skin-puncture, it should be released from the scissors, which should now be shut and withdrawn; the foreign body should then, by gentle manœuvres, be pressed out through the external puncture. The reason of this latter part of the procedure is that, if the foreign body were retained in the scissors until they were finally withdrawn, the external opening would thereby be rendered much larger than it should be for a subcutaneous puncture. By the above method, it is not necessary to leave the foreign body in the puncture (or rather in the tract of the puncture) near the skin; and, indeed, I think it is much better to extract it at once, and thereby remove a source of local irritation. A small compress and piece of sticking-plaster, and the knee well bandaged and kept quiet with a well padded splint, in the semi-flexed position, propped up on a cushion, is the only after-treatment necessary.

Another method is the palliative treatment, consisting in the application of galvano-electricity, of which I have seen the good effect in three cases. Chance led me to adopt this method. In a case of chronic inflammation of the synovial membrane of the knee-joint, after having tried all the known remedies, except the iodine injection, I passed on each side of the joint an insect-needle, until it was freely moving in the joint. The needles must be very fine, and slowly passed into the joint. The operation is painless. Through these needles, electro-galvanic currents were passed. In this case, the patient got better; but at a later period, when the fluid was much diminished, I discovered a small foreign body, of the size of a lentil, in the joint. I inserted the positive needle on that foreign body, after fixing it on the border of the tibia as well as I could. A strong current was discharged on the needle for forty minutes daily for eight days, the patient being in the recumbent position. The foreign body remained where it was fixed by the needle; and I still can find it in the same place. I think the theory must be, that lymph has been coagulated round the foreign body by electricity. I cannot otherwise account for it. The gentleman remains perfectly well. The only inconvenience he has felt in four years was once when he took violent exercise; he felt his knee painful, but the pain was not nearly so great as that which he previously felt; and he has never since the galvanic operation had inflammation of the synovial membrane.

After what has been stated in the foregoing pages, I come to the following conclusions.

1. In the present state of morbid physiology, very little is known of the origin of loose cartilages in joints.

2. The loose cartilages should only be removed by the subcutaneous method; and the most safe

The instrument, which was shewn to the meeting, was made by Dr. Dick by M. G. Ernst, of 19, Calthorpe Street, Gray's Inn, W.C.



and easy way of removing them is by the subcutaneous scissors.

3. When the loose cartilages are small (say of the size of a lentil), the electric current through insect-needles may be tried with advantage.

4. Open cuttings in the joint, such as were formerly practised, cannot be too strongly condemned.

## Illustrations

OF

## HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

### BIRMINGHAM GENERAL HOSPITAL.

#### RIGHT HEMIPLEGIA: LOSS OF SPEECH AND AMAUROSIS.

Under the care of JAMES RUSSELL, M.D.

ELIZ. C., aged 44, widow, was admitted on April 3rd. Her case afforded an illustration of certain subjects connected with cerebral pathology, which have lately attracted attention. I therefore proceed to notice them in detail.

1. The patient presented an important combination of symptoms; viz., right hemiplegia, impairment of the faculty of expressing herself, both by spoken and by written signs, and double amaurosis. The hemiplegia was of the ordinary form, due, no doubt, to disease in the corpus striatum. With regard to the amaurosis, my friend Mr. Arthur Bracey discovered the presence, in an early stage, of the changes in the optic nerve, which are usually found to be associated with blindness from cerebral disease. With these were united some remains of foregone inflammation of the right iris only, of which, however, we could not obtain the least clinical history; but the latter appearances, besides affecting one eye alone, were perfectly distinct from the others previously described. When the patient left the hospital, she could read No. 8 Jäger, and sometimes No. 6. Of the aphemia, I shall speak presently.

In a very laborious and valuable paper in the *Ophthalmic Hospital Reports* (vol. iv, part 4, and vol. v, part 1), Dr. Jackson states that the union in the same subject of the three symptoms just mentioned is comparatively rare; he has met with it five times only. He further contrasts cerebral amaurosis with the defect of speech under consideration, in this respect; that the latter is usually associated with hemiplegia, the former exceptionally; he also believes that, when amaurosis is present with hemiplegia, the hemiplegia more usually affects the left than it does the right side, as was the case in my patient.

2. The pathological lesion which occasioned the hemiplegia, has much interest in connection with the combined symptoms of amaurosis and loss of expression. Loss of the faculty of expression appears to result from disease involving a special and limited portion of the cerebrum—viz. (according to Broca), a particular convolution near the extraventricular portion of the left corpus striatum; and is the result, most frequently, of obstruction of branches of the middle cerebral artery; sometimes of hæmorrhage.

Cerebral amaurosis, on the other hand, according to Dr. Jackson, is much more independent of any precise situation in the producing cause. The morbid change may be situated in almost any part of the hemispheres, or in the cerebellum, or at the base of the brain. It is, observes Dr. Jackson, a great mistake to suppose that this form of amaurosis neces-

sarily indicates disease involving the optic nervous system. The latter may be secondarily affected, but the chief disease is scarcely ever found near it; he even doubts whether disease of the optic tract will produce the ophthalmoscopic appearances now alluded to.

With respect to the nature of the disease, amaurosis is apt to result rather from tumours, from syphilitic thickening, or from the irritation of an old clot, than from those conditions to which I have alluded, as causing loss of expression. In fact, whilst loss of speech depends upon the *situation* of the disease, amaurosis seems to depend to a greater extent upon its *nature*.

3. Still following Dr. Jackson, whilst the loss of speech takes place coincidentally with the occurrence of the disease with which it is connected, the form of amaurosis we are considering never occurs suddenly as the result of injury to the cerebral hemispheres, but is the result of a gradual process; it requires time for its development, and takes place as a secondary consequence.

Now, applying these considerations to the case of my patient;—the heart was healthy, and there was no albumen in the urine. There was no evidence of syphilis, nor had she suffered from rheumatism nor from scarlet fever. She had not had fits, and her health was perfect. So far as we could learn, the arteries were also healthy. From the patient's imperfect power of language, and from her having led a solitary life, we could not get a full account of the attack of hemiplegia. She had made blood fast, had been a hearty eater, and was stout; she had suffered much from vertigo and headache for twelve months, and during that period had not menstruated. She had lately bled at the nose. Eleven weeks before admission, having complained during the day of weakness of the right arm, she became suddenly hemiplegic on the right side in the night. She kept her bed for three weeks, and did not come down stairs for three weeks longer. It was also stated that she had some ap hæmia or incoherence, we could not learn which, a month before the hemiplegia; but that her loss of power of expressing herself at least greatly increased with the occurrence of the paralysis.

But, as regards the amaurosis, there was clear evidence of impaired vision for three or four months anterior to the attack of hemiplegia; she could not read for long at a time, "nor do any particular work."

I have now to describe the state of the faculty of expression. The abnormality in this faculty afforded a fair illustration of the title which I have prefixed to this case.

In the first place, it is important to note, in this connection, that the patient possessed imperfect voluntary control over the performance of the more complex muscular movements, especially in preparing her face and eyes to be examined by the ophthalmoscope; so that two attempts at examining her eyes had to be abandoned. Acts of a more habitual and less complicated kind, were performed in obedience to order with ease and correctness. The involuntary movements, especially those of an emotional character, however complex they might be, were perfectly effected; e.g., laughing and crying. The patient was not psonate, and did not utter any interjectional sound.

But, although we had no opportunity of testing the influence of emotion upon uttered expression, it was very apparent, amidst the difficulty experienced in arranging sentences, that short and brief phrases, such especially as would have been of frequent occurrence in the ordinary transactions of life, such, therefore, as had become habitual, and therefore only



quasi-voluntary, were correctly given. In such cases, both the ideas and the words representing them would present themselves before the mind, and fall into their proper places, almost, if not quite, without any voluntary effort.\*

There was abundant proof that, at least, simple ideas were clearly presented to her mind. She looked intelligent, assented and dissented promptly and correctly, and conducted herself quite sensibly and with perfect propriety. It did not appear how far she was able to conduct any more intricate process of thought; but it was stated by her friends, and afterwards positively confirmed by herself, that she could not read to herself; which agrees with the imperfect use she was able to make of external symbols, in the shape of written or spoken words.

There was, however, no question about the presence of serious derangement in her power of employing the symbols expressive of ideas. Apprehension, or, to quote the words of Dr. Moxon, "in-coming language", was little affected; the fault lay chiefly in the other term, the "out-going language", or expression; thus illustrating, as Dr. Moxon has noticed, the perfect distinctness of these "two departments of the mind's relation to language". Want of power to co-ordinate ideas (incoherence), though quite distinct from mal-coordination of words, the signs of ideas, may co-exist with it, as occurred in a lady whom I attended, in whom each of three epileptic fits was followed by delirium, and, as that subsided, by incoherence in the selection and allocation of words. It was difficult to say, but I suspected that the incoherence in talk did not occur in this lady until the incoherence in thinking had passed away; as in the case of emotion, the delirium took the place of the will in arranging the patient's utterance.

My present patient, however, was little able to co-ordinate the arrangement of her words, and little more capable of adjusting the action of her muscles so as to pronounce intelligibly. Any sentence requiring voluntary effort to arrange its component parts speedily became a mere confusion of sounds, in which even words were not articulate. To the same cause was to be ascribed her very imperfect power of copying the utterance of another person. She could not thus copy the pronunciation of her own name; and she failed in repeating after me the simplest sentence, unless dissected word by word; often isolated words were unattainable. Nor had she any greater ability to copy written words. It has to be added, however, that occasionally her imitations of articulated sounds had some phonetic resemblance to the original; as "nors", "funday", "see", "moom", for years, Sunday, three, more, respectively.

This imperfection in voluntary control became greatly exaggerated by the slightest emotion or hurry, even by the vexation of a failure; so that it was rarely that she could convey any information comprising more than one or two simple ideas.

But once more there was very manifest failure in recollecting words; and this was at the foundation of her trouble to quite as great an extent as loss of coordinating power. Thus she never recollected her surname; once even she substituted her maiden name; although she was quite ready with her Chris-

tian name.\* Nor could she give me at any time the names of her children, of her family, the town in which she lived, etc.

This defect became especially apparent in questions involving numbers; e. g., her age, that of her child, the length of her illness, the date of her husband's death. It was singular that, in replying as to the length of her illness, she uniformly (on several occasions) substituted "years" for "weeks"; and that, when corrected, she nevertheless made the same error immediately afterwards. On many occasions, however, she was sensible of her mistakes, and would set herself right by counting on her fingers; proving that it was the symbol, and not the conception of the number, which was wanting.

As regards the other nervous symptoms in the case, it is only necessary to add, that sensation was very slightly impaired in the paralysed arm; that the functions of the various cerebral nerves were performed naturally; and that hearing, smell, and taste were intact. The patient continued under observation for eleven weeks; she made some advance towards recovery; but her progress was not very satisfactory.

In conclusion, I would specially refer to a valuable paper by Dr. Jackson in the *Medical Times and Gazette*, June 23rd, in which some most important suggestions are made for associating the various forms of functional derangement noticed in the preceding description by one link of connexion—viz., suspension of voluntary regulation of muscular action; and thus the subject is brought into immediate connexion with the study of the phenomena of chorea. The more the two diseases are compared, the nearer will be the parallelism observed between them, and the clearer the light which each one casts upon the other.

## Original Communications.

### ON PROGNOSIS IN HEART-DISEASE.

By W. H. BROADBENT, M.D., Assistant-Physician to St. Mary's and the Fever Hospitals; Lecturer on Physiology at St. Mary's Hospital Medical School.

[Concluded from page 217.]

UP to this point, I have been chiefly occupied in considering the organic and functional condition of the heart, and the effects of the changes which may have taken place in it on the systemic and pulmonary circulation; but there are other conditions not necessarily flowing from the heart-disease, which have a most important influence on the future of the patient. Among the most serious of these, is any tendency to anæmia, whether this is a consequence of the failing circulation, or induced by other circumstances. When the blood is poor, the walls of the heart are ill nourished, less competent to cope with any mechanical difficulty, less able to resist any dilating causes. There is also a liability to palpitation, which is injurious and dangerous in heart-disease, and an increased tendency to dropsy.

Again, in all cases, the position in life of the sufferer, and his habits, form a most important prognostic element. In violent efforts, or in sustained exertion, there is a great strain upon the valves of the heart; and vicissitudes of temperature tax its powers of accommodation to different conditions of

\* A somewhat parallel case is mentioned by Van der Kolk. A patient, who had lost the faculty of expression, could yet add up figures; and the combined effect of memory and of habitual connection of words was strikingly exhibited in a patient of my father's, who, having become aphemic, after abnormal mental labour in cataloguing a large manufacturing property, used the words "list complete", to express every idea, and to answer every question. The late Daniel O'Connell gave a good illustration of the distinction which subsists between emotional utterances and intellectual expressions, when he silenced a Billingsgate fisherwoman merely by flinging at her technical terms taken from the books of *Euclid*. He narrated the incident to a friend of my own.

\* A similar instance is afforded in a very interesting case read by Dr. Sanders of Edinburgh, before the Medico-Chirurgical Society of that city.



the circulation; while unfavourable hygienic influences tend to innutrition and degeneration. The man, therefore, who must labour with his hands, who is exposed to all weathers, whose food is often of inferior quality and sometimes insufficient in quantity, who breathes impure air and indulges perhaps in strong drink, who seeks advice only when he can no longer toil, and abandons all precautions as soon as he ceases to attend the hospital, has far smaller chances of long life than the man who can seek advice early, and who has adequate means to follow it out. In no cases, however, is the *nimia cura medici* more fatal. The patient should be encouraged to take a hopeful view of his condition, and permitted, and even urged, to work up to his strength.

A consideration of prognosis in heart-disease would be imperfect without reference to the modes of death; and, in connection with this part of my subject, I shall speak briefly of the symptoms which are the precursors of a fatal termination.

The immediate cause of death may be asthenia, pulmonary complications, or dropsy. I might mention, also, cerebral hæmorrhage, or softening, or embolism of the cerebral arteries; but, except the last-mentioned, these are in no way proper to heart-disease, and occur so often independently of it, that it is open to question whether they are not rather coincidences than consequences.

First, as to sudden death by syncope. I think I am not wrong in stating that, with the profession as with the public, it is very commonly believed that this is a contingency to which every sufferer from heart-disease is liable. This is indeed positively asserted by Dr. Fuller in the following passage, which closes his *résumé* of the prognosis of valvular disease of the heart (p. 120): "In any and all cases life is apt to be arrested suddenly by syncope"—an assertion repeated almost word for word by Dr. Aitken in his work on *Medicine*.

Is this so? My attention was first specially drawn to the question of prognosis in heart-disease by the discrepancy on this point between my experience and my preconceived opinion. I had watched very many cases of valvular disease of the heart without seeing this termination. In the *post mortem* examinations I had made in cases of sudden death, I had met with fatty degeneration of the heart in two, rupture of the left ventricle in two, aneurism of the left ventricle, adherent pericardium, ossification of the coronary arteries (with angina pectoris), plugging of these vessels by ulceration in the aorta, primary malignant disease in the walls of the heart, and but two instances of valvular disease, in one of which the heart was fatty. It became evident that either my opinion was wrong, or my experience singular. I found, however, that Dr. Stokes and Dr. Walshe had long since arrived at the conclusion to which my observation seemed to point. Dr. Stokes states that sudden death in diseases of the heart is by no means so frequent as is generally supposed, and that it happens principally in examples of solution of continuity; and Dr. Walshe, speaking of the different forms of valvular lesion, says that only one causes sudden death—aortic regurgitation, and that the more pure and uncomplicated it is, *i.e.*, by dilatation and hypertrophy, the greater seems to be the danger of fatal syncope. He mentions eleven cases; no large number considering his long and extensive experience; and the only instance in which I have known sudden death to be entirely attributable to valvular disease was one of aortic regurgitation. Its occurrence in these cases is explained by what I have said of the tendency of this affection to "stagnation" rather than "obstruction" in the circulation, and the liability of the former condition to cause syncope from

deficient supply of blood to the nervous centres. This explanation applies especially to the cases which seemed to Dr. Walshe unaccountable, in which no hypertrophy or dilatation existed, the tendency to stagnation being, under these circumstances, uncompensated.

It may be stated then, and the conclusion has been fortified by the examination of *post mortem* records and reference to the experience of others, that, so far from life being apt to be cut short suddenly by syncope, sudden death is a contingency which may almost be left out of consideration in valvular disease, except in aortic regurgitation. I need scarcely refer to the unfavourable influence exerted by the dread of sudden dissolution, or to the relief which we can afford by removing this apprehension, which, spoken or unspoken, follows the sufferer who becomes aware that he is the subject of heart-disease.

Pulmonary affections are the most common immediate cause of death, and pulmonary symptoms among the most common of the immediate precursors of this event. Dyspnoea, at first coming on only after exertion, is excited by slighter causes of most varied kinds, or sets in without any assignable reason. The paroxysms are more severe and lasting. Frequently, it becomes habitual, and the patient is unable to lie down. This cardiac dyspnoea is peculiar, and readily distinguished from that of emphysema or asthma; it is rather want of breath than difficulty of breathing. The air enters and leaves the lungs freely, but does not satisfy the imperious demand which is felt, and which arises from the obstruction to the passage of blood through the lungs. There is very commonly cough, with or without free expectoration, and the auscultatory phenomena may be of the most varied character. Ultimately there will be the signs of bronchitis, effusion into the pleural cavity, or of pneumonia, or of combinations of these, according as one or other is to constitute the fatal complication. Bronchitis is not often the cause of death. Pleurisy, with effusion, or more frequently dropsical accumulation in the pleural cavity, is common. This last may be one of the manifestations of general dropsy, or strictly local and not associated with dropsical effusion elsewhere. Most common is congestive pneumonia in various degrees up to pulmonary apoplexy. This is most frequently a consequence of mitral affection, but is sometimes met with in aortic disease. It may occur independently of dropsy; but more often is associated with this condition, either as the final and fatal complication, when it has existed for a longer or shorter time, or the two coming on together.

Dropsy, which I have placed among the causes of death, would in most cases be more properly designated a precursor; associated pulmonary affections constituting the actual cause. It may come on very slowly, showing itself first as occasional slight oedema about the ankles; then permanently establishing itself; gradually creeping up, reaching the knees, invading the thighs and abdomen; the breath all this time becoming shorter, the strength failing, and the symptoms increasing; till at length the patient reaches almost the climax of misery before death brings release from his sufferings. Or the course of the affection may be rapid, usually from the effect of pulmonary congestion or inflammation. As a prognostic sign, it is always of great, but by no means uniform, gravity. When it comes on slowly in a patient who has enjoyed the advantages of repose, good diet, fresh air, etc., it may perhaps be kept down for a time; but once established it will usually go on, in spite of treatment, slowly but surely, to a fatal termination. It is a very serious indication when it accompanies an attack of pul-



monary congestion, or when it follows some debilitating influence; but in this case it is often recovered from. The probability of this favourable event in any given case will be estimated, according as the immediate exciting cause is inherent or accidental—in the state of the heart itself or the unfavourable conditions to which the patient may have been exposed. If the heart is found to be large and dilated, and the dropsy has crept on without provocation, or has been brought on along with pulmonary congestion by a little over-exertion or some other trivial circumstances, the chances are against recovery. If, on the other hand, the patient has been underfed, overworked, exposed to cold and wet, or has undergone other hardship, while the heart is not very notably enlarged, the probabilities are in his favour, if placed in favourable conditions. As a matter of personal experience, I am less anxious about a second attack of dropsy than about the first. To have recovered once is a reason for recovering again, provided always that the valvular lesion is not of the degenerative character.

Dropsy forms a very interesting question, and I am tempted to enter upon it a little more at length. It is generally, and I believe rightly, attributed to the obstruction, actual or virtual, of the circulation, caused by the cardiac disease. Opinions have fluctuated as to whether dilatation or the valvular lesion was the efficient cause. If my reasoning have been correct, the rôle of dilatation, as a cause of anything, is very small; its value as an indication remaining, however, as great as ever. But Dr. Walshe has raised the question whether heart-disease of any kind is of itself sufficient to give rise to dropsy, basing it upon the fact that dropsy is present in some cases of heart-disease, and absent in others apparently in all other respects similar.

He advances a series of propositions expressing facts derived from his experience, which may be summed up in the statement that any single valvular disease or combination of these, any structural alteration alone or complicating valvular affections, may exist for a considerable time without necessarily producing dropsy. He concludes from this that "something beyond and in addition to any one, or any group, is required in order to entail dropsy." It might with equal force be concluded that something beyond and in addition to mitral regurgitation and right hypertrophy is required to produce pulmonary apoplexy, since these conditions often coexist for years without giving rise to it.

But, to follow out Dr. Walshe's reasoning, he says again: "Some active cause beyond and independent of the heart is shown by the fact of no direct relation existing between the amount of heart-disease and dropsy; that dropsy sometimes comes on suddenly from extraneous causes, the state of the heart remaining, as far as is ascertainable, in precisely its previous condition; that dropsy comes and goes under treatment and spontaneously, while the organic changes in the heart are permanent and unmodified."

He does not, of course, ignore the influence of heart-disease, acknowledges that local conditions in the heart establish a difficulty in the circulation, but asks, "What influence actually and directly leads to the dropsical exosmosis?" replying that it is compound—in the blood, impoverishment—in the capillaries, a conceivable variation in density or texture—in the tissues, innutrition. He believes also that not stagnation merely, but other and more effective agencies work out all these changes.

A sufficient reply might be given to all this in the words of Dr. Latham on the same subject: "There are several forms of unsoundness in the heart which

may be said rather to *tend towards* a certain effect upon the circulation than necessarily to produce it. They must reach a certain amount before the effect is sure to follow. Yet when each separately would not be enough to produce it, from their combination it would arise inevitably."

Acknowledging the existence of this tendency to dropsy inherent in heart-disease, it is easily understood how a slight extraneous cause, a cold, overwork, temporary debility, etc., increasing the task on the heart or diminishing for the moment its power, may bring it on, and how on the removal of these exciting causes it may disappear, the organic condition remaining the same. The changes in the blood, capillaries, and tissues, in which Dr. Walshe finds the actual and direct cause, again, can only be regarded as tendencies co-operating with those contributed by the impeded circulation.

It further seems to me difficult to imagine more effective agencies in the production of the changes referred to than a delayed circulation. The sluggish stream can neither furnish the digestive secretions in due quantity and of proper quality, nor take up the nutritive materials with normal rapidity, nor can the assimilating organs, impeded in their function by chronic congestion, effect perfectly the further changes necessary to the formation of healthy blood. The tissues, also, permeated only by a slow current of unhealthy blood, can neither obtain sufficient matter for their renewal, nor get rid of the products of waste, and consequently fall into a state of degeneracy.

But there is another consideration to be taken into account in the causation of dropsy, which goes far to explain its occurrence in one case and not in another; viz., the varying degree of pressure to which the capillaries are exposed under different circumstances of "stagnation" or "obstruction". When a vein is tied or blocked in any way, the heart continues to drive blood along the arteries of the part, and there being thus obstruction in front and pressure from behind, the capillaries are exposed to a distending force which favours effusion and a local dropsy is quickly induced. But in valvular disease of the heart, the case is by no means so simple. Here impediment in front and want of propulsion from behind combine in varying proportions to render the circulation slow. The predominance of obstruction on the one hand, or of mere stagnation on the other, will obviously make a great difference in the tendency to dropsy; but it is extremely difficult to estimate the degree in which one or other exists in any given case.

It would seem, at first sight, that, in aortic disease, whether obstructive or regurgitant, so long as the mitral valve remained competent, there could only be "stagnation" from propulsion of an insufficient amount of blood into the systemic capillaries, and there can be no doubt that this is the primary tendency of these affections. The right heart and the pulmonary circulation are, however, also affected. If blood arrived in sufficient quantity in the right auricle, as the right ventricle has an equal capacity with the left and has no affection of the valves to interfere with its action, it would send into the lungs a larger quantity than the left sent into the system, a larger quantity, therefore, than it could receive from the lungs. There would, consequently, be accumulation of blood within the pulmonary vessels, and obstruction to the pulmonary circulation, limited only by the slowness of the supply from the systemic veins. Hypertrophy and dilatation modify the results. Hypertrophy will certainly tend to prevent stagnation when the valvular lesion is constrictive, and dilatation with hypertrophy will have the same effect in regurgitation, the increased capacity of the



ventricle making up for a return of a portion of the blood from the aorta.

Turning now to clinical observation as bearing upon this point, obstruction or stagnation in aortic valvular disease. It is in aortic regurgitation that fatal syncope is liable to occur, caused by failure in the supply of blood to the nervous centres, and explained by what has been said on the subject of stagnation. Pulmonary apoplexy is not so common in aortic as in mitral disease, but it is occasionally met with. In some instances, but not invariably, it may be due to secondary mitral regurgitation from dilatation. Dropsy is common as a termination of regurgitant disease, sometimes with phenomena strongly indicative of pulmonary and venous obstruction, but often with symptoms which show that there is no engorgement of the veins and capillaries, and that the exudation of serum is due simply to the sluggish motion of impoverished blood through the tissues without pressure on the vessels. The face is pale, and the surface generally bloodless, the tip of the nose livid and cold, the veins comparatively empty. Pulmonary symptoms are not prominent. The dropsy generally advances slowly, and in the absence of dangerous pulmonary complications, often reaches an extraordinary degree of development, finally proving fatal by passive accumulation in the peritoneum, pleura, or pericardium.

In mitral disease, congestive pneumonia is more common as a final complication; and the clinical history is more or less that of pulmonary congestion, secondary changes in the right side of the heart, and systemic venous engorgement—all characteristic of obstruction, as distinguished from stagnation. But the blood, finding its way into the left ventricle with difficulty, or regurgitating into the auricle, will be sent in diminished quantity into the aorta. Stagnation, therefore, enters into the case from deficient *vis a tergo*; but, as this arises secondarily from the obstruction cutting off the supply of blood, the latter will predominate. It is exceedingly difficult, however, during life, to estimate the degree of vascular pressure, unless dropsy is to be taken as an indication; and still more difficult to determine it by examination of the heart after death. I have already attempted to explain the conservative action of the secondary changes in the walls and cavities of the heart not due to weakness or degeneracy. I revert to it for a moment, only to say that, unless this be admitted, it seems to me impossible to understand how the circulation has been carried on at all in the state of valves often seen after death.

To return now to the application of the prognostic indications enumerated to cases of heart-disease, under the various circumstances mentioned in the early part of this paper. These indications we have found to be based upon the following considerations.

1. The organic condition of the heart, which will depend upon—

a. The valve affected; and the character, obstructive or regurgitant, of the lesion. This we learn by means of the murmurs. The order of relative gravity has been given, and the special dangers and tendencies of each pointed out.

b. The extent of the injury to the valve, and the degree of mechanical difficulty to which it has given rise. This, which is of far greater importance than merely ascertaining the seat of the lesion, is indicated by the structural changes in the walls and cavities of the heart, dilatation, and hypertrophy, and by

2. The degree of impairment in its functional efficiency, as shown by—

a. The evidence of derangement in the systemic

and pulmonary circulation (habitual cardiac symptoms);

b. The liability to paroxysms of dyspnoea, or attacks of palpitation, etc.;

c. The existence of secondary consequences—pulmonary complications or dropsy.

3. The state of general health and soundness, including—

a. The condition of the blood and tissues—the existence of anæmia and innutrition;

b. The soundness and functional activity of the important viscera, or the reverse.

4. The presence or absence of conditions tending to aggravate the valvular or structural lesions in the heart, or to precipitate the occurrence of complications; such as—

a. The progressive or stationary character of the disease in the valves;

b. The structural health or degeneracy of the walls of the heart and coats of the great vessels, when this can be ascertained;

c. The mode of life of the patient.

As has been said already, these considerations have very different weight in different stages; the last class of conditions, which may be called dynamic influences, being of the greatest importance early.

The case in which a valvular murmur exists, without either structural changes or symptoms, has already been considered. The lesion here being trifling, and the mechanical difficulty *nil*, the only point to be determined is, whether the lesion is likely to be increased, which may happen if the valves are subjected to severe and constant strain from the mode of life of the patient, or from acute or chronic rheumatism or gout; and will almost certainly be the case, if the disease is degenerative in character. The liability of aortic regurgitation occasionally to cause fatal syncope must not, however, be forgotten. That this occurs without hypertrophy or dilatation, we have on the authority of Dr. Walshe. Whether there may have been a complete absence of symptoms, I am unable to state.

When, with a valvular murmur, there is hypertrophy or dilatation, or both, but no symptoms of deranged circulation, the most important point to ascertain is still the character of the lesion, stationary or progressive. Next, perhaps, in importance, will be the dangers to which the patient is exposed, by his mode of life, of further damaging the valve on the one hand, or of inducing complications on the other. The structural changes, however, being present, and by their presence indicating a condition of valve strongly tending to the production of functional derangement, this derangement will sooner or later follow, but at what interval of time will be most uncertain. The patient may reach the period of life at which a general decay of the powers takes place, and the damaged organ will probably be the first to give evidence of this; or some debilitating cause may intervene, or some complication arise in the lungs from exposure to cold, etc. The probability of early failure of the heart's vigour, the liability to complications from slight external causes, and the danger attending these complications, will all be greater, the greater the alteration in the walls and cavities of the heart. In the absence of symptoms, unless there is reason to believe the valvular affection degenerative or otherwise progressive in character, a continued immunity may be expected, with greater or less confidence, according to the amount of structural change; this expectation being limited by any indication of failure in general health and vigour, and subject to accidental interruptions.

As symptoms manifest themselves, hypertrophy and dilatation cease to be the only measure of the



valvular incompetence, which is more directly manifested by the evidences of deranged circulation in the lungs or system. These consequently are to be carefully inquired into. The pulse is to be examined chiefly with respect to the indications it gives of ample or insufficient supply of blood, the characteristic modification of the particular valvular affection present being always borne in mind. A comparison also should always be instituted between the strength of the pulse and the force of the heart's impulse. The state of the veins and capillaries will usually be evident, and is of the greatest importance. The circumstances under which dyspnoea is experienced, and the liability of the heart to palpitation, must be inquired into. The information thus obtained, considered in connexion with the existing valvular affection and the degree of dilatation and hypertrophy, will furnish grounds for an opinion as to the patient's actual condition. If the symptoms are not severe, he may long remain *in statu quo*, or may go downhill very gradually. His future prospects will depend greatly on the influences, favourable or otherwise, which may be in operation—on the state of his blood and tissues, on the pathological character of the valvular lesion, and on the external conditions to which he is exposed. The state of the blood and tissues will affect his immediate prospects: if he is anæmic and ill-nourished, unless these conditions can be remedied, more serious symptoms are imminent. The character of the valvular lesion will have a more remote bearing. The position and mode of life of the subject, whether he is poor, compelled to toil, and exposed to great variations of temperature, or is more happily situated, will obviously have a great influence, both immediate and remote.

When the symptoms become more grave, the degree in which they in themselves threaten life will first claim attention; and it will materially influence the prognosis, according as they are found to be due solely to the heart-disease, or are accounted for by exposure to unfavourable influences. The statical condition of the patient—the valve affected, the degree of dilatation and hypertrophy, the vigour of the heart's action, the state of the pulmonary and general circulation—will now be by far first in importance; the dynamic influences little operative. Taking now two patients, rich and poor, the balance will incline in favour of the poor man. For him, rest, good diet, treatment reversing the conditions which have accelerated the progress of the disease and precipitated its consequences, may do much. There are no equally powerful remedial measures that we can bring to bear on the patient who has enjoyed, and not abused, the advantages attending the possession of wealth.

When consequences still more serious have arisen—pulmonary œdema, or congestion, or inflammation, or apoplexy, dropsy of the areolar tissue, or of the serous cavities of the abdomen and chest—now, indeed, it matters not greatly for the moment, whether the valvular disease has been rheumatic or degenerative in origin. The first point to be considered is the amount of mischief in the lungs, or the extent of the dropsy, and the rate of development of the one or the other; whether, again, any adequate external cause has cooperated in inducing them; next, the degree of dilatation and hypertrophy which, as indicating the preexisting mechanical difficulty and injurious tendency of the valvular lesion, give now more definite prognostications than the state of the pulse, the embarrassment of the respiration, etc., which are affected by the complications possibly accidental. Under these circumstances, the chances are altogether on the side of the poor man, and almost in proportion to the labour and privation to which he

may have been exposed; the complications arising not solely from the state of the heart, but being due also to external influences; whereas, in the case of persons who have previously been sheltered from all injurious agencies, the only assignable cause is in the heart itself; and it is improbable that, having so far failed as to permit of these complications, it will be able to cope with the further difficulty to which they have given rise.

#### ON THE EVACUANT AND ASTRINGENT PLANS OF TREATING CHOLERA.

By HAMILTON KINGLAKE, M.D., Taunton.

OF the many diseases that rightly claim the attention of the physician, there is at the present time one which comes home to him with much anxiety, because of the uncertainty in the weapons at his disposal for resisting its invasion; and thus it is that, notwithstanding the light of past experience and the amount of intellectual energy that has been expended on the subject of cholera, we should at this moment be fiercely contesting the question whether the disease be best treated by one class of remedies or its exact opposite—*i.e.*, by evacuants or astringents.

I have no intention, in giving expression to the views which this controversy has suggested, to join or do battle on either side; especially as I think that, in this as in most other contested questions, the truth is divided between the belligerents. All that I propose to do is this: to inquire, in as few words as possible, how far the evacuant and astringent modes of dealing with cholera are consistent with the indications of cure as they present themselves in the course of the disease; and to assign to each class of remedies its proper place in the order of treatment.

Before, however, entering on this inquiry, it is necessary to be armed with a hypothesis, in definition, as it were, of the choleraic poison; and as the one which makes it to consist of organised germs, capable, under favourable conditions, of rapid increase and development, in the fluid on which they may have fastened, is in accord with the main facts in the history of the disease, there is every reason for accepting it until a nearer approach to the actual truth be attained.

From what we already know of the habits, so to speak, of the class of zymotic poisons to which that of cholera belongs, it would appear that the germs representing such poisons find their appropriate food, and therefore the main conditions of their activity and increase, in certain substances educed from organised matter in the course of its decomposition or conversion into more simple or binary compounds; so that, if the blood should happen to become unduly charged with such decomposing substances, either through its importing from without food, air, or water, in a tainted condition, or through any break in that after series of oxidations by which these, along with the effete tissue-products, are ultimately shorn of their organic character, the choleraic germs that might have existed in or subsequently obtained access to the blood so affected, would find there the condition ready at hand for perfecting their development: whereas, if the food, air, and water received into the system be free from taint, and the effete materials of the organism should follow their natural course of oxidation uninterruptedly, and go straight to the excretory organs to be eliminated, the quantity of decomposing organic matter existing at any one time in the blood would be kept within the limits consistent with



health; and in such case these same choleraic germs would have to struggle for life, with the probable result of being starved out and extinguished because of the failure of the means necessary for their continued existence.

Applying these views to the treatment of cholera in its early stage, do we not recognise the occasion for testing the so-called eliminative cure, and find a cogent reason for directing our remedies to the casting out whatever of noxiousness may have been admitted into, or have formed spontaneously in, the blood, not directly by its forced excretion through one channel, but by means of its oxidation, and conversion into those simpler principles, which, when thus elaborated, naturally effect their own elimination in detail at the several organs specialised for that purpose?

Acting on these indications, care should first be taken that the blood be bathed in pure and constantly renewed air, the skin being at the same time prepared by the scrupulous observance of personal cleanliness to take its share along with the lungs in effecting such interunion. This being accomplished, the process of oxidation may be promoted by diluents holding a certain amount of the alkaline carbonates in solution; and, inasmuch as this same process is apt to be interrupted by the presence in the blood of any excess of purely excrementitious material, such as carbonic acid, urea, and the colouring principle of the bile, that may have accumulated therein through the failure of the excreting organs wholly to eject it, the skin and kidneys, under such circumstances, might be assisted in the work of elimination by the ordinary remedies suited for effecting such ends; and if the indications should lie specially in this direction, the functions of the liver and intestinal glands may be promoted by small doses of mercury and Dover's powder, followed by a mild aperient, such as castor-oil, or by full doses of ipecacuanha, according to the apparent requirements of the individual case. If the diarrhoea should persist, or become serious in its character in spite of these remedies, it will be clear that the choleraic poison has become too potent or has gone too far ahead to be thus overtaken.

Every circumstance would now point to the necessity of adopting the astringent treatment either by acetate of lead or gallic acid, or by sulphuric acid in combination with chloric ether and aromatics; aiming thereby to save the blood from a further loss of a fluid holding a certain amount of oxygen in solution, and moreover rich in alkaline and other salts, which, there is every reason to believe, are not only essential to the integrity of the blood-corpuscles, and therefore to the performance of their main function as distributors of oxygen, but also tend to quicken the oxidation of such decomposing matters as may be unduly retained in the blood, and in so doing serve also to accomplish the great end in view, that of drying up the source from which the choleraic germs would otherwise draw their supply of food.

In the collapse, or algid stage of the disease, the eliminative treatment, through the instrumentality of oxygen, in one or other of its allotropic forms, might still be persevered in; but, inasmuch as the inspired air now fails to reach the blood because of the pulmonary arteries refusing to pass it on in its vitiated condition to the capillaries of the lung, our endeavour should be to compensate the defect by bringing the blood to the outer air; and this may, to some extent, be done by those means which have been found effectual in promoting the capillary circulation in the skin; e.g., friction with turpentine, the hot-air bath, etc.; and if, in addition to these appliances, a trial be made of the injection into the veins of a warm solution of peroxide of hydrogen,

giving thereby the spoiled blood a last opportunity of righting itself in the presence of the nascent oxygen that would then be afforded, we shall probably have done all that our imperfect knowledge of the disease would warrant us in attempting.

It will be inferred from what precedes, that the evacuant and astringent modes of treating cholera, though irreconcilable at first sight, may yet each be consistently adopted in its order, with the like object of eliminating from the blood, not the choleraic germs directly, but the organic products by which their life, their increase, and their poison-power, are sustained. It will also be seen that these same organic products may thus, in fact, become the principal factors in the causation of cholera; and that, as regards the treatment of the disease, those remedies are consequently indicated whose property it is to promote, either directly or indirectly, the oxidation, and thereby the breaking up and ultimate elimination of those matters in the blood which, in passing from an organic to an inorganic condition, would seem to furnish the special pabulum of the choleraic germ.

## Transactions of Branches.

### YORKSHIRE BRANCH.

ON A SINGULAR CASE IN WHICH A LARGE AMOUNT OF IODIDE OF POTASSIUM WAS EXCRETED IN THE URINE, WITH SUBSEQUENT DISAPPEARANCE OF THE GLUCOSURIA WHICH EXISTED AT THE TIME.

By JAMES BRAITHWAITE, M.D. Lond. (Editor of *Braithwaite's Retrospect of Medicine*), Leeds.

[Read July 26th, 1866.]

ON the 2nd of December, 1864, I was sent for to attend a woman sixty-four years of age, who complained of feverish symptoms, which she attributed to cold. The skin was hot, the pulse quick; and there were mucous râles all over the posterior part of the chest. She had cough, and expectoration, which, however, was not rusty in appearance. Her urine was free both from sugar and albumen. She soon improved, and went down stairs again; but she did not regain her strength beyond a certain point, and during the early part of January she grew weaker; complained very much of the cold; her skin assumed a dusky shrivelled appearance; her appetite entirely left her; and she was obliged to return to bed. She was quite free from fever, but so feeble that she could hardly remain upright in a chair many minutes at a time. I found that her urine now contained sugar; it was of specific gravity varying from 1022 to 1032; it was neutral or slightly alkaline immediately secreted; it contained a mere trace of uric acid. This was the state of the urine on the 18th, 19th, and 20th of January. On the 21st, however, the sugar had quite disappeared—there was no trace of it; but, on adding strong nitric acid to the cold urine, a dense and very copious, reddish black, amorphous precipitate was thrown down. This consisted of pure iodine, which was precipitated in a crystalline form by adding nitric acid to the urine, and which gave the characteristic blue reaction with starch.

On the next day, the sugar again reappeared in the urine in large amount; the specific gravity was 1032; but there was not a trace of iodine.

On the 23rd, the specific gravity was 1041; and there were both iodine and sugar. The following day, there was the sugar alone; nor did any iodine subsequently appear in the fortnight during which I



daily examined the urine; but the sugar remained as before. From this time she rapidly regained her health and strength, and I ceased to attend her. On May 1st, I found the urine quite free from sugar; and I have recently found it so still.

It is difficult to say, with any approach to accuracy, what amount of iodine was passed in the two days on which it occurred in the urine. I am satisfied, however, that it was very large; for the precipitate from four ounces of urine covered the bottom of the porcelain dish, in which it was just contained, to a depth of rather more than a line. I unfortunately did not weigh the precipitate obtained from four ounces of the urine; but it is, I think, under the mark to say that it would fill a drachm measure, and would consequently weigh about twelve grains.

I found that, three years before, she had taken iodide of potassium for rheumatic pains. This she procured at a druggist's, as she wanted it, in small quantities at a time. She has no idea how much she took. At the time she was passing sugar in the urine, she had none of the usual thirst of diabetics; nor was the urine much increased in amount. At first it could not be measured, owing to her having a little diarrhoea, and her voiding urine at the same time; but later in the case, when sugar was still present, I found the amount was about forty ounces. It may be objected, that the patient took the iodide on the days on which it was found in the urine; but I think that the large amount, and the fact of its occurrence on two days only, and these days separated by one during which no iodide was passed, preclude this idea. Ten or twelve days afterwards, I taxed her with taking iodide of potassium unknown to me. She most emphatically denied it, but told me at once that she had taken it three years before. The fact of the retention of so soluble a salt, and one which is generally eliminated so readily in the urine, for so long a period, is interesting in itself, and especially so in reference to the temporary diabetes produced, which, however, lasted at least two months. That the salt seemed to be set free by the previous attack of fever, may be explained on the supposition that it was retained owing to the electric affinity with some organ or organs, which affinity was destroyed, owing to a change in the polar state from fever. It is well ascertained, that the blood is always electro-positive with regard to the secreted fluids, which are electro-negative. It is possible that in fever the electro-positive state of the blood may be altered or lessened, and that this may account for the diminished secretions.

**ETHER AS A LOCAL APPLICATION.** Dr. J. J. Black, of Philadelphia, in the *American Journal of Medical Sciences*, speaks favourably of the local application of ether in aphthæ and other diseases of the mucous membrane of the mouth. It is applied by a camel's hair brush. A little smarting at first is soon followed by relief. In "thrush", its results have been most pleasing among the many badly-nourished children of the Philadelphia Hospital. The deposit seemed to disappear gradually, and in most cases, after twenty-four hours, there was none whatever to be seen, and the one application completed the cure—at least, the local cure. In from three to four days the mucous membranes became perfectly normal. It has also been tested in three cases of "ulcero-membranous stomatitis". Dr. Black suggests its use in herpes preputialis, eczema, psoriasis, etc. Dr. Chas. E. Smith, jun., at his suggestion, has used ether locally in cases of chronic ulcer, with good results. (*Philad. Med. Ex.*)

*We are requested to remind members of the Association that the Annual Subscriptions became due on the 1st of January. They can be paid either to the Secretaries of the Branches; or to the General Secretary, T. Watkin Williams, Esq., 13, Newhall Street, Birmingham.*

## British Medical Journal.

SATURDAY, SEPTEMBER 8TH, 1866.

### CAPPING DAY AT EDINBURGH.

On the 1st of August, the annual ceremony of *capping*, or conferring medical degrees upon successful candidates, took place in the Assembly Hall. On this last occasion, twenty gentlemen received the degree of M.D., thirty-nine that of M.B. and M.C. (Master of Surgery), and three that of M.B. Since the passing of the new statutes for degrees in medicine in the University of Edinburgh, the number of Bachelors of Medicine has steadily increased; and this year, for the first time, the number of candidates receiving the degree of M.D. has been exceeded by that of Bachelors. Henceforward all the students of this University must of necessity first receive the preliminary degree of Bachelor, before proceeding to the "summi in medicinâ honores", as the diploma flatteringly, but somewhat facetiously, styles the doctorate.

The number of graduates has been steadily decreasing during the last few years—a fact which is a cause of congratulation rather than regret, as the falling off in numbers is traceable much more to the higher standard of qualifications now insisted upon, than to any great falling off in the number of students. This higher standard is obviously doing its work well. The number of candidates rejected at each successive examination has steadily increased, not because the candidates have fallen short of the mark to which their predecessors were wont to attain, but because a healthier spirit has imperceptibly come over those in authority. Those in authority have happily become persuaded that it is not the function of an University to compete with those corporations whose great aim it is to dispense, as early as possible, medical qualifications; and that an University degree should be a certificate of high culture and accurate knowledge, and not a mere license to practise.

The reputation of a great University will depend upon the renown of its teachers, and upon the reputation and success of its most distinguished alumni; but the value of its degrees will depend chiefly upon the difficulty which it throws in the way of ignorant men competing for them. The value of the degrees



of the London University depends perhaps more upon its having more rigorously than other bodies excluded all who had not a certain amount of accurate knowledge, than upon the high reputation to which some of its graduates have attained.

Candidates for the degree of M.D. have always, in the University of Edinburgh, been requested to present an inaugural thesis before being admitted to the degree. The custom has had little influence either for good or evil, in so far as the majority of candidates are concerned; for the thesis has been generally regarded as a formality which had to be fulfilled with the expenditure of as little labour as possible. The influence of the custom on the *élite* of the graduates has, however, been very good; for it has always been considered a highly creditable thing to be successful in carrying off one of the thesis gold medals, these being only conferred on the best of the dissertations which are the result of original investigation. Not an inconsiderable number of the Edinburgh graduates, who have in their subsequent professional career attained distinction or eminence for successful scientific researches, commenced these in competing for the thesis medals.

Two gold medals have this year been awarded. Of these, one was adjudged to a thesis on the Muscles of the Alligator; the other to a very important dissertation on the Physiological Action of Digitalis and Digitaline, by Dr. T. Z. Brunton. Dr. Brunton has investigated afresh the question as to whether digitalis acts as a diuretic when administered in a state of health, and has, with this object, subjected himself to a most laborious series of experiments. His results, whilst answering the question in the affirmative, will prove highly interesting as bearing upon the question of the influence of work, and more especially mental work, upon the excretion of urea. Dr. Brunton has attempted to determine the action of digitalis on the circulation, and has, with this object, made a large number of observations with the hæmadynamometer and sphygmograph. He has arrived at the following results. In the first place, digitalis lowers the number of cardiac pulsations, and, at the same time, causes contraction of the capillaries. The slowing is, in this case, apparently due to the direct action of the drug upon the heart, and not to the increase of the arterial tension from the contraction of the peripheral vessels. In the second stage of its action, the drug causes dilatation of the capillaries. The pulse then becomes irregular; quick beats being now and then interpolated amongst the slow ones. These quick beats become more and more frequent, until the pulse becomes a quick one, with a few slow beats occurring now and then. The dilatation of the capillaries leads to a great lowering of the arterial tension; and there now arises a tendency to syncope—syncope being the usual cause of death by digitalis

in man. At a further stage, the different cavities of the heart, and even different parts of the same cavity, act irregularly (not in concert); and then, the muscular fibre itself becomes paralysed.

After the degrees had been conferred, and the gold medal awarded, Professor Christison, as promotor of the Faculty of Medicine, delivered an address, in which he gave an account of the early history of the Edinburgh School of Medicine, and drew attention to the causes which had influenced its destinies, and raised it to the position which it has so long occupied. He contrasted the state of medical education at the time when Edinburgh first rose to a high position amongst the Universities of Europe, with its present condition; and maintained that it was a matter for congratulation and surprise that, with the great and constantly increasing competition in medical education, a greater decrease in the number of students attending its class-rooms and competing for its degrees had not occurred.

"Throughout England, medicine was taught nowhere in an University. In Ireland, it could not be studied in an University without the costliness of college residence, and submission to terms unpalatable and to many insuperable. But Edinburgh, blessed with the ablest teachers, also offered cheap living and no condition on the part of the student save due capacity and diligence. Thus, many circumstances, intrinsic and external, conspired to favour the success of the first great medical school established in Britain for her people, her dependencies, and her offsets. Soon after 1825, however, a change was undergone everywhere. Universities of repute, founded on the model of that of Edinburgh, and taught by men educated and graduated there, attained a firm footing in the United States. University College and King's College, London, laid the foundation of the flourishing University of the great metropolis. Ere long, the circle of rivalry was completed by the foundation of the Queen's University in Ireland and its Colleges. At the same time, the whole Universities of the continent, many of them most attractive, have been open to our countrymen and others for fifty years past. And, further, while competition in University teaching has thus grown up on every side, another important change took place simultaneously in the curtailment of the University privilege of exclusively qualifying for the University degree. Under the free-trade thus established in teaching, numerous schools were recognised in all quarters as qualifying more or less for graduation. Noticing next the fact, that qualification for the degree might now be obtained in great part at fifty schools at home and abroad, besides in the University, he said it was to him satisfactory proof of the vitality of the medical school, and the soundness of its system of instruction, that, under such wide-spread competition, the medical students in the University had not fallen off in number more than had actually happened; for their number, which about 1825 varied from 800 to 900, had ranged for the last ten years between 450 and 550."

Dr. Christison also showed that, with the advance of medical science, the number of professorships in the University had greatly increased; the number of classes to be necessarily attended had multiplied; and the means of acquiring practical knowledge had



increased. With the multiplication of courses of instruction, it was a question, he remarked, whether the curriculum had not been over-charged with lectures, and whether enough time had been left for clinical study.

"To these questions, I am convinced that every competent and impartial inquirer must reply that grave errors have been committed, and demand correction. A material correction has been made in this University by the gradual reduction of the amount of lectures on all branches, and eventually the curtailment of the winter session to five months. For the old courses have thus been reduced from 120 or 140 lectures, as in 1820, to 100 only. But this reduction has been too indiscriminate. It has been applied sometimes where it is unsuitable, sometimes where it is insufficient. I am prepared to show, however, that, by altering our unequal sessions to two equal ones of four months each, with an interval, as at present, of a month between them, every object held in view by alarmists and reformers may be attained. Anatomy, chemistry, and practice of physic, restored to their due proportions, and all other branches, by a moderate extension here, or moderate abbreviation there, made more conformable to their own objects, and to the suitableness of the rest, and so as to leave ample opportunity for clinical study."

The latter portion of Dr. Christison's lecture was devoted to questions specially relating to the University of Edinburgh. If great improvements had been made, enabling students to acquire practical information in many subjects which were formerly not taught practically at all, there nevertheless remained much to be done. He drew attention to the very limited finances of the University, which rendered many desirable improvements impossible; and expressed a hope that the citizens of Edinburgh would not allow their celebrated University to be surpassed by others supported with greater liberality and more richly endowed.

At a late meeting of the Mansion House Cholera Relief Committee, the question of treatment of cholera by stimuli was brought forward by Dr. Andrew Clark.

"Dr. Andrew Clark took occasion to question some of the local committees as to whether, where brandy was administered, it was given under medical authority; remarking that, in cholera cases, any excess in the use of stimulants was positively injurious; that he had received letters from different parts of the east of London pointing out excesses in that respect; and that it had been observed that, immediately after pay-day among workmen, there had been a great influx of cholera patients."

Up to the present time, Edinburgh has been free from cholera; two cases having at most occurred. Dr. Littlejohn, the very active and able Medical Officer of Health, has, however, set on foot a system of inspection, or house-to-house visitation, which will doubtless be of the greatest use. The city has been divided into a number of districts, and these

have been allotted to certain medical men who have kindly offered their services for the purpose. The medical men are to make a minute inspection of the district which has been confided to them; and are to report all nuisances which may have fallen under their observation to the Medical Officer of Health. The gentlemen appointed have already advanced considerably in their tedious but useful work.

THE cholera has increased in Vienna. Several medical men have already fallen victims.

The Cattle-plague has assumed a serious aspect in Galicia and Hungary. The spread of it is attributed to the late unrestricted movement of cattle in consequence of the war.

Professor Pilz, the oculist and author, died at Prague last week, in his forty-fifth year.

Dr. Herz of Vienna strongly urges, in the *Wien. Med. Woch.*, on his medical brethren, the benefits of village hospitals, as adopted in England. He especially speaks of the Cranley Hospital.

M. Diday, in the *Gazette Méd. de Lyon*, describes yet another case of what he calls Eustachian syphilis, produced, as asserted, by the catheterism of the Eustachian canal. Really, this is drawing too much on the belief of the profession. If we are to believe all the French journals say, we must conclude that the Parisian aurist manufactures a case of syphilis every week by infecting the Eustachian tube with his dirty instruments.

The supporters of spontaneous generation have found a new disciple in M. Donné, Dean of the Faculty of Medicine of Montpellier.

M. Taignot sends to his Academy a description of a new instrument for cataract; and adds to his letter an indication for the treatment of cholera.

*La Fraternidad*, a medical journal of Valencia (Spain), gives an account of an extraordinary scandal from abuse of power on the part of the sisters of charity in the provincial hospital of that city. After ablation of the eye in a child four years of age, the medical attendants had permitted the mother of the patient to sit up with her child during the night. The woman at the time was carrying a child at the breast. The sisters of charity chose to overrule the authority of the medical staff, and thrust the woman into the street in the middle of the night without her suckling child, which she only recovered from them after incessant applications. A Committee of the Faculty of Medicine at Valencia had convened a meeting, in which it was resolved *nem. con.* to bring this abuse of power under the notice of the civil authorities, as they found it imperative to have some restraint placed on the wilful behaviour of the sisters, who are declared now to take every opportunity of thwarting the intentions of the medical attendants in their relation to the sick.



## THE CHOLERA.

THE weekly return of deaths in London by the Registrar-General up to the 1st inst., shows a decrease in the deaths from the prevailing epidemic. The deaths from cholera during each of the last five weeks have been 1053, 781, 455, 265, and 198; and from cholera and diarrhoea together, 1407, 1045, 649, 394, and 326. Divided into districts, the 198 deaths from cholera in last week were distributed as follow. West 6, north 15, central 9, east 122, and south 46. While in the east districts the cholera has declined rapidly, it is nearly stationary in those of the south, the deaths happening chiefly by the river at Deptford and Woolwich, where (says the Registrar-General) it is to be feared the authorities and people are negligent, and where the pumps demand attention.

The daily return shows that the sudden increase of Saturday as suddenly subsided on the two following days.

Dr. Greenhill gives a remarkable instance of mortality due apparently to the introduction of a dirty cholera bed; thus enforcing the importance of the precept—Burn all the dirty bedding and linen of cholera patients.

The cholera epidemic in Liverpool shows a serious increase for the week ending last Saturday. Of the 592 deaths there registered last week, exceeding by 282 the average of the corresponding week of ten previous years.

In Dublin, the 147 deaths returned last week included 41 from cholera, although the mortality of that city from all causes scarcely exceeds the average.

The Bishop of London appears to be making a round of visits to the cholera-stricken districts of East London. His lordship's object seems to be to induce the different relief committees to act on some uniform, or as little varied, system as possible, in the relief to be afforded to widows, orphans, and convalescents.

A report from the Committee of Cholera Visitors in connexion with the King Edward Ragged Schools, Spitalfields, stated that they had under their visitation two hundred houses in that locality. The cases of cholera are fewer in number, but typhus is much on the increase. Many of the houses, they said, are found in a very shameful condition, and they are now drawing the attention of the landlords to the disgraceful state of the water-closets.

During thirteen days up to Sunday, 103 patients had been received into the temporary cholera hospital in Commercial Street, Whitechapel, of whom 27 had died, 31 had been discharged, and 45 remained.

It is stated that six cases of cholera have occurred at Richmond, three of which had proved fatal, one being that of a woman who had gone thither from Bow.

The Rev. T. Richardson, of St. George's-in-the-East, reports that since cholera had begun to subside low fever had set in. A local committee, also, from Bromley and Bow state that, while cholera was fast subsiding, fever of various kinds had supervened.

Vienna has been through the summer almost free from the disease; but in the return for the week ending 18th ultimo, 16 of the 366 deaths are referred to this head.

The news received from Naples regarding the cholera there is very reassuring.

In Berlin, the daily numbers of fresh seizures and of deaths by cholera, from the 18th to the 27th August, were respectively 30, 12; 45, 24; 41, 14; 40, 16; 32, 11; 25, 8; 28, 12; 27, 11; 40, 15. The exacerbations which thus occurred from the 26th to

the 27th, appear to be accounted for by the fact that the former of these days was a Sunday; experience having proved the excesses in diet incident on the Sunday often to have been followed by such an increase. Up to Aug. 24th, the total of cases was 6295, of recoveries 1233, and of deaths 3627, while 1435 remained under treatment.

In St. Petersburg, the disease befel, from June 26 to Aug. 22, 11,951 persons; of whom 2594 died, 7941 recovered, and 1416 remained under treatment. Hence, supposing the cases reported were all genuine instances of cholera, the epidemic has proved not nearly so fatal as at Berlin.

In Moscow, the number of seizures up to August 19th was only 191; of which 61 ended in death, the number of recoveries being 49. (*Deutsche Klinik*, 1st Sept., 1866.)

## THE NEW SYDENHAM SOCIETY.

THE eighth annual meeting of the New Sydenham Society was held on August 10th, in the rooms appropriated to the British Medical Association at Chester; Mr. Turner, Vice-President, in the chair.

The minutes of the former meeting having been read, the Honorary Secretary presented the balance-sheet, and the draft of the report as prepared by the Council.

The balance-sheet showed that the Society had upwards of £1200 in its Treasurer's hands.

In reference to the works to be issued for the current year, the Report stated that one volume was already out, and that three others would follow. They are as follows. Bernutz and Goupil's *Treatise on Diseases of Women*. Translated and abridged by Dr. Meadows. Vol. i. *Hebra on Diseases of the Skin*. Vol. i. Translated by Dr. Hilton Fagge. The Society's *Atlas of Skin Diseases*; a Sixth Fasciculus, to comprise Three Plates.

In reference to the production of condensed translations, the Report had the following sentences.

"In Volume xxviii (Bernutz and Goupil), the experiment has been tried of abbreviating the text of the original, and a volume of 590 pages has been condensed into one of 276. It is hoped that this has been done without any material loss to the usefulness of the work, whilst it has of course permitted a very great reduction in its cost. The Council is of opinion that from time to time other valuable foreign works of such large size as to render their translation *in extenso* inexpedient, if not wholly impracticable, may with great advantage be thus introduced to the English profession. It is not of course intended to contrast the value of a condensed translation with that of a complete one; but it is to be remembered that, instead of the full translation of one large work, it may be easily practicable to produce abbreviated editions of two or three. Not only is the Council able to secure for the responsible work of condensed translation the services of highly accomplished editors, but it trusts also as usual heretofore to obtain the co-operation of the authors themselves."

For 1867, four works are in preparation: Bernutz and Goupil's *Treatise on Diseases of Women*, Second and concluding Volume; A Biennial Retrospect of Medicine and Surgery; Hebra on Exanthems and Diseases of the Skin, Vol. ii; and A Seventh Fasciculus of the Society's *Atlas of Portraits of Skin Diseases*.

The Report concluded by stating that the Society had obtained a considerable number of new members during the current year; and urged upon all in-



terested in its welfare, the importance of endeavouring to extend its sphere.

Dr. MORELL MACKENZIE moved, and Dr. PAGET seconded, the adoption of the Report and Balance-sheet, which was carried unanimously.

Some discussion ensued as to the part of the Report referring to condensed translations; and all who took part in it coincided in the opinion expressed by the Council in their favour.

The ballot for officers next took place, and the following were declared duly elected. *President*—Jas. Paget, Esq., F.R.S. *Vice-Presidents*—W. W. Gull, M.D.; T. Laycock, M.D., F.R.S.Ed.; W. Bowman, Esq., F.R.S.; R. Partridge, Esq., F.R.S.; Sir D. J. Corrigan, M.D.; J. E. Erichsen, Esq.; W. T. Gairdner, M.D.; F. Sibson, M.D., F.R.S.; John W. Ogle, M.D.; E. Waters, M.D.; T. B. Peacock, M.D.; E. R. Bickersteth, Esq.; T. Turner, Esq., F.L.S.; Sir T. Watson, M.D., F.R.S.; C. J. B. Williams, M.D., F.R.S. *Council*—J. T. Banks, M.D.; J. Barclay, M.D.; R. Greenhalgh, M.D.; M. Martin de Bartolomé, M.D.; L. Beale, M.D., F.R.S.; C. Brooke, Esq., F.R.S.; T. Bryant, Esq.; J. Couper, Esq.; T. M. Daldy, M.D.; T. Hillier, M.D.; R. Druitt, M.D.; A. E. Durham, Esq.; E. L. Fox, M.D.; T. H. Bartleet, M.B.; J. B. Fletcher, M.D.; C. Heath, Esq.; W. McEwen, M.D.; F. E. Anstie, M.D.; R. Martin, M.D.; W. J. Clement, Esq., M.P.; H. Guéneau de Mussy, M.D.; Graily Hewitt, M.D.; E. Ray, M.D.; C. Handfield Jones, M.B., F.R.S.; R. W. Smith, M.D.; J. K. Spender, Esq.; A. P. Stewart, M.D.; W. S. Savory, Esq., F.R.S.; W. E. Swaine, M.D.; E. Wilson, Esq., F.R.S.; H. Weber, M.D.; J. G. Wilson, Esq. *Treasurer*—W. S. Saunders, M.D. *Auditors*—J. S. Bristowe, M.D.; Herbert Davies, M.D.; P. Gowland, Esq. *Hon. Secretary*—Jonathan Hutchinson, Esq.

Dr. SIBSON proposed, and Dr. MILLER seconded, a vote of thanks to the retiring Council and to the Hon. Local Secretaries of the Society for their zealous services during the past year.

The meeting then adjourned.

**THE SOCIAL SCIENCE CONGRESS.** The preparations for the meeting are advancing rapidly. Mr. J. Stuart Mill has been requested to introduce the subject of extradition treaties. Mr. Wilson is preparing a paper on the principles of bankrupt law. The important topic of reducing the law of England to a compendious form will be dealt with by Mr. Gibbs. Sir J. P. Kay-Shuttleworth will read a paper on educational endowments. The Rev. W. J. Kennedy will introduce the subject of extending to rural parishes the advantages of education. The Rev. Canon Toole is writing on the physical education of the poor; Mr. B. Templar on the results of ten years' experience in the Manchester Free School, and that a valuable contribution to this section will be read by Miss Mary Carpenter. Dr. Angus Smith will discuss the evils produced by the non-consumption of smoke, and Dr. Stevenson Macadam, of Edinburgh, the pollution of rivers. Dr. Morgan, Mr. A. Ransome, and Mr. Royston are busy upon a report upon the health of Manchester and Salford for the last 15 years. The moot topic of the licensing laws will be discussed. Mr. Worthington will introduce the subject of working men's dwellings. Workhouse management will be the subject of a paper by Mr. North, and it is expected that recent disclosures will cause this question to be one of the most interesting at the meeting. Lord Brougham, the venerable President of the Council, will deliver an address during the sitting of the Congress. All the arrangements for the meeting are progressing satisfactorily. (*Manchester Guardian*.)

## Association Intelligence.

### COMMITTEE OF COUNCIL: NOTICE OF MEETING.

THE Committee of Council will meet at the Queen's Hotel, Birmingham, on THURSDAY, the 27th day of September, 1866, at 3 o'clock P.M. *precisely*.

To receive the resignation of the Editor of the JOURNAL, and to devise what steps shall be taken relative thereto; and other very important business.

T. WATKIN WILLIAMS, *General Secretary*.

13, Newhall Street, Birmingham, September 6th, 1866.

### WEST SOMERSET BRANCH: ORDINARY MEETING.

AN ordinary meeting of the above Branch will be held at Clarke's Castle Hotel, Taunton, on Wednesday, September 26th. Dinner at 5 o'clock; after which, papers or cases will be communicated.

Gentlemen intending to be present at the dinner, or to read papers after, are requested to give notice to the Honorary Secretary.

W. M. KELLY, M.D., *Hon. Secretary*.

Taunton, September 4th, 1866.

### SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEDICAL MEETINGS.

THE next meeting of this Branch will be held at the Pavilion Hotel, Folkestone, on Thursday, September 27th, at 3 P.M.

Members desiring to bring forward papers, should communicate with the Honorary Secretary without delay.

R. L. BOWLES, L.R.C.P., *Honorary Secretary*.

Folkestone, September 4th, 1866.

**THE AMERICAN ARMY MEDICAL SERVICE.** The following is Section 17th of the Army Bill passed by Congress during the last hours of its late session:—The Medical Department of the Army shall hereafter consist of one surgeon-general, with the rank, pay, and emoluments of a brigadier-general; one assistant surgeon-general, with the rank, pay, and emoluments of a colonel of cavalry; one chief medical purveyor and four assistant medical purveyors, with the rank, pay, and emoluments of lieutenant-colonels of cavalry, who shall give the same bonds which are or may be required by assistant paymasters-general of like grade, and shall, when not acting as purveyors, be assignable to duty as surgeons by the President; sixty surgeons, with the rank, pay, and emoluments of majors of cavalry; one hundred and fifty assistant-surgeons, with the rank, pay, and emoluments of first lieutenants of cavalry for the first three years' service, and with the rank, pay, and emoluments of captains of cavalry after three years' service; and five medical storekeepers, with the same compensation as is now provided by law; and all the original vacancies in the grade of assistant-surgeon shall be filled by selection by examination from among the persons who have served as staff or regimental surgeons or assistant-surgeons of volunteers in the army of the United States two years during the late war, and persons who have served as assistant-surgeons three years in the volunteer service, shall be eligible for promotion to the grade of captain.



## Reports of Societies.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JUNE 26TH, 1866.

JAMES ALDERSON, M.D., F.R.S., President, in the Chair.

ELEPHANTIASIS ARABUM, OR ELEPHAS, SUCCESSFULLY TREATED BY THE APPLICATION OF A LIGATURE TO MAIN ARTERY OF LIMB; WITH REMARKS. BY THOS. BRYANT, F.E.C.S.

THE author, having made some general remarks on the disease, related a case of elephas, which occurred in the person of Mary T., aged 25, the daughter of Welsh parents, who was admitted into Guy's Hospital under his care on October 10th, 1865. She was a single woman, of healthy aspect, and had always enjoyed good health, never having had any illness of much importance. Ten years previously she had scarlet fever, which was unaccompanied by any of its ordinary complications; and it was during her convalescence from this disease that her left leg began to swell, the swelling beginning in the calf and extending upwards towards the knee; it was unattended by pain or any indication of general disease. For two years the enlargement was gradual, when she slept in a damp bed, and after this the disease progressed more rapidly, and extended upwards to the thigh. This increase was still, however, perfectly painless. She was subsequently admitted into the Carmarthen and Swansea Infirmaries, where all kinds of treatment were tried, but without success, the disease gradually progressing. Three years since, some small ulcers appeared in a deep sulcus in the calf, from which a quantity of dark fluid like blood escaped; the ulcers subsequently healed.

On admission, the left leg was found to be enormously enlarged from the ankle to the groin. To the hand it felt hard and brawny, the skin and cellular tissue being evidently infiltrated with a fibrous material. Several deep sulci also existed between the folds of integument in the calf. The skin appeared to be coarse, but it was free from the cuticular induration and ulceration which is so frequently associated with this affection. It was also noted that the foot was perfectly sound. The measurements on admission were as follows:—Round the left or diseased calf, 24 in.; round the right, 15½ in.; round the diseased thigh, 28 in.; round the right, 21 in. The temperature of both limbs appeared to be alike. The pulsation in the left iliac artery was clearly to be felt; but the femoral and tibial vessels of the affected limb could not be made out. The patient was kept in bed for three weeks, with the leg well raised on an inclined plane. In the first week the calf had diminished an inch and a half, and the thigh one inch, all oedema having subsided; but after that date no further decrease took place. On the 31st of October the external iliac artery was ligatured, the patient being under the influence of chloroform. The vessel appeared to be perfectly healthy, and of normal size. The whole limb was subsequently swathed in cotton-wool, and raised as before. The subsequent progress of the case was one of uninterrupted success. The limb rapidly became softer and smaller, the calf measuring at the end of the week 19½ in., and the thigh 24 in., being three inches less than it was on the day of operation. At the end of the second week the limb had diminished another inch; and on the fifteenth day the ligature came

away from the iliac artery, the limb all this time having been free from pain, and quite warm. By the 30th of November the wound had quite healed, and the patient's health was very good. By the 30th of December the calf had become reduced to 18½ in.; by January 31st it measured 16½ in.; by February 21st it was only 15½ in.; and on March 15th it measured 15½ in., being but three-quarters of an inch larger than the sound limb. The skin had gradually contracted, and had become natural in its aspect; all brawniness of the limb had also gone. The patient at the present date is walking about with an elastic legging, perfectly sound.

In his remarks, the author referred to Dr. Carnochan's cases, which were published in 1856, and stated that it was from their perusal that he had been induced to adopt the practice illustrated by the case he had detailed. He then gave a brief outline of Dr. Carnochan's four cases, in all of which a good result was obtained. He alluded to a case of solid oedema of the foot operated upon in 1858 by Mr. Statham, and gave a brief outline of Mr. Butcher's case published in 1863. He quoted also an example of Dr. Fayer, of Calcutta, and of Mr. Alcock, of the North Staffordshire Infirmary. He then passed on to consider the pathology of the affection, with the microscopical appearances of the structure involved. He alluded to the theory that it was a disease of the veins of the part, and referred to the fact, illustrated by his own case, of the foot being free from the albuminoid infiltration as an argument against the "venous" theory. He quoted Dr. Carnochan's opinion, that it was due to a morbid condition and dilatation of the principal arterial trunk of the member affected, and pointed out the fact that this condition was present in only one of the cases related. He then described the pathological condition of a limb the subject of this affection, with its microscopical appearances, and pointed out that it was apparently a disease of the cellular tissue of a part, and that it was essentially due to an infiltration of fibro-plastic elements; the elementary structure of a fibro-plastic tumour and of elephas being identical, excess of nutritive material and of organisable products being present in both. Under such circumstances he asserted that the principle of the operation which had been performed must be looked upon as rational, and the practice based upon it as scientific; for if the disease of elephas be due to an abnormal effusion of tissue-making elements, to an excess of nutrition in a limb, the attempt to check its progress by the application of a ligature to its main artery, by which it lives, must be regarded with favour. But whatever the theory of the practice may be, he proved that the practice itself was a good one, for the success of the cases he had brought before the notice of the Society was clear and unequivocal. They tended to show that a new means had been given to the surgeon to cure a loathsome and hitherto incurable affection, and another triumph had been achieved for the science and art of surgery.

Dr. WEBSTER said elephantiasis was a very common disease in Brazil. He referred to the very large size limbs affected by it attained. He remarked, too, on the fact that Mr. Bryant's patient had never been abroad, and on the novel treatment of the case.

Mr. LEE asked if there was any reason to suppose that there was disease of the arteries in this case.

Mr. GASKOIN said that cases of elephantiasis were of great interest. There was a question as to the identity of elephantiasis with elephas. Some say it is not a disease of the skin. No doubt it was a blood-disease, and the point of chief importance was to know if the anatomical characters were alike in ele-



phas and elephantiasis. In elephantiasis the blood-vessels were diseased and cartilaginous. Amputation and ligation of arteries were not always successful.

Mr. HULKE said it would be interesting to know if the changes in the arteries had been observed by Mr. Gaskoin himself. In the specimens examined by the Pathological Society no changes had been observed.

Mr. GASKOIN gave reference to statements by authors on the subject.

Mr. BRYANT said the case he had operated on was elephantiasis Arabum, and not elephantiasis Græcorum. He again referred to Dr. Carnochan's operation, and said that although Dr. Carnochan was led to perform the operation on the hypothesis that there was arterial disease, further cases showed that disease of arteries was usually not present. However, the practice seemed good, although the theory that led to it was not tenable.

Dr. GREENHOW said the Committee at the Royal College of Physicians quite agreed that elephantiasis Græcorum and elephantiasis Arabum were quite different diseases. One was a blood-disease, the other was local.

CASE OF OBLIQUE INGUINAL HERNIA ON EACH SIDE, IN WHICH, THE TESTES REMAINING IN THE BELLY, THE HERNIAL SACS DESCENDED INTO THE SCROTUM, AND ALSO ASCENDED UPON THE APONEUROSIS OF THE EXTERNAL OBLIQUE MUSCLES. BY J. W. HULKE, F.R.C.S.

A man, aged 27, was admitted into the Middlesex Hospital with strangulated hernia January 20th, 1865. The right side of the scrotum was filled with a large irreducible globular swelling, which also reached upwards along the groin to the anterior superior iliac spine. This latter part of the hernial swelling was superficial to the aponeurotic tendon of the external oblique muscle. There was a similarly-placed hernia on the other side, not strangulated. The symptoms of strangulation were very acute. Herniotomy was performed three hours after their commencement, but the patient died next day of peritonitis. The right testis was found in the belly; the left hung freely in the inguinal canal, from a mesorchion derived from the parietal peritoneum near the internal abdominal ring.

In reply to Mr. John Wood, Mr. HULKE said both the testes were free and undeveloped.

THE INFLUENCE OF ALCOHOL ON THE TEMPERATURE OF NON-FEBRILE AND FEBRILE PERSONS. BY SYDNEY RINGER, M.D., AND WALTER RICKARDS, M.D.

In this paper the authors gave the results of some observations on the influence of alcohol on the temperature of non-febrile and febrile persons, and a few on rabbits. The authors gave alcohol in poisonous doses to three non-febrile adults. The temperature was greatly depressed in two. The depression amounted to 3° Fahr. In the third case the temperature was but little influenced. The subject of this observation was a confirmed drunkard. He confessed to getting drunk whenever he had the opportunity.

Alcohol was also injected into the rectum of two rabbits. In both the temperature was considerably depressed. The depression amounted to 15° Fahr.

The authors therefore concluded that alcohol in poisonous doses caused a very considerable depression of the temperature of the body of non-febrile persons, and also that it was probable that habit obviated this effect. Further proof in favour of this latter conclusion was given in a subsequent part of the paper.

The rapidity of the fall of the temperature after death of two patients and one rabbit was ascertained.

This was compared with the rapidity of the fall of the temperature after the use of alcohol. It was found that the temperature falls as rapidly after the use of alcohol in poisonous doses as after death. The circumstances determining the cooling of the body, however, differed in the two conditions. Thus during life much heat was carried off by the air inspired into the lungs. Assuming that the cooling effects of respiration were equal to those resulting from radiation from the surface of the body, it followed that alcohol possessed the power to diminish by one-half those processes that produce the heat of the body.

Both of the patients whose temperature was depressed suffered from nausea and vomiting. In order to ascertain if the depression of the temperature were due to the conditions that accompany vomiting, tartar emetic was given to a patient every ten minutes, and continued long after vomiting was produced. The administration of the antimony was continued seven hours. No depression of the temperature resulted. Thus the authors concluded that the depression of the temperature was not due to the vomiting produced by the alcohol.

Alcohol was next given, in ordinary doses, to non-febrile persons. Eleven observations were made. In eight the temperature was depressed. In three cases the temperature was unaffected. These three persons were strong adults. The quantity of alcohol given them was small (an ounce of brandy). Two of them were confessed free drinkers. The amount of depression was slight. The authors concluded that alcohol, when taken in ordinary quantities by non-febrile persons, caused a slight depression of the temperature of the body, but that the amount of depression which occurs was too slight to contraindicate its use.

Numerous observations were made to ascertain the influence of alcohol on the temperature of febrile persons. To some of the patients very large quantities of alcohol were given. To a child of twelve years old eleven ounces of absolute alcohol were given on one day. From these observations the conclusion was drawn that ordinary and extraordinary quantities of alcohol caused only a slight and temporary depression of the temperature of febrile persons, and consequently alcohol could not bring the temperature of febrile patients to that of health. But if alcohol should be indicated by the general condition of the patient, it would also to some extent act beneficially in virtue of its power to cause some diminution of the temperature of the body.

Some observations were made to ascertain the influence of alcohol on the pulse. From these the conclusion was drawn that alcohol increased the force of the pulse, but lessened its frequency.

In conducting these observations the following precautions were taken: the patients were kept in bed; all the conditions were kept the same; the thermometer was kept the whole time in the axilla, and the temperature was noted every few minutes. The observations were continued many hours—in some cases during the entire day.

ACCOUNT OF A SECOND CASE IN WHICH THE CORPUS CALLOSUM WAS DEFECTIVE. BY J. LANGDON H. DOWN, M.D.

This was another instance of extensive deficiency in the great commissural connexion of the hemispheres of the brain, associated with marked imperfection of the intellectual faculties, similar to the case recorded by the author in vol. xlv of the *Transactions* for 1861. The rarity of the abnormality was indicated by the fact that this was only the second time the author had met with it in the dissection of 150 brains of idiots.



Dr. SANKEY said the case illustrated the facility with which causes were attributed. The mental defect in this case had been put down to masturbation, when it really depended on congenital malformation.

## Correspondence.

### MEDICAL PROVIDENT SOCIETY.

LETTER FROM JOHN CLAY, ESQ.

SIR,—I am probably the only one who considers the Medical Provident Society in connection with the British Medical Association to be a decided success.

Whether the Society was or is wanted by the profession, is no business of the few outside grumblers. It is sufficient to say that thirty-five members of the profession have thought such an institution needed, that number having enrolled themselves since April 6th, 1865, the day of the Society's registration. It would, however, be more correct to say during twelve months only, as some weeks were required to get the Society into working order after it became registered. During the past twelve months nearly £100 have been contributed to the sick-fund alone, and are now ready to be applied for relief in sickness, etc.; and there is an auxiliary fund, I believe, amounting to nearly £700. The members have gradually increased during the past year; and, if it had not been for the opposition which has been made to the Society, I have reason to believe that the number of members would have been nearer a hundred than the number already enrolled.

A great deal has been said about the *dictum* of Mr. J. T. Pratt, that the Society would not be a success unless it had two hundred members. Did the Registrar, or any member of the Association, imagine that that number would be enrolled in one year? Were the 2300 members of the Association, out of, say, 30,000 medical men, admitted in one, ten, or twenty years? And I suppose we must consider the Association a success. It would have been sufficient to secure the stability of the Society if it had numbered two hundred some years hence, when the funds might reasonably be expected to be required. All that would be necessary during the next five years to ensure success is to keep down the working expenses of the Society, and then, when the institution could shew signs of vigour, I have no hesitation in saying that there would be no lack of contributing members. I confess I am much annoyed to find that the directors should be so dispirited and deficient in courage. Why not smile at the threats of a small band of discontented members of the Association, who, right or wrong, had predetermined to demolish the Society? I consider the Society to be quite safe, excellently organised; in fact, quite a model society. I believe no institution ever started under more favourable auspices, or can boast of a greater success, than the Medical Provident Society during the past twelve-month, or dating from its establishment. Why, then, do the directors show the "white feather"? It is a hardship to the gentlemen who have so nobly joined the Society, to find that the hope of a secure provision in the hour of need should be so ruthlessly dashed from them in the manner in which it has been done.

My object in addressing you, sir, is to enter my protest against the winding-up of the Society; and I hope the other contributing members will also strenuously object to this being carried out. If they could only be induced, although the blow has been

struck, to continue members of the Society, and try to double its numbers during the next year, the success of the Society would be secured beyond all doubt, as I could easily convince them. If the length of this communication did not warm me to pause, I could point out where the shoe does really pinch, and where is its remedy.

I will only say, in conclusion, that I am quite confident, with a moderate amount of energy, and prudent management, that the stability of the Society would in a few years be placed beyond the cavil of the most determined opponent.

I am, etc.,

JOHN CLAY,

*Vice-President Medical Provident Society.*

95, Newhall Street, Birmingham, August 1866.

LETTER FROM H. VEASEY, ESQ.

SIR,—If all would speak their mind, Mr. Clay might find the less occasion to write himself sole advocate of our Medical Provident Society.

Had the detractors of this scheme been present at those sittings when Mr. Clay's notes proved with what care and acumen he had studied every rule; and could the financial ability, business-like conduct, and entire devotedness, to this unselfish purpose, have been duly appreciated by those who can more readily demolish than construct, a general expression of gratitude for disinterested labour, and of confidence in the management of this Society, would have been readily accorded.

It is a trite saying, that "every good work is a gradual work"; and when I see one not yet thirty, firm, and full of healthy vigour, willing thus to provide against contingency of ill, and regretting the possible discontinuance of such incentive to frugality and forethought, it seems to cry shame on all beyond this need, who might readily give to the Auxiliary Fund, or start their junior on this laudable course. Our report virtually says, "Sat cito, si sat tutò." May we not further suggest, "Manete paulisper ut celerius expediatur?" Requesting your indulgence,

I am, etc.,

H. VEASEY.

Woburn, September 3rd, 1866.

SIR,—I, like Dr. Clay, beg to enter my protest against the dissolution of the Society; feeling sure that only time is required to increase the number of its members, and that it will ultimately prove a success and a great boon to the profession.

I am, etc.,

M.D.

### THE BRITISH MEDICAL ASSOCIATION: READING OF PAPERS.

LETTER FROM THOMAS SKINNER, M.D.

SIR,—As a member of the British Medical Association I claim the privilege of addressing my fellow members through the pages of our JOURNAL; and I do so on the present occasion, not with the object of destroying existing unity, or of interfering with the great necessity there is for being true to ourselves—sentiments so beautifully, so feelingly, so lovingly alluded to by the greatest orator that has ever appeared among us; I mean Mr. Bowman, in his admirable address—but I do so, sincerely believing in my heart that the very life-blood and "existence of the Association is at stake if the gross mismanagement which I am about to allude to, and which occurred at the Chester meeting, is not rectified in the future", and that, too, before the next annual meeting of the Association.

The Association was founded by a provincial practitioner; it was born of, and cradled by, him in the



provinces; it was originated by him in order to meet a great want felt in the provinces, and felt by no man more than by the founder himself, the ever-to-be-remembered Sir Charles Hastings. I mean, the interchange of thought, the rubbing of mind upon mind on medical subjects. It was founded primarily, for "the promotion of medical science", and, secondarily, for "the maintenance of the honour and interests of the medical profession". (*Draft Charter.*)

Every succeeding year proves, that, so far as the annual meetings are concerned, scientific discussion, "the promotion of medical science" is but a secondary object, if even that; but this year beats all the preceding ones for mismanagement, as three days elapsed, or very nearly elapsed, before a single paper was read, and there were twenty-eight papers upon the list. Mr. Nunneley of Leeds led off, and nearly occupied three-quarters of an hour. Mr. Steele of Liverpool followed; and, after being several times most unceremoniously interrupted in an important practical paper, and called to time—although no time was ever specified—he had actually to leave a large and important portion of his paper undelivered. These were all the papers out of the twenty-eight upon the list which were read, during a sederunt of the Association of three entire days. On Friday, the fourth and last day—the "Sixth General Meeting"—the Association met at 9.30 A.M., instead of 10 A.M., as generally understood and advertised. The consequence was, that Mr. Steele and Dr. Richardson considered themselves warranted in protesting against a resolution which had been passed and carried unanimously in their absence, with reference to the Charter, neither of these gentlemen having received notice of the change in the hour of meeting. The resolution came to by the meeting had to be rescinded until the subject is again discussed at an annual meeting. One hour at least was consumed in receiving an excuse for the absence of Professor Christison—in reading a report from a special committee—and in some miscellaneous speaking which would have puzzled a reporter to give an account. Just before the papers were begun to be read, a motion was put to the meeting and carried; namely, that all papers were to be restricted to *fifteen minutes* in the delivery. One can conceive of reports of cases being so restricted; but papers on philosophic subjects in which the welfare and the lives of the community are concerned. *Cui bono?* Only fancy! "The philosophy of the algide condition in cholera" being treated of, and done justice to, in *fifteen minutes!* If such a paper is worth a hearing at all, it demands a full and a patient hearing as becomes a body of philosophers. By this time most of the twenty-six remaining readers of papers had left the meeting, sick and tired of the delay. One at least of those who remained, and who, at a great sacrifice of time, of thought, of inconvenience to himself and patients, not to mention expense, rather than mangle the production of his own brain, preferred to leave without a hearing. If the Association is desirous of fulfilling the object for which it was founded, "the promotion of medical science" (not the discouragement of investigators), then, assuredly some powerful effort must be made, and the sooner the better, to ensure to the future readers of papers and cases as *fixed and certain a hearing as the readers of addresses*; and the more so is this necessary in such an Association as ours, because in very many instances the annual and branch meetings are the only opportunities which many medical men in the provinces have of discussing or having expounded to them personally medical subjects.

Of course, as usual, no one is to blame. Indeed, it is not my object to blame any one. The interest

of the Association is my interest, and I cleave to it as Dr. Richardson said he "would to his own life"; and it is on account of this extreme regard which I bear towards the Association, of which I have been a member since 1854, and from a strong desire to see it flourish and become a mighty power in the land, that I now write these lines.

In conclusion, I believe it possible so to time the meetings of the Association, that every one may know when his paper is likely to have a hearing. At Chester one could not calculate upon a day, leave alone an hour; and when an official was appealed to, he could give no information whatever,—not even to the individual whose paper stood *sixth* upon the list. If the papers and cases were looked upon and attended to as they ought to be, and if some one was made responsible for the proper management and superintendence of the real comforts of the members in this respect, there would be no hurry-scurry like the last week in Parliament, there would be no lack of readers of papers, no lack of valuable material for the JOURNAL. Our meetings would be conducted much more harmoniously and orderly; there would be no complaints nor disappointments, and members could better divide their time between business and pleasure. As it stands at present, to purpose reading a paper at an Association meeting, is simply to inflict self-martyrdom, or to do penance for the benefit of the souls of others instead of your own.

I am, etc., THO. SKINNER, M.D.

1, St. James's Road, Liverpool, 11th August, 1866.

## FOWLER'S SOLUTION IN LUPUS.

LETTER FROM EDWYN ANDREW, M.D.

SIR,—In the discussion which took place at Chester after Dr. Broadbent's paper on Cancer, I mentioned that I was giving with advantage in a case of lupus half-drachm doses of Fowler's solution of arsenic.

So many members of the British Medical Association seemed to think I was mistaken, owing to the largeness of the dose, that I thought it might be more satisfactory to give you the exact manner of treatment.

I find, from my day-book, that I began with ten-minim doses of the solution on May 8th (generally taken three times a day after food). I increased it on May 24th to twenty minims; on June 6th to twenty-five minims; on June 14th to thirty minims; on June 19th to thirty-five minims; which last dose I have continued to the present time with the greatest advantage, the lupus having nearly healed.

Of course, I have watched these large doses with the greatest care, and with most stringent orders that I should be communicated with immediately soreness of the eyes or any diarrhoea should take place.

My experience tells me that there are certain constitutions which are highly benefited by large doses of arsenic, and on whom small doses seem to have little or no effect.

More particulars may be given, if required; but these are sufficient to prove the truth of my large doses.

I am, etc., EDWYN ANDREW.

August 15th, 1866.

CONDEMNED MEAT. In the last five years no less than 939,016 lbs. of meat have been condemned in the city markets as unfit for human food. This statement relates only to the city proper; in the metropolis outside the city there is no effective supervision, and animals in the most diseased condition may be slaughtered and sold.



# Medical News.

**UNIVERSITY OF LONDON.** The following are lists of candidates who passed the respective examinations indicated. 1866. First M.B. Examination. Pass Examination. Entire.

## First Division.

Anderson, Tempest, University College  
Cluff, James Stanton, B.A. Dublin, University College  
Loy, Thomas Richardson, University College  
May, Bennett, Sydenham College, Birmingham  
Ridge, John James, St. Thomas's Hospital  
Taylor, Frederick, Guy's Hospital  
Wagstaffe, William Warwick, B.A., St. Thomas's Hospital

## Second Division.

Addenbrooke, Edward Homfray, St. Bartholomew's Hospital  
Batt, Charles Dorrington, St. Bartholomew's Hospital  
Blackley, John Galley, Royal Manchester School of Medicine  
Crowfoot, Edward Bowles, St. Bartholomew's Hospital  
Fiddian, Alexander Paul, King's College  
Marshall, Henry Flamank, Sydenham College, Birmingham  
Nettleship, Edward, King's College  
Saunders, Richard Careless, London Hospital  
Willoughby, Edward Francis, University College  
Wyman, J. Sanderson, Sydenham College and St. Bartholomew's

## Excluding Physiology.

## Second Division.

Heathcote, Rowland, Royal Manchester School of Medicine  
Hurlstone, Adam Payton, University College  
Lees, Joseph, St. Thomas's Hospital  
Seccombe, Edward Hepburne, King's College  
Yeo, Isaac Burney, King's College

## Physiology only.

## First Division.

Berridge, Edward William, St. Bartholomew's Hospital  
Bird, John Durham, Royal Manchester School of Medicine  
Raine, George Rolph, Guy's Hospital

## Second Division.

Bell, Cyril William Bowdler, B.Sc., Hull Medical School  
Dove, John Reuben Bathurst, London Hospital  
Eager, Reginald, Guy's Hospital

## Examination for Honours.

### First Class. Anatomy.

Cluff, James Stanton, B.A. Dublin (Exhibition and Gold Medal), University College  
Taylor, Frederick (Gold Medal), Guy's Hospital

### Physiology, Histology, and Comparative Anatomy.

### First Class.

Cluff, James Stanton, B.A. Dublin (Exhibition and Gold Medal), University College

### Second Class.

Ridge, John James, St. Thomas's Hospital

### Third Class.

Anderson, Tempest, University College  
Organic Chemistry and Materia Medica and Pharmaceutical

### First Class. Chemistry.

Cluff, James Stanton, B.A. Dublin (Exhibition and Gold Medal), University College  
Taylor, Frederick (Gold Medal), Guy's Hospital

### Second Class.

Anderson, Tempest, University College

### Third Class.

Ridge, John James, St. Thomas's Hospital  
Wagstaffe, William Warwick, B.A., St. Thomas's Hospital

**INDIAN ARMY.** The following candidates for Her Majesty's Indian Medical Service were successful at the competitive examination at Chelsea in March 1866, and have undergone a course of instruction at the Army Medical School. The number of marks are the totals obtained at the examinations at Chelsea and at Netley.

Griffith, G., London .....	5060
Cameron, L., University of Edinburgh .....	5060
Raye, D. O. C., Ireland .....	5036
Gage, J. T., University, Aberdeen .....	4600
Vesey, R. M., University, Dublin .....	4580
Warburton, W. P., University, Edinburgh .....	4460
Birch, E. A., Ireland .....	4370
Palmer, D. P., Ireland .....	4320
Keegan, D. F., University, Dublin and London .....	4135
Galloway, W. W., University, Aberdeen .....	4098
Eades, L. E., Edinburgh and Dublin .....	4080
Gray, W., University, Dublin .....	4085

Hughes, D. E., University, Edinburgh .....	3945
McKenzie, S. C., University, Edinburgh .....	3936
Holmested, T., London .....	3852
Macpherson, J., University, Aberdeen .....	3770
Bowman, R., Ireland .....	3767
Laing, A., Edinburgh .....	3760
Miller, A. H., Edinburgh and Dublin .....	3705
Cody, T., Edinburgh and Ireland .....	3670
Nanney, L. C., London and Glasgow .....	3637
Raby, J., London and Edinburgh .....	3595
Shannon, P. J., Ireland .....	3130
McVittie, C. E., Edinburgh and Ireland .....	3023
Cullinan, C. M., Ireland .....	2955
Mayer, H. C., Edinburgh and Ireland .....	2955
Rickard, F. M., London .....	2720
Bateman, D. F., Edinburgh .....	2590

**ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH.** The following gentlemen have since 1st April last passed the examination in general education.

Ashburner, T., Lancashire	Robathan, G., Monmouthshire
Bogle, J. H., South Wales	Sime, David, Wick
Brown, D. B., Glasgow	Somerville, J., Moffat
Brown, D., Comrie	Souter, John
Drew, H. W., Cape of Good Hope	Stewart, W. D., Madras
Lyall, Andrew	Sutherland, D., Wick
Mackenzie, H., Edinburgh	Taylor, F. P., New Brunswick
Mackie, W., Glasgow	Vacher, F., London
Mills, D. E., Nottingham	Vaughan, P. M., Cheshire
Naismith, G. C., Sultanpore, Oude	

The following gentlemen passed their first professional examinations during the July and August sittings of the examiners.

Abearne, T. M. W., Cork	Limrick, Wm. T., Cork
Beamish, Orssen, Clonakilty	Park, D. S., Hawick
Bryson, T. M., co. Londonderry	Stuart, James, co. Cavan
Dingwall, J. L., Glasgow	Thomson, Wm., Edinburgh
Elliot, G. S., Exeter	Todhunter, Thomas, Whitehaven
Jennings, John, co. Cork	Vacher, Francis, London
Kane, J. B. N., Kilkenny	Wilson, John, Edinburgh
Knox, Wm., Tyrone	Windele, Richard, Cork

And the following gentlemen passed their final examinations, and were admitted L.R.C.P. Edinburgh, and L.R.C.S. Edinburgh.

Bookless, James P., Kelso	Fearon, Thomas, Warrenpoint
Bowie, John, Edinburgh	Kerr, J. A. C., Edinburgh
Brass, J. T. W., Orkney	Little, J. F., Kilkenny
Brown, Henry, Belfast	McGann, T. J., co. Clare
Chisholm, Wm., Edinburgh	Maier, Nicholas, Thurles
Cribbes, H. S., Perthshire	Meehan, James, Limerick
Dolan, T. M., co. Tipperary	Paterson, Andrew M'Master,
Pull, Omesh C., Calcutta	Madras
Fergusson, Jas., Kirkcudbrightshire	Sandham, Wm. Sale, Cork
	Stewart, Wm. Day, Madras

**ROYAL COLLEGE OF SURGEONS, EDINBURGH.** The following gentlemen were admitted Fellows of the College at a meeting held on the 2nd inst.

Carmichael, W. Scott, L.R.C.S.E., Edinburgh	White, Joseph, L.R.C.S.E., Nottingham
Manford, R. A., L.F.P. and S.G., Inverness	

The following gentleman passed their final examinations, and were admitted Licentiates of the College during the July sittings of the examiners.

Balfour, Wm. G., Montrose	M'Nicol, J. C., Argyllshire
Campbell, C. M., Cawnpore	Moore, J. H., Downpatrick
Fitzgerald, R. G., co. Carlow	Muir, John Stuart, Leith
George, John, Carrickfergus	Power, Robert V., Cork
Gordon, James, Perthshire	Taylor, Francis F., St. John's,
Kington, T., co. Cork	N.B.

**APOTHECARIES' HALL.** On August 9th, 1866, the following Licentiates were admitted:—

Croft, J. H., Guy's Hospital  
Eagleton, Joseph, Wolverhampton  
Hayden, J. A., High Wycombe  
John, William, Haverfordwest  
Keall, W. Powell, Bristol  
Kiugston, J. L., 2, Barking Road  
Moore, George, Birmingham  
Phillips, J. M., Taibach  
Pollock, Robert, Lonsdale, Paisley  
Salzman, F. W., Brighton  
Watson, G. S., St. Marylebone Infirmary

At the same Court, the following passed the first examination:—

Carré, L. C. Achille, Guy's Hospital



Duke, Joshua, Guy's Hospital  
Parkinson, Edmund W., St. George's Hospital  
Sewell, Allen, University College Hospital

Admitted on August 30th—

Read, Charles, Falmouth

At the same Court, the following passed the first examination:—

Furnivall, Charles Henry, Westminster Hospital  
Kelly, Alfred, King's College Hospital  
Laking, Frank Henry, St. George's Hospital

### APPOINTMENTS.

\*CARTER, R., M.B., appointed Resident Medical Officer to the United Hospital, Bath.

### ARMY.

ARCHER, Assistant-Surgeon S., 98th Foot, to be Staff-Assistant-Surgeon, *vice* G. Traynor.  
CARR, Surgeon J. K., M.D., 32nd Foot, to be Surgeon-Major, having completed twenty years' full-pay service.  
COMBE, Surgeon M., M.D., Royal Artillery, to be Surgeon-Major, having completed twenty years' full-pay service.  
GRANT, Surgeon W., M.B., 87th Foot, to be Surgeon 1st Foot, *vice* C. W. Woodroffe.  
WOODROFFE, Surgeon C. W., 1st Foot, to be Surgeon 87th Foot, *vice* W. Grant, M.B.

### ROYAL NAVY.

ADAMS, John S., Esq., Surgeon (additional), to the *Hibernia*, for Sheerness Yard.  
INMAN, William J., Esq., Assistant-Surgeon, to the *Dart*.  
M'AREE, Francis, Esq., Surgeon (additional), to the *Ganges*, in lieu of an Assistant-Surgeon.  
NECUS, Fysher, Esq., Staff-Surgeon, to the *Hibernia*.  
PICKTHORN, Thomas R., Esq., Staff-Surgeon, to the *Saturn*.  
REDMOND, William, Esq., Assistant-Surgeon, to the *Industry*.  
YARDE, William, M.D., Assistant-Surgeon, to the *Donegal*.

### INDIAN ARMY.

ANDERSON, Deputy Inspector-General F., M.D., to be Inspector-General of Hospitals, Bengal Establishment.  
HUTCHINSON, Surgeon-Major T. C., to be Deputy Inspector-General of Hospitals, Bengal Establishment.  
LACY, Surgeon-Major T. S., to be Deputy Inspector-General of Hospitals, Bengal Establishment.

**VOLUNTEERS, (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—**

FAIRBANK, F. R., M.D., to be Assistant-Surg. 19th Lancashire A.V.  
GIMSON, W. G., M.D., to be Honorary Assistant-Surgeon 10th Essex R.V.  
TAYLOR, F. A., Esq., to be Assistant-Surgeon 11th Hampshire R.V.  
WILSON, J., Esq., to be Surgeon 19th Lancashire A.V.

**THE DEVONPORT NAVAL HOSPITAL.** On the 4th instant, the Board of Admiralty visited the Devonport Royal Naval Hospital. They were received by Captain Codd, Dr. Stewart, Dr. Beith, and Dr. Duirs. Their lordships "walked" the hospital, where some improvements suggested themselves. Sir John Pakington made several inquiries of Dr. Stewart as to the accommodation, and expressed satisfaction at the good order and cleanliness everywhere displayed.

**THE COLOUR OF MAN.** In the Physiological Section of the British Association for the Advancement of Science, Dr. John Davey read a paper on this subject. After enumerating the varieties of colour of the human race, and their connexion with latitude and climate, he proceeded to the consideration of the probable causes to which the difference of colour was to be referred. Of these, he placed first exposure to the sun's rays; next, warmth of climate and an average high temperature throughout the year, under the influence of which there appeared to be a tendency to accumulation of colour in the system, as indicated by the little difference of colour of the arterial and venous blood under the exposure of a high temperature. He adverted to hereditaryness or atavism as deserving of attention in considering the colour of races, and more especially its importance as to the great question of unit or difference of race *ab origine*; how, if climate should be found to have greater effect than blood in modifying colour, unity might be inferred, and *vice versa*.

**CONSUMPTION OF SPIRITS.** In the first half of the present year 10,290,006 gallons of home made spirits have been retained for consumption as beverage in the United Kingdom. This is an increase in each of the three kingdoms over the quantity in the first half of 1865, and a still larger increase over the quantity in the first half of 1864. In the same first six months of 1866, 1,324,874 proof gallons of brandy imported from beyond seas have been entered for home consumption here, and 1,932,851 proof gallons of rum.

**NAVAL SURGEONS.** We believe that the Lords of the Admiralty are contemplating carrying out very shortly one of the provisions of the circular which had its origin in Vice-Admiral Sir Alexander Milne's Committee, by promoting to the rank of staff-surgeon certain officers who, although they have not served the full term of twenty years on full pay, have by their zeal and professional attainments attracted the attention of the authorities. This intended act of their lordships is anxiously looked for by the profession. (*Army and Navy Gazette*.)

**OZONE.** In the Chemical Section of the British Association, a paper by Dr. Daubeny, on Ozone, elicited from Mr. Glaisher a statement of the results of his meteorological investigation on behalf of the Government on the outbreak of cholera in 1854. He found that where ozone existed there was abundant health; and that where there was none, sickness prevailed. The opinion of the section was that, if accurate relative results were to be obtained, there must be a uniform system of test-papers.

**A NEW FOSSIL REPTILE.** M. d'Archiac lately laid before the Academy of Sciences the remains of a fossil reptile found by M. Frossard, a Protestant clergyman, in the bituminous schistus of Muse, near Autun, Saône-et-Loire. The new reptile belongs to Owen's Ganocephali, strange vertebrata, with uncertain characteristics, seemingly representing the embryo age of reptiles, just as the Ganoids with vertebra incompletely ossified represent the embryo age of fishes. The new fossil is to be called *Actinodon*.

**POPULATION OF TOWNS.** At the late meeting of the British Association, the Rev. A. W. Worthington read some remarks on the Disproportion between the Male and Female Population of some Manufacturing and other Towns, which in substance stated that the proportion of females to males on the whole population was 105 to 100; but where employment differed in different towns and districts, and as men or women found ready employment, one or the other predominated in number. In the mining district of which Newcastle was the centre, and that in which Sheffield stood, in Stafford, in the barrack towns of Canterbury, Winchester, and Colchester, men predominate; while in manufacturing districts like Manchester and others, and notably in Norwich, there is an excess of women. In Nottingham there was an extraordinary excess of women over men; and this was also the case in seaport towns like Plymouth and Bristol; and it was still more marked in Liverpool. It is supposed that female labour in manufacturing districts will increase rather than decrease, owing to its comparative cheapness; but it is attended by serious social and domestic evils, especially juvenile mortality. The rate of illegitimacy was also higher where there was an excess of women, and in Nottingham that rate reached 10 per cent. of all the births. It was suggested that the means of amendment of this state of things was to be found in the promotion of family life, and especially by having the wife and mother to attend to her domestic duties; and employers of labour were urged not to employ married women.



**HOSPITAL FOR WOMEN, SOHO SQUARE.** The following gentlemen have been appointed by the Committee Vice-Presidents of this hospital: Sir William Fergusson, Bart., F.R.S.; Dr. Arthur Farre, F.R.S.; and Dr. Jenner, F.R.S. Sir Charles Locock, Bart., F.R.S., has many years occupied a similar position.

**SISTERHOOD NURSES.** At a meeting of the Guardians of the Strand Union, the question of allowing the sisters of the All Saints' Home, Margaret Street, to give their gratuitous services in nursing the sick poor in the house, was introduced. Mr. Corbett, poor-law inspector, bore testimony to the advantage which Chorlton Workhouse had derived from the sisters at a time of panic, when no other nurses could be obtained. The proposal was shelved, the general feeling of the board appearing to be against the introduction of the sisters as nurses.

**PRESERVATION OF MEAT.** A new process for preserving fresh meat has been patented by Messrs. McCall and Sloper, who are at present at Buenos Ayres employed in making experiments on a large scale. They profess to be able to preserve meat in its fresh and raw state, so as to reach England from South America in the exact condition of butcher's meat just killed, at a cost of from fourpence to fivepence per pound. Their curing process is simple, and is based on the exclusion of oxygen from the vessel in which the meat is packed.

**THE BRITISH ASSOCIATION.** Few things are calculated to impress more strongly upon the mind the difficulty of keeping pace with the amount of information poured forth on any given subject than proceedings such as those of the British Association at Nottingham, where nine sections or sub-sections were concurrently in session. Persons, therefore, who take an interest in scientific subjects, will learn with satisfaction that a report of the papers, discussions, and general proceedings, with which they may familiarise themselves at leisure, is to appear very shortly. The task of revising and editing this publication has been undertaken by Dr. W. Tindal Robertson, whose name and recent performances in his capacity of local secretary afford the best guarantee for the character of the forthcoming work.

**NEW YORK STATE INEBRIATE ASYLUM.** Up to 1864 there had been 7245 applications for places in this institution at Binghamton, from every State in the Union, and from Europe, Mexico, and the British Provinces, 520 of whom were opium eaters. There were 39 clergymen, 8 judges, 197 lawyers, 226 physicians, 340 merchants, 680 mechanics, 466 farmers, 240 gentlemen, and 805 women. One of the opium eaters, a lawyer, who had filled a highly responsible office, in one year drank 3200 bottles of M'Munn's preparation of opium. In one day he drank twenty bottles, equal to ten thousand drops of laudanum. Patients at this asylum are received for not less than a year, are watched, controlled, and medically treated. The expectation is that at least 70 per cent. will be radically cured. It was stated at the recent Temperance Convention at Saratoga, that the names of 1300 rich men's daughters are on the list of applicants for admission to this asylum.

**DEPUTATION AT DUBLIN.** On Monday last His Excellency the Lord Lieutenant received a deputation from the Royal College of Surgeons, headed by Mr. Butcher, the president, who read an address, to which the Lord Lieutenant returned the following reply:—Mr. President, Vice-President, Council, and Fellows of the Royal College of Surgeons,—I receive with much satisfaction your congratulations and expressions of respect on my arrival in this country as Her Majesty's representative. It is of great impor-

tance that an institution like yours should be presided over by so distinguished a body of men, who, by their scientific researches, as well as by their example and practical skill, must exercise a most beneficial influence over the medical profession. I wish at all times to enlist your efforts in any undertaking in which your professional knowledge may render your assistance the more especially valuable, and I shall always be ready to give my best attention to any suggestion you may be disposed to offer me, either on behalf of your own profession or in the interests of the whole community.

**ARCHÆOLOGY AND ETHNOLOGY.** At the recent meeting of the British Association at Nottingham, Mr. Robert Dunn read a paper "On some of the bearings of archæology upon certain ethnological problems and researches". He remarked that there was a fascination about the subject of pre-historic times and pre-historic man—about the revolutions of our globe as revealed to us by geological investigation, and of the generations of mankind by archæological researches, and that the very obscurity of the subject whets our zeal in its investigation. He asked what could be more fascinating than the wonders of geology as we ponder over the revolutions which the earth has undergone—search after the evidences of the first appearance of life upon its surface, and recognise in its successive and changing phases the varying animal forms, rising higher and still higher in the complexity of their structure up to the advent of man himself—to us the crowning theme of all these wonders. But when did he first appear? Was he pliocene, miocene, or still more ancient? All that we can assume is that in the fulness of time, when the earth was fitted for his reception by the fiat of the Almighty, man made his appearance. Then was brought into existence a being in whom that *subtle force* which we call *mind*, was the grand and distinguished attribute, raising him so immeasurably in the scale of being above the whole brute creation. He dwelt on the antiquity of man, remarking that the men of the Drift shared the possession of the forest-clad valleys and plains of Europe with the mammoth, the cave-bear, and the woolly-haired rhinoceros, when the British isles were alike united to one another, and to the continent of Europe; observing Lartet's exploration of the Cave of Aurignac in the Pyrenees, not only as proving the high antiquity of man but as tracing back the sacred rights of burial, and also the still more important belief in a future state of existence, to times long anterior to history and tradition. To the cave men of those days and to the rude tribe on the valley of the Somme, with their rude flint implements, he found a parallel among existing savages and the Esquimaux tribes of the present day. Archæology, he said, was the link which connects pre-historic man with history; and, as Sir J. Lubbock had so well remarked, "they were too studied in their works—houses for the living, tombs for the dead, fortifications for defence, temples for worship, implements for use, and ornaments for decoration". In their modes of sepulchre, their tumuli, cromlechs, dolmens, and cistvaens, we had unmistakable evidence of differences of race and of phases of civilisation, for these ancient tumuli did not belong to one period nor to one race of man. In the tumuli of Denmark, during the stone and bronze ages, the distinctive characteristics were so marked and striking as to point to men of the bronze period as being a new race in a much higher state of civilisation, and who had exterminated the previous inhabitants. Their very general practice of cremation had deprived us of one important source of evidence in the shape of the skull as to their racial type.



Human palæontology, however, had made plain to us, that in the pre-Celtic times there existed both a brachycephalic and a dolichocephalic race, as primitive peoples, in Europe. He next passed to the consideration of primeval man. After comparing civilised with savage man, our own condition with that of those to whom the illuminating rays of civilisation had never reached, or among whom they had become extinguished; and after having pointed out, in their respective bony crania, distinctive differences impressed and stamped upon them, as unmistakable and indisputable evidence of elevation and degradation of type, he discussed the important questions as to whether in time these types were convertible, and, if so, which was primordial.

**MR. IBBETSON ON FOSSIL TEETH.** In the paper upon fossil teeth of fishes in the Palæozoic and lower members of the Mesozoic rocks, read before the Odontological Society by Mr. Ibbetson, a few preliminary remarks were made upon the faithful history of the animal kingdom furnished by fossil teeth generally; and in examining the fauna of the different rocks, the advantage of commencing with the most ancient, and taking them in their order of stratigraphical super-position rather than proceeding from the most recent to the earlier beds, was clearly stated. Adopting this method, the leading species, genera, and families of the class fishes were noticed according to the order of their succession in time, not in rank, as they appeared in the various formations from the Silurian beds to the Lias. Of the 8000 or more known species of fishes, about 1000 belong to the Ganoid and Placoid orders, and to which those found below the Lias are limited, no instance of any of the 7000 or more species of either the Ctenoid or Cycloid orders being known below the Oolitic series. The existence of fishes was formerly believed to date from the Bala beds of the Cambrian rocks, but what were supposed to be the defensive spines of the *Onchus Murchisonii* have since been proved to be the caudal appendages of a Crustacean. The earliest known evidence of their existence is furnished by fragments of jaws with teeth found in the Ludlow group of the upper Silurian deposits. The affinities of these fragmentary remains have not been clearly determined. Agassiz refers them with a doubt to the genera *Plectrodus* and *Sclerodus* of his Placoid order. Murchison in the last edition of his *Siluria*—on the authority of Sir Philip Egerton—supposes them to belong to a small species of Ganoid fish; whilst Mr. J. W. Salter suggests that they may have belonged to *Pteraspis* or *Cephalaspis*, the teeth of these genera—even if they possessed such organs—being yet unknown. The earliest evidence of the existence of the class whose affinities can be defined, is furnished by the teeth of several genera of fishes in the Devonian rocks, in which occur *Ctenopterygius* and *Ctenodus* genera of the family of Cestracnonts, and belonging to the order Plagiostomi. The various species of the different genera of Cestracnonts were enumerated as they respectively occur in the successive rocks from the Devonian to the Lias, *Acrodus* was referred to as possessing special interest, from the faithful interpretation which it afforded of the genus by its consanguinity with the Cestracian *Philippi* of the Australian seas, the sole existing representatives of this family of fishes, so rich in genera and species in the Palæozoic and Mesozoic ages. The species and genera of the Hybodontidæ were next noticed. In entering upon the order Ganoidei, *Pteraspis* and *Cephalaspis* were referred to as existing in beds of earlier date than those in which *Plectrodus* and *Sclerodus* are found; therefore in the event of the suggestion of Mr. J. W. Salter being

confirmed, these genera would become the earliest known indication of the class fishes. The species and genera of the families *Cælacanthi*, *Dipteridæ*, *Acanthodei*, *Sauroidei*, *Lepidoidei*, and *Pycnodontei* were all referred to as they respectively occur in time, and the dental distinctions of the various species and genera were noticed. Occasion was taken to refer to the removal by Professor Owen of the genus *Placodus*, found in the Muschelkalk, from the *Pycnodontei*, and by Professor Huxley, of the genus *Stagonolepis*, found in the Devonian rocks, from the *Dipteridæ*, of the class fishes, to the class reptiles, and the dental characters and other correlations of structure upon which the amended classifications were established, were pointed out. The paper was illustrated by a valuable collection of fossils, and a number of beautifully executed diagrams.

## OPERATION DAYS AT THE HOSPITALS.

MONDAY.....	Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY....	Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.
WEDNESDAY...	St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.
THURSDAY.....	St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.
FRIDAY.....	Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
SATURDAY....	St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

## REGISTRATION OF DISEASE.

RETURN of new cases of disease coming under treatment in public practice. (A.) Manchester and Salford (Sanitary Association). (B.) Preston (R. C. Brown, Esq.). (C.) St. Marylebone, London (Dr. Whitmore). (D.) Birmingham (Dr. Alfred Hill).

Diseases.	In the 5 weeks ending June 30th, 1866.				
	A.	B.	C.	D.	
Small-Pox .....	10	10	22	6	
Chicken-Pox .....	2	2	6	5	
Measles .....	18	36	66	94	
Scarlatina .....	36	1	31	19	
Diphtheria .....	2	—	3	3	
Hooping-Cough .....	29	18	101	94	
Croup .....	4	—	3	4	
Diarrhoea .....	266	20	595	201	
Dysentery .....	17	3	3	2	
Cholera .....	—	—	—	—	
Continued Fever.....	—	41	—	140	
Erysipelas .....	34	1	21	7	
Insanity .....	60	1	28	5	
Bronchitis and Catarrh .....	626	78	697	454	
Pleurisy and Pneumonia .....	49	7	35	32	
All other diseases and accidents	5060	532	4640	3595	
Totals .....	6213	750	6251	4661	

## BOOKS RECEIVED.

1. A Few Thoughts concerning Infanticide. By Mrs. Baines. London: 1866.
2. The Cholera Map of Ireland: with Observations. By Sir Dominic Corrigan, Bart. Dublin: 1866.
3. Medical Diagnosis, with special reference to Practical Medicine. By J. M. Da Costa, M.D. Second Edition, revised. Philadelphia: 1866.
4. On the Nature of Cholera, as a Guide to Treatment. By W. Sedgwick. Second Issue. London: 1866.
5. Annual Report of the Surgeon-General, United States Army. 1865.
6. Mechanical Treatment of Cholera. By a Physician. London: 1866.



## TO CORRESPONDENTS.

\*. All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

A MEMBER should make inquiry at the hospital where the operations were performed. We can give him no information.

STATISTICS OF CANCER.—Mr. Moore has the pleasure to acknowledge the return of "Registers for Cases of Cancer", from Henry Barnes, M.D., Carlisle, and S. C. Noble, Esq., Kendal.

A GOOD IDEA.—SIR: You will not object to a good idea; and therefore will perhaps admit the following from a homeopathic journal: "The title of assistant-physicians and assistant-surgeons ought to be abolished. It is an insult to men whose qualifications in no sense differ from those of the full physicians and surgeons. They are fully qualified men, occupying an independent position; and are not assistants in the usual sense of the term."

I am, etc., EQUUS.

MR. BAKER BROWN'S TESTIMONIAL.—The following printed circular has been forwarded to us for publication.

"Testimonial to Baker Brown, Esq., F.R.C.S. The object of this testimonial being to give both the profession and the public generally an opportunity of testifying their opinion and appreciation of the eminent services which Mr. Baker Brown has rendered as a surgeon and operator, it is considered that this will be better shown by the large number of subscribers than by the amount of their individual subscriptions; and that all who desire it may have an opportunity of expressing their appreciation of those services, contributions will be received, however small. All friends who intend to subscribe, are earnestly requested to communicate at once to Dr. Holt Dunn, the Hon. Sec., 109, Hereford Road, Westbourne Park, W."

This notice is followed by a list of subscribers; amongst whom are included several givers of 2s. 6d. and 1s. up to £5:5. The subscriptions here published seem to amount to about £150.

COMMUNICATIONS have been received from:—Dr. J. BIRKBECK NEVINS; Dr. T. M. GREENHOW; Dr. H. KINGLAKE; Dr. EDWARD COPEMAN; Mr. G. GASKOIN; Dr. G. ARNOTT; M.D.; Dr. JAMES RUSSELL; Mr. H. VEASEY; Mr. T. T. GRIFFITH; Dr. JAMES BRAITHWAITE; Dr. H. DICK; Mr. CARTER; Dr. J. BULLAR; A MEMBER; TRÜBNER & Co.; Dr. T. O. DUFFIELD; Mr. T. WATKIN WILLIAMS; Mr. MOORE; and Dr. KELLY.

## ADVERTISEMENTS.

## MEDICAL EDUCATION.

**The Addresses on Medical Education** delivered at ST. MARY'S HOSPITAL MEDICAL SCHOOL, Paddington, by the Archbishop of YORK (1864), Professor OWEN (1865), and Professor HUXLEY (1866), may be obtained, together with the Prospectus for the ensuing Winter Session, on application to ERNEST HART, Dean of the School.

**Classical and Mathematical.**

Dr. STEGGALL prepares Gentlemen for their Examinations in Classics and Mathematics at all the Medical Boards, viz. the Preliminary Examination at Apothecaries' Hall; the Matriculation Examination of the London University; Preliminary and Fellowship Examination at the Royal College of Surgeons, etc.

Dr. STEGGALL continues his instruction for all Medical and Surgical Examinations during the summer months.—Address Dr. STEGGALL, 2, Southampton Street, Bloomsbury Square, London.

**AUSTRIAN VOESLAW WINES**

(Still and Sparkling) from the Vineyards of M. R. SCHLUMBERGER, the largest Proprietor in the celebrated Voesslau District, near Vienna. Eight Prize Medals (London, 1862, and Dublin, 1865). May be had through all the principal wine merchants in the United Kingdom, or of M. Schlumberger's Depots, 35, Golden Square, Regent Street, and 12, Mark Lane, City, London.

**Wanted, in the Country, Board**

and Residence in a private family for a Lady whose habits require the exercise of firmness and kindness.—Address, prepaid, to R. S., Post Office, Bowdon, Cheshire.

**Weiss's Illustrated Catalogue,**

containing nearly 800 engravings of Surgeons' Instruments and Apparatus, classified for their various purposes. Price, 5s. 6d., Strand, London.

"This catalogue has many and great merits. It is modest, truthful carefully arranged, and extremely well illustrated. In the great majority of cases the name of the surgeon is appended to the modification which he has introduced, and frequently other makers' names are honourably attached to instruments which they first originated. These are large principles of honour which we are glad to see strictly observed in this catalogue."—*Lancet*, September 12th, 1863.

**New Medical Club.****THE SYDENHAM.**

A New Club is being formed in London, to be called the "SYDENHAM," for the convenience of Members of the Medical Profession, securing, at a minimum cost, all the advantages of a modern Club, with the addition of sleeping accommodation for Extra-Metropolitan Members.

Terms for Metropolitan Members: Five Guineas Entrance; Annual Subscription, Three Guineas. Members residing beyond the Metropolitan Postal District: Three Guineas Entrance Subscription, One Guinea. Subscriptions to cease during absence on Foreign Service. Entrances and Subscriptions to be paid into the Bankers of the Club, London and Westminster, 1, St. James's-square, S.W.

Gentlemen desirous of becoming Members of the Club are requested to send an early intimation of their intention, addressed to DR. LORY MARSH, Hon. Sec. Royal United Service Institution, Whitehall Yard, London, S.W.

**St. Thomas's Hospital Medical**

SCHOOL-SESSION 1866 and 67. A General Introductory Address will be delivered by Dr. BARKER, on Monday, 1st October, at Three o'clock p.m., after which the Distribution of Prizes will take place.

Gentlemen entering have the option of paying £40 for the first year, a similar sum for the second, and £10 for each succeeding year; or, by paying £90 at once, of becoming perpetual Students.

**PRIZES AND APPOINTMENTS FOR THE SESSION.**

First Year's Students.—1st. The Wm. Tite Scholarship. 2nd. A College Prize of 20. 3rd. A Prize of £10.

Second Year's Students.—A Prize of £90, £20, and £10. The Dresserships, and the Clinical and Obstetric Clerksbip.

Third Year's Students.—A Prize of £30, of £20, and £10. Mr. Geo. Vaughan's Cheselden Medal. The Treasurer's Gold Medal. The Grainger Testimonial Prize. Mr. Newman Smith's Prize of £40. The Two House-Surgeons, the Resident Accoucheurs, Two Hospital Registrars, at a salary of £40 each, or one at £80, are awarded to 3rd and 4th year's Students, according to merit.

The WM. TITE SCHOLARSHIP, founded by Wm. TITE, Esq., M.P., F.R.S., the proceeds of £1000 consols, tenable for three years, is awarded every third year.

**MEDICAL OFFICERS.**

Dr. Barker, Dr. J. Risdon Bennett, Dr. Goulden, Dr. Peacock, Dr. Bristowe, Dr. Barnes, Mr. Solly, Mr. Le Gros Clark, Mr. Simon, Dr. Clapton, Dr. Gervis, Mr. Sydney Jones, Mr. J. Croft, Mr. Whitfield.

Clinical Instruction is given at stated times by the Medical and Surgical Officers. Special Medical Clinical Lectures, Dr. Barker. Ophthalmic Surgery, Mr. Jones and Mr. Croft; Midwifery, Dr. Barnes and Dr. Gervis; Dental Surgery, Mr. Elliott; Pathological Chemistry, Dr. Thudichum. Tutor in Arts, Mr. S. Hague.

MEDICINE—Dr. Peacock. SURGERY—Mr. Solly and Mr. Le Gros Clark. PHYSIOLOGY—Dr. Bristowe and Mr. Ord. DESCRIPTIVE ANATOMY—Mr. Sydney Jones. ANATOMY IN THE DISSECTING ROOM—Mr. Rainey, Mr. J. Croft, and Mr. W. W. Wagstaffe. CHEMISTRY, NATURAL PHILOSOPHY, and PRACTICAL CHEMISTRY—Dr. Albert J. Bernays. MIDWIFERY—Dr. Barnes. GENERAL PATHOLOGY—Mr. Simon. BOTANY—Dr. J. Wale Hicks. COMPARATIVE ANATOMY—Mr. Ord. MATERIA MEDICA—Dr. Clapton. FORENSIC MEDICINE—Dr. Stone. OPHTHALMIC SURGERY—Mr. Sydney Jones. DENTAL SURGERY—Mr. Elliott. VACCINATION—Dr. Gervis. PATHOLOGICAL CHEMISTRY—Dr. Thudichum. DEMONSTRATIONS MORBID ANATOMY—Dr. J. Wale Hicks. MICROSCOPICAL ANATOMY—Mr. Rainey.

Students can reside with some of the Officers of the Hospital.

W. M. ORD, M.B., Dean.

R. G. WHITEFIELD, Medical Secretary.

For entrance or Prospectus, and for information relating to Prizes and all other matters, apply to Mr. WHITEFIELD, Medical Secretary, The Manor House, St. Thomas's Hospital, Newington, Surrey, S.



# Addresses and Papers

READ AT

## THE THIRTY-FOURTH ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

[Held in CHESTER, AUGUST 7th, 8th, 9th, and 10th, 1866.]

### THIRTEEN CASES OF COMPLETED OVARIOTOMY.

By BAKER BROWN, Esq., F.R.C.S.

**CASE I.** *Multilocular Ovarian Tumour, two years' duration: Ovariectomy: Death on the Fourth Day.* Miss D., aged 34, came up from Essex to consult me on January 2nd, 1866, when I made the following notes. Five years ago, she first began to suffer from pain in the left side, but did not find any tumour or swelling till two years ago. This swelling gradually increased in size in the first year, and more rapidly in the second, particularly during the last two months, in which time it had doubled its size. The bowels were very much constipated, and she was obliged to take very frequently purgative medicines. Menstruation was irregular.

On examination, I found a large abdominal tumour, hard, obscurely fluctuating on the left side; the os uteri patulous, admitting the tip of the index finger. The sound passed two inches and a half.

On the 17th of January, she came up to London to put herself under my care. She was then suffering from severe abdominal pain, which had come on two days previously, and which had evidently been aggravated by a drive of ten miles in a carriage. She was suffering from an acute attack of inflammation, chiefly of the tumours. Under appropriate treatment, and after a good deal of trouble, she recovered from this, and was able to return into the country on the 5th of February to recruit.

After a month's stay at home, she returned once more for treatment in the beginning of March, and on the 5th was subjected to operation.

Assisted by Messrs. Philip Harper and B. Brown, jun., W. H. Platt, and Dr. Bantock, I made an incision six inches long, which was extended upwards an inch and a half more, after exposure of the tumour and separation of adhesions. The tumour was then tapped; between two and three quarts of coffee-ground fluid were withdrawn; and the remaining mass was extracted with vulsellum-forceps. This brought into view a flap of omentum adhering to the tumour. After separation, the clamp was applied to it, and the division effected by actual cautery; but finding that, in consequence of the fatty nature of the part, puckering of the seared edge was impossible, a ligature was subsequently applied to the large artery, which had not been closed. The pedicle (proper) was successfully treated by the clamp and cautery, and the wound closed by silver sutures.

After removal to bed, and recovery from the effects of the chloroform, she became very restless, and opium was freely administered *per rectum*. This had the desired effect, and she passed a good night. On the following day, she was able to take small quantities of beef-tea; and, with a good pulse, promised to do well. On the third day, the pulse became weaker; and her strength gradually failed, notwithstanding a

very liberal supply of stimulants and nutrients; tympanitis became rapidly developed; and, with a violent attack of vomiting, she died somewhat suddenly at 7 A.M. on the morning of the fourth day.

**CASE II.** *Multilocular Ovarian Tumour, four years' duration: Ovariectomy: Recovery.* Mrs. P., aged 54, first consulted me on the 21st of March. She gave the following history. She had been a widow for four years, and without issue. Menstruation gradually ceased, appearing for the last time at the death of her husband. Then the abdomen began to enlarge, and it gradually increased to its present size. She was not, however, aware of the nature of this enlargement until my examination. For two years she had suffered much from dyspepsia and constipation of the bowels, to the alleviation of which all treatment had been directed. Since November of last year, she had had several attacks of severe pain in the abdomen, and during the last four months she had become considerably thinner.

**EXAMINATION.** There was a multilocular ovarian tumour, part of which occupied the pelvic cavity, displacing the uterus to the left side, and pressing upon, so as to obstruct, the rectum. She had severe pain in the sacral region, and was unable to lie down, adopting a semi-recumbent position when in bed. Her features presented the usual characteristics.

The usual preparatory treatment was adopted; and, on the day of operation, I had the approval of Sir W. Fergusson.

The operation was performed on April 4th, 1866, in the presence of Sir W. Fergusson, Mr. Philip Harper, Dr. Wilkins of Melbourne, and Drs. Holt Dunn and Bantock; Dr. Wilkins giving chloroform. I made an incision four inches long, which, after exposure of the tumour and breaking down adhesions to the abdominal parietes, was enlarged to six inches. Fifteen pints of coffee-coloured fluid were drawn off, and omental adhesions were separated as the mass was being withdrawn. On complete extraction, a broad and thin pedicle, springing from the right side, was exposed; and the clamp and cautery were applied in the usual manner with complete success. The left ovary was seen to be the seat of cystic disease, which had apparently undergone calcareous degeneration. Careful examination of the portions of omentum which had been separated showed that there was no hæmorrhage; and they were returned, and the wound closed by nine silver-wire sutures. The tumour consisted of one large cyst, and a mass of smaller cysts, which occupied the pelvic cavity.

Two grains of solid opium were passed into the rectum within an hour, and small pieces of ice were occasionally given. At 10 P.M., a poultice was applied, and a beef-tea enema administered; and she was then turned on her left side, because the dorsal decubitus was irksome. Nutrients were carefully yet diligently supplied. On the third day, she enjoyed fish for dinner; on the fourth, fowl. Four stitches were removed on the same day, two on the fifth, and three on the sixth. She was outside the bed on the ninth day, was about her room within the third week, and returned home a long journey on the twenty-ninth day.

**CASE III.** *Multilocular Ovarian Tumour, three and a half years' duration: Ovariectomy: Recovery.* Mrs. K., aged 35, was admitted into the London Surgical Home on the 18th of April, 1866, recommended by Dr. Evelyn Crook of Wainfleet, Kent; married; two children, and one miscarriage. She first noticed enlargement of the abdomen three and a half years ago, which, she said, appeared and disappeared several times. During the last year, she had been steadily enlarging, more rapidly during the last



quarter. Menstruation was occasionally excessive in quantity during the last two years; formerly it was regular and normal. There was a good deal of emaciation. The uterus was of normal length. I diagnosed multilocular ovarian tumour.

April 19th. An incision about six inches long gave exit to ten pints of ascitic fluid. The tumour, being free from adhesions, was seized with vulsellum-forceps, and gradually withdrawn, bringing to view a very broad (about five inches) and thin pedicle springing from the right side. The clamp and cautery were applied with complete success, notwithstanding the great vascularity of the pedicle; and the wound was closed by thirteen silver-wire sutures. The tumour was excessively multilocular.

She was a little sick the same evening and following morning. A poultice at 10 P.M.; beef-tea enema every four hours as long as required from the first morning. On the second day, she had fish dinner; on the third, a chop. All the sutures were removed by the tenth day, and she left the Home on the 15th of May—viz., on the twenty-sixth day—having made a very good recovery.

CASE IV. *Fallopian Dropsy, about fourteen years' duration: Tapping four years ago: Operation: Recovery.* Mrs. C., aged 31, was admitted into the London Surgical Home May 4th. She had had three children, the last five years ago; one miscarriage a year later. At the age of seventeen, she "thought there was something wrong in the abdomen." Since her marriage, ten years ago, she had noticed a progressive increase of the abdomen, which became so large four years ago, that she had to be tapped, when fifty-six pints of fluid were removed. For more than a year there was no increase; but then it became very gradual, and had been steadily progressive up to the present time. The length of the uterine cavity was two and a half inches; menses regular; general health good. The diagnosis was Fallopian dropsy.

May 10th. An incision about four inches long exposed a thin-walled cyst, which I emptied of ten pints of straw-coloured fluid, and then withdrew; when it was evident that it had resulted from a distension of the left Fallopian tube, to which was attached its corresponding ovary, in a state of cystic disease. The clamp was then applied, and the pedicle divided in the usual way by cautery, posterior to the ovary. The wound was closed by silver sutures.

As regards the after-treatment and progress, it is only necessary to say that she recovered without a single dose of medicine, and left the Home on the sixteenth day.

CASE V. *Multilocular Ovarian Tumour, four months' duration: Ovariectomy: Recovery.* Miss M., aged 45, came under my care in the beginning of May of this year, having been brought to me by her sister. She gave the following history. "She had noticed her abdomen enlarging for four months, but was unaware of any tumour. Menstruation was very irregular during the last six or eight months. She had not suffered from pain."

On examination by palpation, I readily found a tumour, which an exploring trocar and cannula proved to be ovarian. The uterus was of normal length; her general health was very good. The circumference at the umbilicus was three and a half inches. The abdominal walls contained a very large amount of fat.

Cheered and encouraged by the success of her sister's case, she readily decided to submit to operation. After a period of preparatory treatment, I operated on the 4th of May, assisted by Mr. Philip Harper, Mr. Davies, Drs. Holt Dunn and Bantock. Dr.

Charles Kidd gave chloroform. The only features worthy of notice were the enormous thickness of the abdominal parietes, which contained a layer of fat two inches thick; and the large size of the pedicle, which was treated by clamp and cautery with perfect success. The tumour, which was multilocular, contained twelve pints of a pale fluid in one large cyst. Several superficial sutures were also employed, in addition to the deep.

This patient recovered without a bad symptom. All the sutures were removed on the fifth day; she was outside the bed on the twelfth; in the third week, was about her room; and she left her apartments quite well and strong on the 28th of June. Previously to her return home, she was in the habit of going out to walk daily for about a fortnight.

CASE VI. *Multiple Ovarian Tumour: Ovariectomy: Recovery.* Mrs. C. L., aged 29, was admitted into the London Surgical Home on the 21st of May. She stated that she had had several children, one still-born about seven months ago; that she did not notice any enlargement till after her last confinement, but had felt abnormally heavy during her pregnancy. The menses were regular, and her general health good. The circumference at the umbilicus was thirty-five inches.

May 24th. The operation was very simple, and free from all complications. The pedicle was divided by the actual cautery. The tumour presented an example of the multiple form, and consisted of a large cyst containing an immense number of very small cysts, with about twelve pints of dark fluid.

In a fortnight, this patient was outside her bed; but an abscess, which formed in the parietes, interrupted her convalescence. She, however, made a good recovery, and left the Home on the 14th of June.

CASE VII. *Multilocular Ovarian Tumour, thirteen years' duration: Tapping and Pressure: Enlargement after seven years: Repeated Tappings: Ovariectomy: Recovery.* Mrs. B., aged 43, a widow, and mother of eight children, came under my care ten years ago, suffering from an ovarian tumour. I tapped and applied pressure, as then advocated by me, with the effect of arresting the further development for seven years, although there remained a multilocular mass in the pelvic cavity. Three years ago, the tumour having grown to an inconvenient bulk, I again tapped her, removing seventeen pints of fluid. Since then I tapped her twice more. Re-enlargement speedily followed; and I then recommended ovariectomy, to which she readily consented. She was considerably emaciated, and her health was being gradually undermined. On the 28th of May, she entered the Home; and, having already undergone preparatory treatment, I operated on her on the 1st of June. There were present, Dr. Dewees, of New York; Dr. Hubbard, of Newhaven, Connecticut, United States; Dr. Charles, of Calcutta; and several other strangers and foreigners. The operation occupied only a few minutes. There were no adhesions, with the exception of one to the omentum, which was divided by actual cautery. Twenty-three pints of fluid were withdrawn; and the pedicle, which sprang from the left side, was divided also by actual cautery, and the wound closed by silver sutures.

In two days she was quite convalescent, and recovered without a bad symptom, leaving the Home on the 22nd of June.

CASE VIII. *Multilocular Ovarian Tumour of about ten months' duration: Tapping: Ovariectomy: Recovery.* Esther H., aged 29, was admitted into the London Surgical Home on the 30th of May. Ten months previously, she fell heavily on the belly, and shortly afterwards noticed, for the first time, swell-



ing in the left iliac region. This quickly enlarged, and in nine months she was tapped of four quarts of dark coloured fluid. She measured thirty-eight inches; and the tumour was rapidly refilling. The menses were regular; her general health was good.

June 7th. On exposure of the tumour, ten pints of clear fluid were evacuated. The mass was withdrawn, the pedicle treated in the usual way by clamp and cautery, and the wound closed by silver sutures. The tumour consisted of one large cyst, with a mass of smaller, and weighed thirteen pounds in all.

There was troublesome sickness after the operation; but she made an excellent recovery, and left the Home on the 25th of June—viz., the nineteenth day after operation. In this case, also, a small abscess formed in the parietes, and, bursting into the line of incision, somewhat interrupted her convalescence.

CASE IX. *Multilocular Ovarian Tumour, very vascular, of seven years' duration: Ovariectomy: Recovery.* Mrs. S. B., aged 36, was admitted into the London Home on June 5th. She had had six children, and one miscarriage. Her youngest child was six months old. Seven years ago she first noticed a swelling in the left iliac fossa, of about the size of an orange, which remained in the same condition, and did not increase, till twelve months ago, when it began to increase in size. She was now inconveniently large, the abdomen being round and prominent. The tumour was very mobile and unadherent; the uterus was retroverted. The diagnosis was, multilocular ovarian dropsy.

June 14th. The tumour, having been exposed, was tapped, and eleven pints of dark coffee-coloured fluid withdrawn. The pedicle, which was long and vascular, was secured by clamp, and divided by actual cautery without hæmorrhage.

This patient suffered a good deal from sickness, evidently the result of the irritation attending the formation of an abscess at the umbilicus, which burst out in the line of incision. An abundant crop of aphthæ formed in the mouth and fauces, etc.; but under appropriate treatment she gradually recovered. For about a fortnight she was chiefly sustained by beef-tea enemata. She left the Home on July 14th, just one month from the date of the operation.

CASE X. *Multilocular Ovarian Tumour of a year and a half's duration: Ovariectomy: Recovery.* Mrs. S., aged 47, was admitted into the London Surgical Home on June 12th, from Norfolkshire. She had had three children and one miscarriage. Sixteen months ago she first detected a small swelling in the left groin, which gradually increased and led her to suppose herself pregnant. She had no pain; and, having passed through the normal period of pregnancy, she was examined by her usual medical attendant and recommended to place herself under my care. The menses were regular, but scanty; general health tolerably good; os very patulous; a sound could not be passed. The tumour was merely an inconvenience to her at present; but she was anxious for its removal.

June 21st. On exposure of the tumour in the usual way by an incision about six inches long, I removed nine pints of a drab-coloured fluid by hollow trocar; and, seizing the clamp by vulsellum-forceps, extracted it, there being no adhesions. The pedicle being about six inches broad and very thick, was pierced in the middle for the passage of the clamp, and the two halves were secured in separate clamps and the divided surfaces secured. At the line of division into two halves, there was a small extent of open surface; two silver sutures were here applied, and the wound was then closed.

The wound healed by the first intention, and she made an excellent recovery, although somewhat hindered in getting about by the formation of a rather large slough, resulting from a burn of the integuments at the bottom of the incision and on the left side. This was merely an accident.

CASE XI. *Multilocular Ovarian Tumour of seven months' duration: Tapping: Ovariectomy: Recovery.* About the middle of June I was called into the city by Mr. H. Taynton, to see Miss S. H. I found the patient to be 24 years of age, exceedingly emaciated, with a very anxious expression of countenance and hectic flush, unable to lie down, and altogether giving abundant indications of the very serious nature of her condition. She stated that nine months previously she noticed enlargement of the abdomen, which she attributed to constipation; that a fortnight ago she had been tapped by Mr. Taynton (who was then present), and that the tumour was very rapidly regaining its original size. I found the abdomen very tense (the integument almost shining), and occupied by a tumour not very multilocular. She had a great deal of pain and suffered very much from dyspnoea on lying down. The menses were regular till six months ago, when they became too frequent and abundant. I prescribed my usual tonic in such cases; and, her father being a poor missionary in the city, I recommended her to enter the Home. She did so on June 23rd, and was submitted to operation on the 28th.

There were very general slight adhesions to the abdominal parietes; ten pints of straw-coloured fluid were removed, and, on extraction of the mass, the clamp was applied to the pedicle, which sprung from the right side. On removing the clamp, blood burst forth from a large vessel, which was at once secured by a double ligature embracing the whole pedicle. The wound was then closed by silver-wire sutures, avoiding the peritoneum in applying them.

This patient made a most excellent recovery; the wound healed by first intention; all the sutures were removed on the sixth day. She left her bed on the 12th day, and the Home on the 23rd day.

I have to add that this patient was supported in every possible way from the beginning.

CASE XII. *Multilocular Ovarian Tumour, a year and a half's duration: Ovariectomy: Death.* Mrs. McH., aged 55, was admitted into the Surgical Home July 14th. She had had eight children and two miscarriages. She ceased to menstruate four years ago. Eighteen months ago she first thought there was some swelling of the abdomen. During the last six months she had complained of pain in the back and right iliac fossa, and had been sensible of a tumour in the right side. Her general health was good; she was, however, readily fatigued, and was subject to attacks of faintness. She measured thirty-eight inches in circumference at the umbilicus. There was a tumour in the abdomen, inclining to the right side, fluctuating in part, apparently consisting of a large cyst on the left and a mass of smaller cysts on the right; puncture by a fine exploring trocar and cannula gave exit to the ovarian fluid. The uterine cavity measured three inches.

July 19th. An incision about six inches long exposed the tumour, which, being free from adhesions anteriorly, was emptied of four pints of opaque milky fluid, and withdrawn by vulsellum-forceps. This exposed a small extent of adhesion of omentum, to the posterior aspect of the tumour, which was readily broken down. The clamp was then applied to the pedicle, which arose from the right side, and division effected by the cautery. A glance at the omentum was enough to recognise a peculiar condition of that structure. On closer examination it was found that



the two layers composing it had become separated, and the space thus formed was occupied by a transparent fluid, which was pressed out. The parts were then returned. On removing the clamp, blood issued in a full stream from two large arteries, one near each extremity of the divided and seared edge. A ligature of twine was at once applied to each, and the stump returned. The wound was finally closed by wire sutures.

The patient appeared to be doing well till the 21st, when tympanitis came on; tongue dry and brown; pulse 103, soft and weak; no pain. 23rd. Tympanitis increased; rectum with difficulty retaining the beef-tea enemata; wound looking unhealthy. On the 24th, I removed the sutures and gave exit to a small quantity of fetid grumous matter; but she continued to grow worse, and died at 4.20 A.M., on the following morning.

**POST MORTEM EXAMINATION.** There was no union in the line of incision; general peritonitis of a low form, with deposit of yellowish lymph in every favourable site, and almost universal slight adhesion of all opposing surfaces. No blood had escaped from the seared surface of the pedicle not included in the ligatures. The left ovary contained a cyst as large as a hazel nut, and numerous very small ones. The right side of the heart was full of blood, and contained a clot, which in the ventricle had moulded itself into the interstices formed by the columnæ carneæ and muscoli papillares, and extended into the pulmonary artery beyond the first division, forming a complete cast of the vessel. The left side of the heart was empty. There was hypostatic congestion of the lungs.

**CASE XIII.** *Multilocular Ovarian Tumour of two years' duration: Ovariectomy: Death.* E. S., aged 17, recommended by Dr. Woodfall of Maidstone, was admitted into the Surgical Home, on July 16th. Two years ago she felt a hardness in the right iliac fossa, of the size of a hen's egg, which had continued ever since to increase, growing very rapidly within the last three months. The menses had never appeared; the bowels had always been regular and the appetite good; the bladder was irritable, and she had a frequent desire to micturate. She now suffered from dyspnoea on exertion.

On examination, there was found a very hard irregularly formed non-fluctuating tumour, which presented many of the characteristics of fibroid disease of the uterus; but which, on puncture by an exploring trocar, yielded a very small quantity of ovarian fluid. The diagnosis was, therefore, multilocular ovarian tumour of a very bad form. The patient was much emaciated, and her health was evidently being rapidly impaired. The uterine cavity measured two inches and three-quarters, and her circumference was thirty-four inches and a quarter at umbilicus.

July 19th. Having made an incision about four inches long, and ascertaining the nature of the tumour and the absence of adhesions, I enlarged the opening to seven inches, plunged a hollow trocar into the mass, and gave exit to about six pints of opaque greyish fluid chiefly from one or two large cysts, on the posterior aspect of the tumour; then, seizing the latter by vulsellum-forceps, I extracted it slowly and carefully. It was then apparent that the pedicle proceeded from the left side, and that there was a very strong adhesion to the right broad ligament. To the former the clamp was applied, and to the latter a ligature of twine. On removal of the mass by the knife, the cautery was applied to the pedicle in the usual way, with complete success notwithstanding its great vascularity. The band of adhesion to the broad ligament was so low in the pelvis that it was impossible to

apply the clamp, and therefore I employed twine ligature. Finally, the wound was closed by silver suture.

Sickness came on soon after her return to bed, and continued troublesome; the pulse, though rapid, was of good strength. Beef-tea injections were begun the same evening. On the following morning she was evidently failing; the pulse became weaker and more rapid; sickness became more troublesome, and forbade the administration of stimulants by the mouth; towards evening the respiration was embarrassed, and she died at 11.20 P.M.

**POST MORTEM EXAMINATION,** nine hours after death. There were signs of commencing adhesion of the lips of the incision; the peritoneum for the breadth of an inch or more along the whole length of incision was ecchymosed; about a pint of bloody serum was taken out of the cavity, and coagulated blood in two clots about the size of half a walnut. The pelvic peritoneum was congested, and the neighbouring small intestines injected and mottled. On the left side, the greater part of the ovary remained in a state of cystic degeneration, and presented no signs of hæmorrhage from the line of division. On the right side, it was satisfactorily made out that the connection of the tumour was of the nature of an adhesion to the broad ligament, which supplied an artery as thick as a crow-quill; the cut surface was occupied by coagulated blood, and it was evident that this was the source of the coagula found loose. The right ovary was intact, but the seat of cystic disease, and was two inches in length.

**REMARKS.** The preceding thirteen cases of completed ovariectomy constitute the third series of cases in which the pedicle has been treated by the actual cautery, and of which two series of twelve and eleven have already been given to the profession within the last twelve months in the *Lancet* and in the *Transactions* of the Obstetrical Society of London. Of the whole number, thirty-six, five have died: two in the first two series and three in the third. On analysing these cases, we find that, with one exception, death occurred only in such as had been treated by ligature in addition to the cautery. In this death was due to hæmorrhage from the site of an adhesion to which neither the cautery nor ligature could be applied. In all the others a ligature had been used in addition to the cautery. I have, therefore, abundant reason to conclude that the cautery is preferable to all methods hitherto adopted; and, from the results in other cases, that failure of the cautery does not interfere with the proper application of the ligature, nor lessen the chances of success. I should not omit to say that great care should be exercised in having the clamp properly made; and it is worthy of remark, that the last case of failure was apparently due, almost, if not altogether, to the fact that the roughened surface had been worn down by repeated use, the pedicle being at the same time exceedingly vascular. To avoid this result, the rough surfaces should therefore be occasionally renewed.

**THE HEAD QUARTERS OF DRUNKENNESS.** Liverpool has been pronounced the most drunken town in England. And it is true. Its extreme drunkenness arrests the attention of the judges, its pauperism weighs heavily upon the ratepayers; its rate, fifty-six per thousand, appalling. The drunken cases dealt summarily with by the magistrates are set down at the annual rate of one in thirty-three of the population. The habitual drunkards, in their periodic appearances before the bench, form an endless chain of besotted creatures. According to the recently published judicial statistics there are 3,100 habitual drunkards in Liverpool, and they are about equally divided as to sexes. (*Liverpool Albion.*)



# Original Communications.

## ON EPITHELIAL CELLS CONVEYING CHOLERA.

By JOSEPH BULLAR, M.D., Physician to the Royal South Hants Infirmary.

THE invaluable researches of Snow and Dr. W. Budd, showing that the contagion of cholera is conveyed in the secretions from the intestines, give a new interest to the microscopical examination of these secretions, for in them must the morbid poison be found. And, though it was well known that these rice-water secretions contained epithelium, the recent careful examination of these epithelial cells by so practised a microscopical pathologist as Dr. L. Beale renews attention to their importance.

In another contagious disease, epithelial cells are cast off in large quantities, and are believed to convey the contagion of that disease. In scarlatina, the epithelial cells are cast off from the whole surface of the skin; in cholera, from the intestinal mucous membrane; and the question presents itself, Are not these epithelial cells, in cholera as well as in scarlatina, the vehicles of contagion?

The common belief is, that the most contagious period in scarlatina is when the desquamation of the cuticle begins, and that the patient continues to be in a condition to infect others as long as this state of the skin lasts. According to our present pathology, this signifies that the epithelial cells of the skin from one person suffering from scarlatina, when introduced into the body of another who has not had the disease, will produce it, and that epithelial cells can be so introduced by inhaling or swallowing them.

The researches of microscopists, and especially the recent researches of Dr. L. Beale still in progress, show that so abundant is the desquamation from the intestinal mucous membrane of the columnar epithelium in cholera, that (as Dr. Beale observes) the whole of the villi, from the cardia to the ileo-cæcal valve, may be deprived of their outer coating, like the skin after a burn. This columnar epithelium is found in the rice-water stools, and more abundantly (as Dr. Parkes described many years ago) in the intestines themselves after death.

The evidence that these rice-water stools will produce cholera, if they contaminate the water which is drunk, is so strong as to have obtained general credence. By direct experiments, also, "Lauder Lindsay, Marshall, Thiersch, and Meyer, have succeeded in communicating cholera to dogs and cats, chiefly through the rice-water evacuations of cholera patients" (Aitken).

The analogy of scarlatina, and our present knowledge of cell physiology and pathology, point to the epithelial cells in the rice-water stools as the active agents in conveying cholera.

That the poison of scarlatina was conveyed by the epithelium of the skin, was a practical fact known and acted up to long before the true structure and physiology of cells were understood.

We now know that an epithelial cell consists of a cell, a nucleus, and granules; that such a cell is the simplest form of gland; and that cells so organised are the real agents in secretion. Besides secretion, such a cell has the power of producing other cells, and thus is a perfectly fit organ for containing a

morbid secretion; for secreting it, for indefinitely multiplying it, and, from its minuteness and numbers, for conveying it. The whole surface of the body is covered by epithelial cells. The whole interior surfaces are lined with them; and they are incessantly desquamating. New cells are incessantly generated beneath the old ones, which are thus pushed to the surface and removed in the air and in the various fluid excretions. In this way, our bodies are always moulting and incessantly renewed. The dry epithelial cells of the skin are got rid of in the air in such multitudes, that they may be caught in numbers in all close rooms where human beings congregate. "Epithelial cells" (writes Dr. Parkes) "are found in all ill-ventilated rooms. They were first detected by Dundas Thomson in the air of a cholera-ward in 1849 and 1854. I have examined the air of various barracks and military hospitals, and have detected large quantities of epithelium from the skin." (*Manual of Hygiene*, p. 70.)

We know that morbid poisons, as variola and the vaccine virus, may, in a dry state, be preserved for months, and, when moistened, regain their active power. Scarlatina seems to prove that its dry epithelial scales, retained in clothes in cupboards for weeks, preserve their vitality, and when received into a living body reproduce the disease. And there are cases of cholera of a similar kind. The last fatal case of cholera in Malta in the epidemic last year occurred some weeks after the disease had wholly ceased. The woman who died of it had secreted the clothes of a cholera patient for some weeks and had then worn them, and was attacked by cholera, which killed her.

The recent experiments of Dr. Bence Jones show how readily and rapidly the whole body is permeated with a single dose of some medicines. He finds quinine in cataracts removed by Mr. Bowman an hour after a small dose of quinine had been swallowed. It is no marvel, then, that every epithelial cell may be permeated with the scarlatina-poison, or any morbid poison affecting the whole system, and be the means, from its structure and powers, of conveying and multiplying the disease.

The poison of cholera is conveyed by the air as well as by water. The fact which struck Dr. Alison is very conclusive. A division of healthy troops going up the Ganges in boats were attacked by cholera as they passed to leeward of a village suffering from cholera without communicating with the shore. And another wing of the same regiment following them suffered in the same way. (Aitken.)

Two instances have been related to me proving the same. Mr. W. B. Shorto was acting surgeon to a passenger steam-ship when cholera was epidemic at Alexandria last year. The vessel arrived off Alexandria at five in the morning. There was no communication with the shore; but by nine o'clock there were twenty-five cases of choleraic diarrhoea among the crew, who were previously quite free from it. Col. Rigby, who was Her Majesty's Consul at Zanzibar, informed me that, when the cholera was very fatal there, several slave-ships at sea were attacked with it at the same point sixty miles south, when the north-east monsoon was blowing. This has been explained by the dry secretions from the bowels, or cholera-dust, being conveyed by the air. Is not cholera-dust epithelium?

The double vehicle of contagion of cholera, air and water, explains many phenomena. It is well ascertained that, when cholera is epidemic in an ill-drained town, few escape diarrhoea—which has been well called cholérine. As two circumstances, at least, must meet to produce cholera—the seed and the soil—the germ and the nidus—the cholera-poison



and the previous contamination of the blood by bad air, bad water, bad food—this general “cholérine” may be owing to the diffusion of the epithelial cells in the air, and the mildness of the majority of cases to the smallness of the dose.

As Nature's operations are simple and uniform, we should expect her to act by the same means in the same class of diseases; and that those contagious diseases in which the skin is affected, and those in which the mucous membranes of the lungs and of the intestines are the diseased tracts, would convey their contagion also by the epithelial cells of the skin or of the mucous membranes—that measles, small-pox, erysipelas—in all of which the vital properties of the inflamed skin are highly excited, and consequently the growth of the epithelial cells largely increased—would convey their contagion by the epithelial cells of the skin; whilst influenza, pertussis, catarrh, would be propagated by the epithelial cells of the respiratory tract, and typhoid fever by those of the digestive tract. The analogies between typhoid fever and cholera, the poison of both being conveyed by the secretions from the bowels, have been proved by Dr. W. Budd. Another striking analogy would be the conveyance of the poison in both cases by the epithelial cells of the intestines.\*

Thus morbid epithelial cells of the skin would produce contagious skin-diseases; of the lungs, bronchial affections; of the intestines, diseases of the intestinal mucous membrane, like cholera and typhoid fever.

To sum up. It is admitted that the poison of scarlatina is conveyed by the epithelial cells of the skin, which desquamates freely, and that these dry cells retain their active power for some time, and when introduced into the body may propagate the same disease. In cholera, as in scarlatina, a similarly abundant desquamation of epithelial cells takes place, not from the skin, but from the intestines; and as it is by the excreta loaded with these cells from the intestines that the poison of cholera is chiefly conveyed, the inference is fair that, in cholera as in scarlatina, the poison is conveyed by epithelial cells.

I am not unaware of the deficiency of this view in proof sufficient to establish a fact relating to matter; and also of the difficulties in bringing such evidence in vital processes. It is an hypothesis explaining the several facts of contagion, and in accordance with our more advanced knowledge of cell pathology. But Lord Bacon said “*Prudens quaestio dimidium scientiae*”; or, as Coleridge rendered it, “the forethoughtful query is the *prior* half of the knowledge sought.”

## PARALYTIC ECTROPIUM SUCCESSFULLY TREATED BY OPERATION.

By HAYNES WALTON, Esq., Surgeon to the Central London Ophthalmic Hospital, and to St. Mary's Hospital.

ECTROPIUM, or the turning out of an eyelid, is certainly one of the serious affections of the ocular appendages; but it is by no means so common as the opposite state, entropium, or the turning in of the lid. In aggravated cases, and especially when both eyelids are everted, the eyeball may suffer from exposure and want of necessary moisture. In the ordinary, or less severe states, and where only one

eyelid is everted, disfiguration and flowing of the lacrimal secretion over the cheek are the immediate evils. But in every degree there is a remote risk of injurious effects of inflammation of the eyeball, from inability of the eyelids to wipe off or brush aside intruding particles. The exposed palpebral conjunctiva is always unnaturally and highly vascular, and so is frequently the ocular also.

The causes of ectropium may be referred to three classes. The first class includes abscesses about the orbit, usually at the circumference; burns, scalds, chemical injuries, ulcerations, either simple or specific, as from syphilis, lupus, sloughing after erysipelas, wounds, contusions, and surgical operations.

The second class includes eversion from disease, and thickening of the conjunctiva without tarsal disease.

The third class is ectropium from palsy of the portio dura—hemiplegia facialis, by which the orbicularis palpebrarum muscle, among those that are palsied, no longer acts, and the power of closing the eye is lost; the upper eyelid cannot be depressed, while the lower falls down and turns outwards, becoming more everted in process of time. There are degrees of the paralysis here, just in fact as is witnessed in paralytic affections in other parts of the body.

The paralytic ectropium, the only one of which I shall treat, is the rarest of all. I am induced to make it the subject of a short communication, because I have lately treated a marked example most successfully by operative surgery; and I am not aware of any recorded instance of similar practice; nor do I know of any case having been so treated.

A gentleman, aged 24, was sent to me by Mr. R. Reid, in January of this year, on account of a distressing and increasing ectropium of the left lower eyelid from facial paralysis on that side, which occurred in childhood. It is unnecessary to speak of the condition of the face. The ectropium produced much deformity, as the margin of the eyelid was very much depressed, and the conjunctiva was thickened and projecting, and very vascular. But a more annoying result was the constant flow of tears and mucous secretion over the cheek, roughness of the skin, and some excoriation.

After a short examination I was convinced that I could render essential benefit, and my patient readily assented to my proposal of treatment.

Chloroform having been given, I removed a strip of the diseased conjunctiva along the entire length of the eversion; and I may mention that I effected this by making two incisions with a scalpel, in the form of an ellipse, and dissecting away the isolated bit. It is by the contraction that ensues from this loss of substance that the eyelid is braced up, and in ordinary cases of ectropium I generally excise as much of the conjunctiva as is permanently exposed, and that effects the desired end. But here the lengthening of the tarsus, and the total loss of muscular support to it, required something more to be done; and also, the undue raising of the upper eyelid was another obstacle to success. To overcome these complications, I shortened both tarsi by removing a portion of each at the outer canthus, taking away conjunctiva as well, and brought the wound together by stitches.

It is not necessary to give a detailed account of the progress. It will answer every purpose merely to tell that the repair was rapid, and as effectual as it was possible. The eyelids are nicely bound up, and the stare arising from the prominence of the eyeball, and the exposure of it is almost overcome; so little indeed remains, as not to be noticed by a casual observer. The punctum lacrymale in each

\* In the loose secretions from the bowels of a patient in advanced typhoid fever, which I examined to-day, these were nucleated cells in abundance, with columnar epithelium. For the sake of science, may I express the hope that Dr. L. Beale will extend his searching examinations to the intestinal secretions in typhoid fever.



eyelid having been returned to its proper position, the tears are thoroughly conveyed away through the proper channels. Withal, there is no trace nor mark of the use of the scalpel.

## Transactions of Branches.

### SOUTH-WESTERN BRANCH.

ON RECENT IMPROVEMENTS IN SURGERY.

By WILLIAM PAUL SWAIN, Esq., Surgeon to the Royal Albert Hospital, Devonport.

[Read June 20th, 1866.]

In the very short space of time which is allotted to me, it cannot, of course, be expected that the remarks I am about to address to you should be of a very elaborate nature, or that they should range over a large number of subjects. I shall endeavour to lay before you, as concisely as possible, some of the most recent improvements in surgical procedure, illustrating my remarks, as far as I can, by the exhibition of the surgical instruments to which reference will be made.

Noticing first in order ophthalmic surgery, I would draw your attention to the suction-curette, introduced by Mr. Pridgin Teale, jun., of Leeds, by which soft cataracts, either congenital or traumatic, are removed with great facility. The pupil being dilated with atropine, the anterior capsule is lacerated with a needle, an opening is then made at the edge of the cornea sufficiently large to admit the point of the curette, and the lens-matter sucked out. The results, after the use of this instrument, are most satisfactory.

The operation for extraction of the lens by flap-operation is less frequently performed than it was. The modification made by Mr. Bowman and Mr. Critchett in Schuett's spoon, enables the operator to remove even hard amber senile cataracts by traction. The old shaped spoon was of such dimension that it was difficult to insinuate it behind the lens, without rupturing the hyaloid membrane, and thus allowing vitreous humour to escape. The iris was also frequently bruised, and other damage inflicted on the tissues of the eye, which often resulted in the unfavourable termination of the case. The scoop now used is of much smaller dimensions, and avoids all the evils I have mentioned. The advantages this operation possesses over the old flap-extraction, are, that chloroform may be given with safety, and that confinement to bed is seldom required after the second day, as the corneal wound heals very rapidly.

Passing on to the consideration of general surgery, I would call your attention to some cases of excision of the entire tongue, or a portion of it, which have been performed by Mr. Syme of Edinburgh and Dr. Buchanan of Glasgow. Some eighteen months ago, Mr. Syme removed the entire tongue from a patient affected with epithelial cancer of that organ. Twelve months after the performance of this operation, Mr. Syme reports, that the patient is in perfect health, can articulate well, sing without difficulty, and swallow finely divided food and fluids with great ease.

Dr. Buchanan, twelve months ago, excised one lateral half of the tongue with perfect success; and reports a case of excision of the entire organ, the patient sinking on the ninth day from pyæmia. Cancer

of the tongue is one of the most fearful maladies with which the surgeon has to contend. I hardly know of any disease which brings such horrible concomitants in its train. Constitutional and topical remedies alike fail to arrest its progress. A lingering and a painful death is its sure result. To surgeons, then, and especially to those in charge of hospitals, it is a matter of congratulation, that the knife does sometimes effect a cure; and I trust that further experience of this operation will warrant its more frequent application.

Another form of disease, not so frequently met with, but most painful and distressing in its effects, is closure of the jaws by rigid cicatrices in and about the mouth, the result frequently of sloughing after fever. This condition has been remedied by Mr. Holt, of the Westminster Hospital, in one case, by simply separating the tissue of the cheek from the lower jaw, and sawing through a dense mass of new bone which had been thrown out between the alveoli of the upper and lower jaw; the adhesions being prevented from again taking place by the introduction of metal shields. In another case, Mr. Heath, of the same hospital, performed the operation advocated by Professor Esmarch of Kiel; viz., that of cutting out a wedge-shaped piece of bone and forming a false joint. I saw this case at Plymouth not long ago, and can testify to the satisfactory amount of movement the girl now possesses.

Laryngoscopy has now been sufficiently before the profession to require little remark from me. I introduced the subject in order that I may show you the instrument I am in the habit of using, which I believe to be the simplest and best. Dr. G. Johnson has kindly lent me the small instrument he uses to remove pendulous tumours. The tumour is caught in a loop of fine wire, and by drawing back the trigger it is strangulated and torn off.

Before quitting the throat, I would just show you this tracheotomy-tube, which I have found very easy to introduce. I believe the most difficult part of the operation of tracheotomy is the introduction of the tube through the incision in the trachea. In this tube, when the inner one is removed, the outer one may be pinched up to a fine wedge-shaped point, which very much facilitates its introduction. You have doubtless seen reported in the *Lancet* of June 9th a curious case of death from hæmorrhage on the fifth day after tracheotomy; the hæmorrhage being produced by ulceration into the innominate artery. The accident was caused by the inner tube presenting a sharp point to the trachea, which caused the ulceration. In the tube I show you the edges are so turned that an accident of this kind could not happen.

The question of tracheotomy in croup is one which, I have no doubt you will agree with me, is very difficult to decide. I cannot, of course, now enter upon it fully; but I would suggest that, in cases of rapid exudation, where air very imperfectly enters the lungs and symptoms are urgent, the insertion of a tube into the trachea frequently affords rapid relief and the only chance of salvation for the patient.

In amputations of the lower extremity, many improvements have taken place. The application of compression to the abdominal aorta, in amputation at the hip-joint, has deprived that formidable operation of its great danger; viz., hæmorrhage in the posterior flap from branches of the internal iliac. A clamp has been invented by Professor Lister of Glasgow, by which the circulation through the abdominal aorta may be completely controlled. In a case of my own, where I amputated at the hip-joint for encephaloid disease, the abdominal aorta was very effectually compressed by hand; but the use of this



clamp is far safer, and prevents the occurrence of any arterial hæmorrhage at all.\*

The usual flap-operation in the thigh is beginning to lose favour. It is found that the traction of the long ham-string muscles coming from the pelvis drags the cicatrix over the end of the bone, and that painful conical stumps frequently result from this method of amputation. I am very partial to Teale's amputation by rectangular flaps, provided the thigh be not very muscular, when it necessitates a too high division of the bone. But, in cases of disease, where the limb is generally much attenuated, the rectangular flaps are very successful. Below the knee, I am adverse to this method; the anterior flap is so long and thin, that sloughing sometimes takes place, as it did in the last case in which I performed this amputation. I have turned out admirable stumps by dissecting up two equal semilunar flaps of skin only, one anterior and the other posterior, dividing the muscles down to the bone, at the point where the tibia and fibula are to be sawn through. I may say that our after-treatment of amputations at the Royal Albert Hospital is of the simplest. The stump is placed on a broad curved splint covered with oil-silk, and retained by a turn or two of bandage. No dressing of any kind is applied to it, nor is it in any way interfered with, except to wipe off the discharge from the splint. I have given up the use of wire-sutures, as being very painful to remove, and offering no advantage whatever over silk.

The treatment of stricture of the urethra has of late years undergone considerable change. From my own experience, and from the wonderful success which has attended his plan of treatment, I am inclined to adopt Holt's plan of treatment by rupture, whenever it is practicable to do so. The rapidity with which the worst cases of stricture are thus cured, and the immunity from subsequent ill effects, is a great recommendation for Holt's method. I do not think, however, that it promises a longer freedom from return. In three of my cases, I know that relapse has taken place in periods varying from four years to six months.

Mr. Henry Thompson, a short time ago, communicated to me a plan of treatment, which he has since published in the *Lancet*.† He remarks that the spot where stricture most frequently occurs, is at that portion of the urethra which is nearly double the diameter of the meatus. If, then, you simply dilate the strictured portion to the same size as the meatus, you but half dilate the stricture. In such cases, he uses his own dilator (which I show you) to over-dilate the strictured portion up to about No. 16. By this stretching, the elasticity of the tissues is destroyed and recontraction prevented. Whilst on urethral disease, I must allude to the medicated soluble bougies lately introduced by Mr. H. Thompson in the treatment of gonorrhœa and gleet. I show you some which I have obtained. The bougie is introduced into the urethra, and a strip of plaster placed over the meatus. It dissolves in six or seven minutes; and the preparation permeates every portion of the canal, entering all the rugæ and lacunæ, and thus effectually attacking the disease.

Perhaps the most startling innovation in surgery of late years has been the introduction of ovariectomy. Our old notion, that it was death to the patient to interfere with the peritoneum, has been somewhat rudely swept away by the wholesale manner in which it is now cut through, and burnt through, and

mopped out with sponges. The wonderful success of ovariectomy, in affording a perfect cure in a vast number of cases for what was, only a short time ago, a hopeless condition of disease, is a matter of deep congratulation to the profession. One of the greatest improvements in the method of performing this operation, is the separation of the pedicle by the cautery-clamp introduced by Mr. Baker Brown. This step in the operation is thus performed. The clamp being applied to the pedicle, the cyst is divided a few inches above it. The assistants then hold up the cut end with forceps, and the operator severs the pedicle with the red hot cautery-knife on a level with the surface of the clamp. There is considerable heat given out, and the parts must be protected with wet flannel. Any fatty exudation during the burning must be carefully wiped off, as if it enters the cavity it is apt to produce mischief. In taking off the clamp, great care must be used not to touch the seared edge of the pedicle. It must be allowed to fall back gently into the cavity. Mr. Baker Brown tells me, in a letter I received from him the other day, that he has now employed this plan in thirty-two successive ovariectomies, and that out of this number he has had twenty-nine recoveries.\*

I also show you some tubular needles used by Mr. Baker Brown in vesico-vaginal fistula. The needle is first passed, and then the wire is threaded, the needle being then drawn back over the wire. By this means, all dragging on the wound is avoided.

Of the use of hypodermic injections of morphia I can speak most highly, from considerable experience. The great drawback I have found to its use is the difficulty to get patients to give it up when once they have become accustomed to the practice. I use the following solution:—Morph. acet. gr. x; acid. acet. fort. ℥x; aq. destil. ℥i, neutralised with a few drops of liquor potassæ, which takes away the pain caused by contact of the strong acid with the cellular tissue. Every drop thus contains one-sixth of a grain of morphia.

The application of a solution of chloride of zinc, forty grains to the ounce, to the surface of wounds, immediately after operation, is a new feature in surgery, for which we are indebted to Mr. De Morgan, of the Middlesex Hospital. Its effect is to check suppuration, and cause healing by the first intention. This, in a London hospital, is a point of great importance. It is asserted to be specially useful after operations for the removal of cancer, in that it prevents the return of the disease. Mr. Moore and Mr. Lawson have also been using, with very good results, chloride of zinc paste, in cases of cancer of the orbit, by which that portion of the disease which the knife and bone forceps could not remove was destroyed.

The short remaining time I have I shall devote to the consideration of the endoscope, which I have much pleasure in showing you. This instrument has been reintroduced to the surgical world by M. Désormeaux of Paris, and perfected by Dr. Cruise of Dublin. It consists of a lamp, the rays of which are directed by a lens upon an oblique perforated mirror. This mirror is set in a tube, to which an eye-piece is attached at one end, and to the other end is fitted the long tube for examination. If the urethra be the part under examination, a long urethral tube, of about the size of a No. 10 catheter, is passed down to the prostatic portion. The lamp and mirror are then attached, and the rays of light are thus thrown down to the end of the tube. By gradually with-

\* On Saturday, August 14th, I amputated the thigh of a boy, aged 15, at the hip-joint, for long standing disease of the articulation, the femur being too much involved for excision. Lister's clamp was used, and not a drop of arterial blood was lost during the operation.

† *Lancet*, 1866, vol. i, p. 655.

\* My colleague Mr. Bulteel, on Saturday, August 25th, removed a large fibroid tumour, using Mr. Chambers's "Parallel Clamp", described in the *Lancet* of July 21st, 1866, which is a great improvement on the old clamp.



drawing the tube, the entire course of the urethra may be examined. A similar tube of larger size may be used for the rectum; but, for examination of the interior of the bladder, it is necessary to use a tube with a piece of glass at the end, to prevent the escape of urine into the tube.

For the following notes on the use of the endoscope, I am indebted to my friend Mr. Christopher Heath, of the Westminster Hospital.

"I have been working with Cruise's modification of Désormeaux's endoscope for some months, and have latterly obtained very satisfactory results with it as regards diagnosis at least, for more time is necessary to test the treatment by means of the endoscope in all its branches. I have used Désormeaux's original instrument, as well as Cruise's modification of it; and I certainly give the preference to the latter, on account of the improved light, and the fact that it can be readily moderated as circumstances may require, although I think that Cruise's instrument might be simplified by doing away with the ratchet, etc., used to bring the lens opposite the flame of the lamp. This appears to me quite unnecessary; for, the lamp being fixed, the lens should be fixed too; and I find in my instrument (which I send you), that, having once raised the lens about a quarter of an inch, it requires no further adjusting, unless, indeed, as sometimes happens, it gets accidentally depressed in using the instrument.

"I have examined endoscopically a large number of cases of gleet, and can confirm Désormeaux's statement that the majority of them depend upon a granular condition of the mucous membrane of the urethra at some point or other, and most frequently at the bulb. This granular condition frequently leads to a form of stricture of the urethra evidently due to the state of the mucous membrane; for, after treatment applied to the granulations by the topical application of a strong solution of nitrate of silver (gr. xx ad 3i), the normal calibre of the urethra is restored, without the use of any form of bougie whatever. It is obvious that the recognition of this form of stricture (which, from what I have seen, I imagine to be far from uncommon) will necessitate a more accurate diagnosis and more varied treatment than is now generally adopted; and I think it not unlikely that those cases of stricture which have been satisfactorily treated from time to time, and specially by Mr. Wade, with the bougie 'armed' with caustic potash, have been instances of 'granular stricture'. Désormeaux believes, and I think with justice, that a simple granular stricture may in course of time develop into a *bonâ fide* condensation of the submucous tissue, and thus give rise to the more commonly recognised form of stricture.

"The diagnosis of an indurated, even of only very slightly contracted, portion of the urethra, by the endoscope, is very easy; and a very little practice will enable one to distinguish the sudden and uneven contraction of the condensed tissue upon the end of the tube, as contrasted with the uniform and gradual closure of the healthy urethra upon it, which so closely resembles the familiar closure of the vaginal or rectal mucous membrane upon the speculum. When the stricture is too tight to admit of the passage of the tube which is being employed, the face of the stricture is at once brought into view, and is very characteristic; the canal being sometimes narrowed to a minute central aperture, at others being more or less slit-like, and this slit having varying degrees of obliquity, as figured by both Désormeaux and Cruise in their illustrations.

"I have not had the opportunity as yet of ascertaining the exact site of the aperture in a case of

impassable stricture; but I am quite confident that it would be possible to do so, as in the case related by Désormeaux, where he succeeded in passing a catgut bougie through a stricture which had failed the practised hand of Civiale. I have had the opportunity of examining one case of stricture after the use of Mr. Holt's dilator, and can confirm Dr. Cruise's account of the appearance presented. The case was one which admitted a No. 5 catheter, which endoscopically showed the canal converted into an oblique slit. After the operation, when No. 10 catheter could be readily passed, this slit was seen to be considerably increased, particularly at the upper part; and, on passing a tube through the stricture, it was seen that the mucous membrane beyond was paler than normal, and that the induration extended beyond the point where the stricture was split.

"With regard to the examination of the bladder, I found Désormeaux's angular tube so difficult to introduce, that I had a catheter and tube made upon the plan suggested by Dr. Cruise, which allows the bladder to be washed out, and the endoscopic tube to be used through the same instrument. With this I was able to examine the bladder of a man suffering from paralysis and consequent chronic cystitis, and was able to see very satisfactorily the congested condition of the mucous membrane. I last week had the opportunity of examining the interior of the female bladder in a patient of Dr. Ray of Dulwich, and used for this purpose Désormeaux's tube most satisfactorily. This lady had been suffering from obstinate hæmaturia, and I was able to show Dr. Ray the anæmic condition of the mucous membrane in its greater part, and also a distinct growth springing from the left side of the bladder, and no doubt the source of the hæmorrhage.

"In conclusion, let me say that practice is needed in the use of the endoscope, as with every other 'scope'; and warn those who are short or long sighted to use their glasses when looking through the tube of the endoscope, or they may fail to focus the tissue at the end of it."

By the kindness of Dr. Beith of the Royal Naval Hospital, I have been enabled to test this instrument in the stricture ward of that hospital. Of course, I lacked experience in its use; but I was astonished at the results I was able to obtain. In one case, where Dr. Beith had that day succeeded in passing a No. 1 bougie, we were able distinctly to make out the orifice of the stricture; and the grey cicatrised tissue, as compared with the pink colour of the anterior portions of the urethra, was wonderfully shown. In a case of fistula *in ano*, I was able to demonstrate the presence of a small ulcer on the mucous membrane about four inches within the anus, to which it was quite possible to apply any topical remedy through the tube.

## YORKSHIRE BRANCH.

ON CHOLERA.

By THOMAS M. GREENHOW, M.D., Leeds.

[Read July 26th, 1866.]

THE various opinions which prevail respecting the nature and treatment of cholera, and the probability of an early visitation of that much dreaded disease, render it a subject of the greatest interest both to members of the medical profession and to the general public. I must plead this universal interest as my apology for directing the attention of the society to the interesting questions relating to cholera, though I should prove unable to throw new or additional light on its real nature, its pathology, or its treatment.

The doctrines or opinions of Dr. G. Johnson have



recently engaged a large share of attention, and have given rise to much warm discussion among its advocates and opponents. I need not remind you that Dr. Johnson looks upon cholera as a blood disease, depending on the introduction of a zymotic or fermenting principle into the system, and that the profuse serous or *rice-water* discharges from the stomach and bowels are a wholesome effort of nature to eliminate the morbid produce of the supposed fermentation, and relieve the system from its morbid influence; hence he concludes that this eliminating process ought to be promoted rather than attempts made to check or counteract it. This theory has the merit of great simplicity, and is probably not entirely without some degree of truth. But it appears to me, that to make it the basis of practice in all cases would be extremely dangerous; that, without curing the disease, it would not unfrequently tend to increase the exhaustion of the patient and hasten the fatal result.

Nevertheless, I am not prepared to deny that a diseased condition of blood really takes place in cholera—whether by fermentation or otherwise, requires yet to be proved; nor that there is some truth in the supposition that the profuse discharges are partly dependent on a natural effort to eliminate (so to speak) the disease. But admitting so much, I must still maintain that such effort requires careful watching, and frequently at least attempts at restraint.

Assuming, then, that in cholera a morbid change or diseased condition of the blood takes place, the question arises how or when is this effected? Is it a primary or secondary result of the efficient cause of the disease? This question will be best answered by a reference to the nature and sequence of the phenomena or symptoms characteristic of an attack of cholera.

Let us remember, in the first place, that what has been called choleraic diarrhoea is in reality cholera in its first stage or in a mild degree, and is as much dependent on the proper cause of cholera as the second and more characteristic stage of the disease, usually called collapse. This form of the complaint only occurs when it is either epidemic or endemic, and when the stomach and bowels have discharged their contents of recent ingesta and well digested faeces, and the serous or *rice-water* discharges are taking place; then the arrested secretion of the mucous membrane occurs, soon to be followed by that of the kidneys and liver. Here, I would inquire, what is the cause of the suspension of the action of these organs? Is it occasioned by a morbid change in the condition of the blood? or does it arise from a nervous impression made on the mucous membrane of the stomach and bowels by the poison or morbid cause of cholera (whatever that may be) conveyed thence to the nervous centres in the ganglia, the great sympathetic and the spine, and thence by reflex action to the liver and kidneys, thus suspending or paralysing their respective powers of secretion.

To me, it appears that the latter is the most probable explanation of the mode in which the poison of cholera attacks the human system, and that the morbid condition of the blood is the effect and not the primary cause of the phenomena which follow and especially characterise the second stage. Admitting, what is highly probable, that specific changes in the condition of the blood are produced by the poison of cholera entering into its chemical or vital constitution, without doubt it becomes further changed as the disease progresses, by what it parts with during the profuse discharges by vomiting and purging, as well as by what it retains in consequence of the non-secretion of the kidneys and liver.

But let us pass on to the second stage of cholera, which is called collapse. I shall endeavour to give a summary of this stage of cholera, which, however familiar to most of my hearers, it is necessary to recapitulate to render intelligible the line of argument I am desirous of pursuing. With a continuance of the serous discharges, great pain is often felt at the pit of the stomach, with severe cramps of the muscles of the abdomen and limbs; the biliary and urinary secretions remain in abeyance; urgent thirst; suspension nearly complete of the action of the heart and arteries, with its necessary consequences, failure of animal heat, as exhibited in cold surface, cold tongue and breath, blueness and wrinkled integuments of the extremities, livid, shrunk countenance, with the glazed and sunken eye, so expressive of anxiety and suffering, and which add in so remarkable a manner to the apparent age of patient; to which must be added the hoarse or whispering voice. We must also remember that, while the circulating and secreting functions are at a stand, the sensorial powers remain unaffected, nearly, if not entirely, to the last. The patient is sensible of all that passes around him; he answers questions with distinctness and accuracy, though it may be in monosyllables only; respiration goes on with apparent ease and regularity, till within a few minutes of death. The whole exhibits an impressive picture of the death of one set of organs, while life still maintains its seat in others. Is it probable, I would inquire, that these phenomena are entirely dependent on a morbid condition of the blood, which admits of being discharged or eliminated either by the salutary efforts of nature or by the aid of evacuant medicines? If this were so, would not the brain suffer derangement in an equal degree with the organs of secretion; and would not the muscles of respiration cease to act when the blood was no longer propelled through the lungs to undergo the process of oxygenation? Certain portions of the nervous system are affected, but not the whole, by the poison of cholera, as happens when other poisons are introduced into the human system; but, surely, if the poison resided in the blood only, its effects would be *universal* and not *partial*, since all would be subjected to the baneful influence. Granting for an instant, according to Dr. Johnson's theory, that nature attempts to eliminate the noxious qualities of the blood, which result from the poisonous cause of cholera, must she not signally fail while the elementary constituents of bile and urea are retained in it; and how are these to be eliminated except by the restoration of the secreting functions of the liver and the kidneys? I must maintain, therefore, my opinion, that in the treatment of cholera, whether in the first or second stage, the restoration of the secreting functions of these organs must form one of our primary indications; and, further, it seems pretty evident that in proportion to the extent in which the circulating mass is deprived of its thinner parts, will be the difficulty of re-establishing these functions.

If I may be permitted to repeat what I said in an essay published in 1832, I would still say that, "In the treatment of cholera, we must hold in view—

"1. The necessity of allaying the irritation in the nervous expansion of the stomach and bowels; in other words, to check the vomiting and purging.

"2. To excite the vascular system and restore animal heat.

"3. To restore suppressed secretions.

"4. To obtain healthy evacuations from the bowels and kidneys.

"5. To moderate reaction and obviate congestions, local determinations, and organic inflammation.

"The first indication may be considered as common to the first and second stages of the disease;



the three succeeding ones relate principally to the second stage, and the last is peculiar to the third stage of cholera"—the stage of recovery from the characteristic symptoms of the disease which occasionally leave behind them serious organic affections which require careful treatment.

Since the first appearance of cholera in this country in 1831, the medical profession has often been reproached by the general public for its ignorance of the disease, and its inability to discover for it any certain specific or unfailingly successful method of treatment. Such reproaches are surely equally misplaced and unmerited. During epidemic cholera, the members of the profession have unfailingly devoted themselves to the study of the disease, and to the discovery and application of the most appropriate means of treatment; nor is it wonderful that in this, as in other diseases of fatal tendency, their efforts have not always been successful. But I cannot believe that they have so utterly failed as has been supposed. In the first stage of the disease, I am convinced that many patients have been cured, so to speak, and prevented from falling into the second stage, in which the danger is so imminent; nor, indeed, in the stage of collapse, when death seemed inevitable, have the curative measures pursued been frequently entirely unavailing. This success in the first stage may have been effected by the use of absorbents and astringents; but of this I do not possess any experience. The power of mercury over the secreting organs is well known and generally acknowledged. It is needless to refer to its peculiar influence over the salivary secretion; and experience has amply shown that over the secretion of bile it is often not less efficient. Nor do I believe that we are without proof of its power over the action of the kidneys. It is not without reason, therefore, that mercury has been so often employed in the treatment of cholera. Calomel is the form in which it has been usually prescribed, though the quantity and frequency of the dose has varied in an extraordinary degree. The extremes in both are exemplified in the single grain doses of Dr. Ayre of Hull, given every quarter or half hour, and the scruples or half drachms administered by the Indian practitioners of former days, and still advocated in a pamphlet kindly sent to me a few days ago by Dr. C. Searle, of the Hon. East India Company's service, who seems to consider calomel in cholera as a really specific remedy. In the earlier stages, Dr. Searle recommends smaller doses; but, in the more advanced state of disease, he says, "from six grains to twenty every quarter or half hour, considering (he says very truly) that it is not the quantity of the remedy, but the effect produced, which should govern us in its administration." Dr. Searle disapproves of giving opium with his doses of calomel. I must acknowledge that my reasoning and experience have led to a different conclusion. The value of mercury appears to me difficult to be disproved; but I fancy that I have proved to my own satisfaction that its effects on the secreting organs are more certain when given in smaller doses; and that preference over calomel may be fairly given to blue pill, because it is of a less irritating quality, and is in a chemical condition to admit more readily of being received into the circulating mass. With the view of fulfilling the first indication, I have proposed to myself, in cases of cholera, "allaying the irritation of the nervous expansion of the stomach and bowels." I have united with blue pill a small quantity of opium. I think I have convinced myself that the effect of half-grain or grain doses of opium is to soothe the nervous system, relieve spasm, and prevent the mercury from passing away from the system, so as to

prevent its influence over the secretions, which it is intended to restore.

But, having given my reasons for dissenting from the eliminating theory and treatment of cholera maintained by Dr. Johnson, I have fulfilled the purpose of this short paper; and I feel that it would be little less than impertinent in me, before so many able and experienced practitioners, to enter into general and minute details on the means of preserving the lives of cholera patients.

One means, however, perhaps peculiar to myself, of rousing the nervous system in cases of collapse, I may be permitted to refer to. It is well known that the application of external heat, or of mustard and Cayenne pepper plasters, has seldom been found very successful. In the cholera epidemic of 1853, I was therefore induced to try a more rapid and powerful stimulus, and on several occasions with evident temporary, and in three cases with permanent and complete, success. It was a brandy blister; a piece of rag moistened with brandy, and best placed over the dorsal or lumbar spine. When ignited, it burns for some seconds, stimulating the spinal cord, so as to restore the action of the heart and arteries and animal heat in a remarkable degree. As it is attended with considerable pain, this remedy will scarcely be resorted to except in cases of extreme danger or impending death.

TEACHING SCIENCE IN PUBLIC SCHOOLS. The Rev. F. W. Farrar, at the Nottingham meeting of the British Association, argued that the introduction of scientific instruction into the public school system was necessary on three grounds: first, because it called into play a *different* order of faculties in boys who had studied language with success; secondly, because it evolved those faculties in boys who were naturally unsuited for classical training; thirdly, because the schools had ceased to be solely preparatory for the Universities, and were therefore bound to give boys the opportunity of acquiring some knowledge which would be of practical use to them in their future professions. He next treated of the difficulties in the way of carrying out these views. Those difficulties did not arise from the prejudice of public schoolmasters; but from the conflicting opinions of scientific men; from the absence of any definite and well-considered scheme; from the badness of many existing text books; and from the immense amount of time already devoted to the teaching of the modern languages, mathematics, and classics, a term which now involved a very wide range of studies. The author suggested that many of these difficulties might be removed if a committee were appointed by the Association, partly composed of scientific men and partly of masters accustomed to the methods of public schools. He stated that at almost every school something was being done, but that the plans mainly adopted were three; viz.—1. Modern schools in which science was made a part of the course. 2. Occasional and compulsory lectures, of which notes were taken by the boys; and, 3. A voluntary system, by which boys were encouraged rather than compelled to make themselves acquainted with various sciences. Rugby is the only school at which science is now regularly and completely introduced, and the author therefore described the system there introduced and the no less characteristic voluntary system which has been established at Harrow, and is working most advantageously. Finally, the author suggested his own scheme, which was a combination of the voluntary and compulsory systems, for which in the case of many boys ample time could be gained by a wise abandonment of the practice of Greek and Latin composition.



*We are requested to remind members of the Association that the Annual Subscriptions became due on the 1st of January. They can be paid either to the Secretaries of the Branches; or to the General Secretary, T. Watkin Williams, Esq., 13, Newhall Street, Birmingham.*

## British Medical Journal.

SATURDAY, SEPTEMBER 15TH, 1866.

### THE HASTINGS MEMORIAL.

THE first list of subscriptions to the Hastings Memorial Fund is published in this day's JOURNAL. The amount is about £180.

The formation of this Fund was determined on during the meeting of the Association at Chester. It was but natural that the members there present should desire to do something more than verbally record their sorrow at the loss which they had then but recently sustained in the death of the founder and guide of the Association—that they should desire to perpetuate their veneration for his memory, and their admiration of his character, in some tangible manner. What form the memorial should take, was a point that might possibly have admitted of some discussion; but on the occasion in question there appears to have been but one opinion—that it should be something which should in itself be a means of actively carrying out some one of those objects for which Sir Charles Hastings founded the Association, and that it should bear the impression of that catholic spirit, that desire for the universal good of his profession, which was ever the leading principle of his life.

A nucleus already existed in the Association which fulfilled one of these requirements; and it was only necessary to give this a further development to make it a worthy memorial of a great and good man. Some years ago, the Association instituted a medal under the name of the "Hastings Medal", to be given to the best essay by a member on some subject in medical science. The Association, at the Chester meeting, resolved that the best memorial of Sir Charles Hastings would be a further development of the prize already instituted in his honour; that a sum of money should be raised, the interest of which might be presented to the recipient of the medal; and that the prize, in place of being confined to members of the Association, should be open to medical men *ubique gentium*.

No decision at which the Association could have arrived would, we opine, have been more judicious; no memorial could have been devised that would have been more truly calculated to remind men that

he, in whose honour it was raised, was one who sought the universal good of his fellows, and the general advancement of his profession. As a matter of feeling, then, the determination of the Association was a right one. But, more than this, the Hastings memorial is, we trust, calculated to bear good fruit. Men cannot carry on useful investigations in medical science, without some outlay; and it is not always those who least feel the outlay that are the most zealous or the most able in putting together such essays as should alone be thought worthy of the Hastings prize. To such men, the receipt not only of an honourable recognition of their labours, but of a pecuniary recompense to some extent at least, would be a fitting compensation; and it is to be trusted that the encouragement may be so great as to lead to the addition of much valuable matter to medical science and art.

We hope earnestly that the profession will, one and all, regard this matter in the same light as those who have already subscribed; and that, before long, we shall have to record that a sum has been raised which shall make the Hastings prize, already one of the most honourable, one of the most valuable which our profession in this country has at its disposal. Let the memorial be worthy of the man in whose honour it is raised.

### CHOLERA NOTIONS.

DR. NIVEN once used oxygen and nitrous oxide inhalations in two severe cases of cholera. Both died; but he recommends another trial of the nitrous oxide inhalation. The effects of it, he says, reminded him of the sensational details once given of the galvanised corpse of a recently executed criminal.

Dr. Corner has long used, "with the most beneficial results," liquor potassæ as an antidote to tainted drink and food. Under this idea, he has treated cholera "with most favourable results." He believes a "solution of caustic potash to be the best known remedy or antidote for the cholera poison." To excite the biliary flux, he uses taraxacum; for it causes a secretion, whilst calomel only produces an excretion of bile. To "conserve the fluids," he gives astringents, especially acetate of lead, with "larger quantities of fluid nourishment"; and opium to relieve cramps.

Dr. Fennell, in the Crimea, employed two drachm-doses of spirits of turpentine "with the best effects." It acts as an "astringent, diuretic, and stimulant." In the course of a few doses at half-hour intervals, it turns the rice-watery into bilious evacuations.

Dr. Whitworth finds successful a pill of calomel and opium, followed up by a mixture of bicarbonate of potash, rhubarb, and sal volatile. In collapse, he gives sulphuric ether and laudanum, and applies external heat.



Dr. Westley argues that the Great Fire of London banished the Plague, through the "disinfecting qualities of the vapours of smouldering wood," and that we ought to imitate this "tremendous lesson." He advises, therefore, that we treat cholera by disinfectants; by "administering incessantly large doses of animal charcoal, and impregnating the air with chlorinated and ozonised oxygen vapours." All attendants on cholera patients should keep a charcoal lozenge continually in their mouths.

Sir Dominic Corrigan has published a pamphlet—*Cholera Map of Ireland*. In it he desires to show, that telluric or epidemic agencies have more to do with the spread of cholera than contagion has.

Dr. Jeanneret, in a pamphlet entitled *Epidemic Cholera, Diarrhoea, and Dysentery*, points out, he assures us, "an effectual and expeditious method of cure." This perfect cure is camphor with aromatic confection. "I soon collected that camphor alone sufficed to cure the symptoms of cholera, but then diarrhoea often remained; whereas the combination was completely effectual in obviating every symptom of either." Dr. Jeanneret complains that the profession will not listen to him; and that, in fact, the world has little thanks to give doctors in general for the remedies they possess.

"If boards and public journals decline to test one's statements, or to give publicity to them, or allow themselves to indulge a habit of snubbing whatever does not square with their own antiquated notions, there seems no plan but that I now pursue, by which to obviate the injury to the community which might accrue from the concealment of an important revelation. We should always keep in mind that comparatively few of our most useful remedies owe their adoption to the professors of medicine; nay, they are generally forced upon our notice."

The Rev. C. Parnell proposes to give the people of Liverpool an opportunity of being under the homœopathic treatment. He gives the following reasons as his justification.

"1. The great success of the homœopathic treatment of the typhus fever during the last twelve months. 2. A similar success in diarrhoea. 3. The report in the Parliamentary blue book bearing testimony to the marked success of that treatment in previous visitations of cholera."

One Dr. Holcombe, who hails from New Orleans, in his profession of faith, "How I Became a Homœopath", gives his estimate of the value of camphor, cuprum, and veratrum, in cholera.

"The discovery of the planet Le Verrier is often adduced as one of the most splendid triumphs of human genius. No eye had ever seen the distant globe. Le Verrier conceived the idea that a certain perturbation in the movements of the planets could be accounted for only on the supposition of the existence of another planet, of certain dimensions, occupying a certain orbit, at a certain distance beyond all the others. Powerful instruments were brought to bear on the sidereal spaces, and the new orb, first discovered by the mind, was revealed to the eye. The only fact in history which matches it in grandeur, and excels it in utility, is the prediction by

Hahnemann, that camphor, cuprum, and veratrum, would be found the best remedies for cholera. No European physician had ever seen the Asiatic plague. No experiments had been made; no theories tested. Hahnemann, without ever seeing a case or prescribing for a patient, being guided by the eternal therapeutic law which he had discovered, *Similia similibus curantur*, predicts the successful treatment as confidently as he would have directed the proper course of a vessel by the help of the magnetic needle."

### THE PROPAGATION OF CHOLERA.

WE must confess to some surprise at finding "Q" in the *Times*—a well known and highly accomplished physician—giving way to the publishing of possible and very probable error relative to the propagation of cholera. "Q" assumes an unproven statement as a fact; viz., that cholera has been produced by the drinking of water tainted with the evacuations of cholera patients. He therefore chides the managers of the Cholera Committee for sending convalescent cholera patients to Walton. This statement is by others vigorously objected to. Therefore "Q" rejoins, in a second letter to the *Times*. He says:

"You permitted me to state that the Cholera Committee of the Mansion House had sent, or had assisted in sending, convalescent cholera patients to an institution at Walton-on-Thames; and that, as this locality was near the source of the principal water-supply of the metropolis, most lamentable consequences might result from the practice."

"Q" then goes on to say:

"Now, seeing that the recent outbreak of the disease at the east end of London has been attributed to the use of the waters of the River Lea, infected by cholera-poison derived from the Epping cases of last year, the consequences that may result from the poison of even those twelve cases reaching the Thames above the sources of water-supply are dangerous enough to excuse me for having drawn attention to them."

Now, in reference to "Q's" main objection, we may say, that it is at once removed by the fact that the sewage of the Institution does not flow into the Thames.

But this is not the point upon which we venture to take issue with, we suppose we may say, our friend Dr. Quain. We object to his assuming as a fact that the River Lea water was last year poisoned by the evacuations of cholera patients at Epping. We must be excused for saying, that such a statement is contrary to all *à priori* medical reasoning; and is completely unproven by fact. We do not believe that a single case on record either proves or justifies the fact, that cholera poison has passed bodily as such with water into a man's stomach, and then and there produced cholera in him. We are not (let it be clearly understood) denying the possibility of such an occurrence; but we do deny that the proof, or any thing like the proof of it, has ever yet been given. The famous Broad Street pump



cases proved nothing of the sort. They indicated that water contaminated with sewage or other impurities will bring the body into such a state as to render it an easy prey to cholera; but they indicated nothing more. The east end of London cholera outbreak indicates nothing more. Are we really, upon such fragile evidence as lies before us, to believe that the evacuations of two or three cholera patients by some roundabout way found their way at Epping into the River Lea last year, and have reappeared this year in the shape of the East London outbreak of cholera; that they were the cause of that effect; and that ever since last year they have been floating in, and propagating microscopic fungoid or some other imaginary species in its waters? Are we to believe that this poison has been for a whole year sticking to the banks of the river; or that it is of so rapid a growth as even to grow against the stream; and so adhesive as to refuse being washed away downwards, like other effete matter, with the stream? We are sorry we must confess that so cautious an observer as "Q" should have assisted in propagating what seems to us so very unproven a statement; or that he should have accepted as true what is really at present purely hypothetical. Heaven knows, we have reason enough to be cautious as to the quality of the water we drink; but surely there is no necessity for frightening the public to death hypothetically by reasoning upon most inconclusive and improbable data, and deducing from them a statement strong enough to make all Londoners who drink Thames water shudder. And when we add to this suggested poisoning of the Thames with cholera excretions "near the source of the principal water-supply of the metropolis," the assertion of Professor Frankland that boiling will not destroy the poisonous purging germ or element in tainted water, we have from two high authorities a statement which is enough to drive metropolitan teetotallers mad, and to make all reasonable Londoners not of that creed eschew all drink except Bass's ale, French brandy, or fiery Oporto compounds.

HOWEVER ancient a proverb, it continually requires repeating, and *Ne sutor ultra crepidam* as often as any proverb. Professor Frankland, in his dealing with cholera, has reminded us of the error people make who get too far outside their legitimate line of study. A letter in the *Times*, signed "Y", which we suppose may be taken for Percy, very well and properly calls Professor Frankland to book on the occasion. Professor Frankland says:

"I have conclusive evidence that even boiling, which is generally regarded as the most efficacious means, will not prevent water, which is so contaminated (*i. e.*, with organic matter alleged to constitute choleraic poison), from producing violent cramp and diarrhoea."

He adds in a note, that

"This fact is not incompatible with the theory that choleraic and similar poison are the germs of organisms; for it is well known that organic germs can develop into life after being boiled in water for a short time."

On this, "Y" comments as follows.

"The evidence which has been collected concerning outbreaks of cholera seems clearly to point to water as one vehicle for the communication of the disease. But Professor Frankland tells us he has 'conclusive evidence' that water may contain organic matter which will afflict those who drink it with 'violent cramp and diarrhoea', although chemical analysis, like every other mode of investigation, is powerless to detect its presence; and, what is extraordinary, even boiling for a short time will not render it innocuous. Hence it appears that, so far from the 'conclusive evidence' in question being founded on direct chemical or physical observation, it is simply an inference from assumed premisses. Whether this view be correct or not, it would be very desirable that Professor Frankland should inform the public of the precise nature of the evidence which satisfied him as conclusive. The particulars of the observations or experiments concerning the indestructibility of the poisonous matter by boiling should be fully stated. The enunciation of dry conclusions, even by the highest authorities, will not, in the absence of the data on which they are founded, suffice to insure general acquiescence. Men who are best fitted to observe and reason upon the phenomena of disease know well how much caution is needed in drawing conclusions respecting the action of drugs, especially in a few cases; and exactly the same caution is necessary in investigating the action upon the human system of water supposed to contain choleraic poison. In the case which Professor Frankland adduces, of violent cramp and diarrhoea consequent on the drinking of water which had even been boiled, specific details should be given, such as whether he refers to a single case, or whether the same result occurred in several or many cases; the time which elapsed between the drinking and the manifestation of the symptoms of poisoning, and other obvious incidents."

Since the above was written, Professor Frankland has, we observe, responded to "Y". He has published the crucial instance which, as he thinks, proves his case. It is as follows.

"I stated that boiling will not prevent water which is contaminated with poisoned excrementitious matter from producing violent cramp and diarrhoea. The case upon which I founded this opinion is the following. A gentleman and his wife partook of tea made with well-water, which was poured boiling from the teakettle into the teapot. Between three and four hours after partaking of the tea, and after they had been asleep for some time, they were both awoken by violent cramps both in the limbs and body, which were soon followed by excessive diarrhoea. The cramps lasted for several hours, and the diarrhoea until the following afternoon. Both patients were affected in exactly the same way. The well-water was suspected; and the well, which was a very shallow one in slate-rock, was at once opened and examined. It was soon found that a pipe from a water-closet had burst, and that some of the contents had made their way into the well; in fact, some fragments of excrementitious matter were found floating on the surface of the water. The water from this well was never again used; for the well



was filled up, and another excavated at some distance; and the symptoms, which were entirely novel to the patients, never again occurred.

"The attack took place in a very healthy locality in the country, and at a time when no epidemic diarrhoea or cholera prevailed. Were such an experiment tried now, the result can scarcely be doubted. I am intimately acquainted with the sufferers, and was at once informed of all the circumstances. The evidence afforded by this case is unexceptionally conclusive—first, because the parties never, under any circumstances, drank this water except in the form of tea or coffee; and secondly, because they were at the time the only inmates of the house, being without a servant. There can, therefore, be no doubt about the water having been boiled. The case excited my special interest on account of the unexpected conclusion to which it leads; and I mentioned it because it is important at the present juncture that we should not place implicit reliance upon a precautionary measure founded upon the assumption that the noxious qualities of the organic matters of sewage are destroyed by boiling."

Now, we must beg to assure Professor Frankland that this case, from a clinical and medical point of view, is very far from being "exceptionally conclusive". He does not even tell us whether the man and wife ate anything with their tea; and if so, what they ate. Neither does he say if they had or not drank of the same water on previous occasions with impunity. As people ordinarily drink, in tea or coffee, water every day of their lives, we may in this case fairly suppose that these two persons had daily drank of this very water, but only on this occasion ascribed poisonous effects to it. We have, however, said enough to show the very little value of this case, as it at present stands. Professor Frankland must much improve it, if it is to be of use as evidence of the case from his point of view. It is full of defects.

THE Cholera Hospital in Commercial Street is under the charge of Dr. Sutton, and managed by Miss Sellon and the Sisters of Charity. There have been in it 114 admissions and 33 deaths up to last week. Almost all the patients, Dr. Sutton says, came from houses in which cholera patients had already died. Truly, these may be said to be *nests* of cholera. Saline injections, or any hot injections, into the veins of cholera patients, do no appear to have been resorted to, except in a few cases, during the present epidemic; and we observe that the cases in which attempts of this kind have been made were in a desperate state, all other methods of cure having been thought in vain. We need hardly say that the results of these attempts give no real indication as to the actual value of the remedy.

DR. WATZKE of Vienna has published a paper with a title ominous to the homœopaths, *On the Causes of the Dearth of Homœopathic Medical Recruits*. The dearth is admitted also in England, in the following

comment on Dr. Watzke's paper by an English homœopathic journal.

"We incline to think that the greatest reason is, 'the want of theoretical and clinical professorships of homœopathy.' A very large number of the allopathic profession would willingly study homœopathy, were there some '*men to guide them*'. Our literature wants arrangement, and our principles and practice require *public demonstration*."

THE Medical Club, which has been started under the energetic auspices of Dr. Lory Marsh, has, we hear, already enrolled one hundred members. A meeting was last week held at Mr. Probert's, to assist progress. Five hundred members, it is thought, will form a body large enough to launch the Club. Comfort, rather than luxury, it is proposed, shall preside in the arrangements. Mr. Probert was elected Treasurer. Perhaps it might be well to extend the Club to other learned professions.

THE Municipality of Paris have determined, Dr. Webster says (*Lancet*), to erect ten new lunatic asylums, three of which are now in course of erection—viz., one on the south side of Paris, one at Vaucluse (ten miles south of the city), and the third at Ville-Erard, about the same distance. All the ten are to be placed in the country, at convenient distances from Paris. The estimated cost of the whole is £2,000,000. Each asylum is to accommodate between five and six hundred lunatics. The pavilion style has been selected.

## THE CHOLERA.

On Tuesday last, the number of cholera cases in the London hospital wards, which had fallen on Monday to 57, rose to 63. On Monday, one patient was admitted; on Tuesday, nine persons. Some of these new cases were of a very bad kind.

At the Cholera Hospital in Commercial Street, a slight increase in the severity of the attack has also been noticed. But throughout the East-end generally medical men are of opinion that there is no present tendency to a recurrence of the ravages which took place in July and the beginning of August. In the Whitechapel district, the Board of Works have dispensed with the services of seven of the eleven medical gentlemen who were appointed to give gratuitous advice and medicine to the poor who should be attacked with the cholera. Four of the medical students who were appointed some weeks since to make the house-to-house visitation have also been given notice to discontinue their duties; and one of the three inspectors of nuisances has been dismissed. In the hamlet of Mile-end Old Town a similar reduction has been made.

Dr. Pusey has been labouring among the cholera sufferers in the east of London.

Cholera has almost disappeared from New York.



The New York Bureau of Vital Statistics, and several physicians of that city, are pointing out lessons to be learnt from the waste of life which has just occurred by cholera. Foremost among them is the value of fresh air. Dr. L. W. Lewis states that the best prevention of cholera is to keep the windows of your house open night and day. Dr. F. Hamilton, when the cholera broke out upon Blackwell's Island, kept the people out of doors all day, and the windows of their rooms open all night, and thus in five days checked the disease. Dr. O. Doremus says that "God's oxygen is one of the best antidotes to disease." But so great is the force of prejudice felt to be, that Dr. Harris, the registrar of vital statistics, congratulates even the sanitary inspectors upon "their faith in facts." In England, the general practice still is to shut all windows by sunset, and keep the entire house well corked against fresh air throughout the night.

The cholera is making terrible progress in Western America. In St. Louis, during twenty-four hours there were 119 deaths, and the people were fleeing from the city in panic.

Dr. T. J. Dyke, Medical Officer of Health, of Merthyr Tydfil, in his report to the Local Board of Health, says of the cholera:—"The epidemic cholera commenced on the 23rd of August. Cases of the most malignant character occurred almost simultaneously at Abercannaid, at Caedraw, in Merthyr, and at Cae Harris, Dowlais. The first-named place is two miles south-west of Merthyr; the last-named place two miles north-east. Abercannaid is about 500 feet above the sea, on the west bank of the river Taff. Cae Harris, 1100 feet above the sea, and no water course near. On the 24th of August cases equally malignant occurred in Quarry Row, Tramroad north, George Town, and Penyard Penydarran, places as you are aware, widely separate. No communication had taken place between any of the three first afflicted with each other, or with any other town or place in which cholera had been. But in the neighbourhood of the residence of each of the persons first attacked, I believe I shall, on a future occasion, be able to show that the cause which gave rise to the epidemics of typhus fever in 1864 and 1865, has given rise also to cholera in 1866; I mean putrefying human filth. From the 21st a very evident blue mist was seen in the valley. It is not to be supposed that this mist has anything to do in causing the disease, for it may be seen in these valleys whenever, after much rain, a high temperature and a still atmosphere follow; but it is in such a condition of air that vegetable and insect life most rapidly grow."

At Naples the cholera has spread extensively. One or two of the barracks have been visited by the epidemic. The heat has been intense; and here, as in all other places where it has raged, we can recognise the consequences of the violation of simple sanitary laws. Bad water, or a deficient supply; bad sewerage, or no sewerage; dirt in the streets and dirt on the person; unwholesome food, and that in abundance, all proceeding from individual carelessness or municipal neglect, have been all the summer inviting a visit from the cholera, and now we have it at the commencement of autumn. Even at this crisis, the filth and indecency which are apparent in the most frequented and best parts of Naples are frightful.

## Association Intelligence.

### COMMITTEE OF COUNCIL: NOTICE OF MEETING.

THE Committee of Council will meet at the Queen's Hotel, Birmingham, on THURSDAY, the 4th day of October, 1866, at 3 o'clock P.M. *precisely*.

To receive the resignation of the Editor of the JOURNAL, and to devise what steps shall be taken relative thereto; and other very important business.

T. WATKIN WILLIAMS, *General Secretary*.

13, Newhall Street, Birmingham, September 6th, 1866.

### WEST SOMERSET BRANCH: ORDINARY MEETING.

An ordinary meeting of the above Branch will be held at Clarke's Castle Hotel, Taunton, on Wednesday, September 26th. Dinner at 5 o'clock; after which, papers or cases will be communicated.

Gentlemen intending to be present at the dinner, or to read papers after, are requested to give notice to the Honorary Secretary.

W. M. KELLY, M.D., *Hon. Secretary*.

Taunton, September 4th, 1866.

### SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEDICAL MEETINGS.

THE next meeting of this Branch will be held at the Pavilion Hotel, Folkestone, on Thursday, September 27th, at 3 P.M.

Members desiring to bring forward papers, should communicate with the Honorary Secretary without delay.

R. L. BOWLES, L.R.C.P., *Honorary Secretary*.

Folkestone, September 4th, 1866.

### SOUTH EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.

THE next meeting is appointed to be held at St. Bartholomew's Hospital, Rochester, on Friday, Sept. 30th, at 3.30 P.M. Dr. Burns will take the chair.

Dinner will be provided at the Bull Hotel, Rochester, at 5.30 P.M.

Paper promised (if there be time for the reading): On the acquired Blood-relationship of the Wife to her Husband.

FREDERICK J. BROWN, M.D., *Hon. Sec.*

Rochester, September 10th, 1866.

### SHROPSHIRE ETHICAL BRANCH.

THE next annual meeting of the above Branch will be held at the Raven Hotel, Shrewsbury, on Monday, October 1st, at 1 P.M. Dinner at 3 P.M. W. Slyman, President, in the chair.

Members intending to read papers, or to be present at the dinner, are requested to communicate with the Honorary Secretaries without delay.

JUKES STYRAP, L.K.Q.C.P. } *Hon.*  
EDWYN ANDREW, M.D. } *Secs.*

Shrewsbury, September 11th, 1866.



## HASTINGS MEMORIAL FUND.

At the recent meeting of the British Medical Association, held at Chester, it was resolved to raise a Special Fund, to be called, in memory of Sir Charles Hastings, "The Hastings Memorial Fund", the produce of which shall be devoted to provide, and supplement with a sum of money, the "Hastings Medal", which shall be awarded for distinguished labours in medical science to any member of the profession in any country.

## FIRST LIST OF DONATIONS.

	£	s.	d.		£	s.	d.
Dr. Waters, <i>President</i> ...	3	3	0	Spencer Wells, Esq. ..	5	5	0
Professor Stokes, M.D. 10	0	0	0	Dr. Lawford.....	1	1	0
H. D. Carden, Esq.....	5	5	0	G. P. Hodgson, Esq. ..	0	5	0
Dr. H. Day .....	3	3	0	John Drever, Esq. ....	0	5	0
Dr. J. Edwards .....	3	3	0	Dr. Ryott .....	0	10	6
Ellis Jones, Esq.....	3	3	0	W. F. Lyde, Esq.....	1	1	0
Dr. Sibson .....	3	3	0	Dr. Kelly .....	0	10	6
T. H. Smith, Esq. ....	3	3	0	W. J. Square, Esq. ....	0	13	0
Thomas Turner, Esq. ....	3	3	0	Dr. Thomson, R.N. ....	1	1	0
I. Baker Brown, Esq. ....	2	2	0	Thomas Martin, Esq. ....	1	1	0
M. H. Clayton, Esq. ....	2	2	0	Dr. Wades .....	0	5	0
T. T. Griffith, Esq. ....	2	2	0	H. L. Prichard, Esq. ....	1	1	0
W. Hey, Esq. ....	2	2	0	T. H. Bartleet, Esq. ....	0	10	6
Dr. S. J. Jeaffreson.....	2	2	0	Prof. Humphry, M.D. ....	1	1	0
George Southam, Esq. ....	2	2	0	Dr. Black .....	1	1	0
Dr. Wilkinson .....	2	2	0	Dr. Scoweroft .....	0	10	6
J. S. Bartrum, Esq. ....	1	1	0	Thomas Owen, Esq. ....	0	5	0
George Bottomley, Esq. ....	1	1	0	Thomas Lingens, Esq. ....	1	1	0
W. J. Church, Esq. ....	1	1	0	E. T. Griffith, Esq. ....	0	5	0
D. Clark, Esq. ....	1	1	0	G. T. Wales, Esq. ....	1	1	0
Dr. Falconer .....	1	1	0	C. Vyse, Esq. ....	1	1	0
Samuel Hey, Esq. ....	1	1	0	Jos. Blackshaw, Esq. ....	0	5	0
Dr. Hooper .....	1	1	0	W. W. Thomas, Esq. ....	0	10	6
J. R. Humphreys, Esq. ....	1	1	0	Dr. Sieveking .....	1	1	0
J. Hutchinson, Esq. ....	1	1	0	Dr. Walker .....	1	1	0
T. Eytton Jones, Esq. ....	1	1	0	Professor Syme .....	1	1	0
J. Z. Laurence, Esq. ....	1	1	0	J. L. Parker, Esq. ....	0	5	0
Charles Lingue, Esq. ....	1	1	0	G. E. Statton, Esq. ....	0	10	6
Dr. W. O. Markham .....	1	1	0	J. H. Clouting, Esq. ....	0	10	6
T. Mellor, Esq. ....	1	1	0	W. Bodington, Esq. ....	0	10	6
Charles H. Moore, Esq. ....	1	1	0	Dr. Barnes .....	2	2	0
Dr. E. Morris .....	1	1	0	Dr. Smallman .....	0	5	0
Dr. Paget .....	1	1	0	E. Parker, Esq. ....	0	10	6
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Dr. H. Simpson .....	1	1	0	R. Jefferson, Esq. ....	0	10	6
Dr. Skinner .....	1	1	0	J. Hepworth, Esq. ....	1	1	0
Dr. Stewart .....	1	1	0	T. H. Graham, Esq. ....	0	5	0
G. Turner, Esq. ....	1	1	0	W. C. West, Esq. ....	2	2	0
Dr. Turnour .....	1	1	0	W. H. Manifold, Esq. ....	1	1	0
Dr. Edward Williams .....	1	1	0	Dr. T. Thomson .....	2	2	0
T. W. Williams, Esq. ....	1	1	0	G. E. Horton, Esq. ....	1	1	0
C. L. Allwork, Esq. ....	0	10	6	George Critchett, Esq. ....	1	1	0
C. S. Barter, Esq. ....	0	10	6	Dr. Prichard .....	1	1	0
Dr. Bott .....	0	10	6	Prof. Christison, M.D. ....	1	1	0
John Burrows, Esq. ....	0	10	6	Dr. Croker .....	1	1	0
Dr. J. G. Davey .....	0	10	6	— Forsyth, Esq. ....	1	1	0
John Firth, Esq. ....	0	10	6	Dr. Merriman .....	0	10	6
Dr. W. Fuller .....	0	10	6	Dr. Eddowes .....	0	10	6
J. G. Hardy, Esq. ....	0	10	6	Dr. Hawkins .....	0	10	6
Dr. A. Henry .....	0	10	6	Miss Garlike (per W.C. West, Esq.) .....	2	2	0
James Rhodes, Esq. ....	0	10	6	H. H. Parry, Esq. ....	1	1	0
A. B. Steele, Esq. ....	0	10	6	Prof. MacLagan, M.D. ....	1	1	0
H. B. Steele, Esq. ....	0	10	6	R. Wiseman, Esq. ....	0	10	6
Thomas Webster, Esq. ....	0	10	6	Dr. Ward .....	0	10	6
Henry Whitfield, Esq. ....	0	10	6	R. Shipman, Esq. ....	0	10	0
Dr. Birkbeck Nevins .....	0	10	0	C. Richardson, Esq. ....	0	5	0
J. D. Weaver, Esq. ....	0	5	0	J. B. Collyns, Esq. ....	1	1	0
Dr. Rutherford .....	0	5	0	Dr. Wildash .....	0	10	0
Dr. Watkins .....	0	5	0	W. J. Clement, Esq. M.P. ....	2	2	0
Dr. J. Seaton .....	0	5	0	Dr. C. Holman .....	1	1	0
Thomas Paget, Esq. ....	1	1	0	Dr. Jackson .....	1	1	0
T. P. Teale, Esq. ....	3	3	0	W. Prescott, Esq. ....	1	1	0
T. P. Teale, jun., Esq. ....	1	1	0	R. Flint, Esq. ....	1	1	0
W. Dalton, Esq. ....	1	1	0	Dr. Billing .....	1	1	0
F. Bartleet, Esq. ....	2	2	0	R. Pitt, Esq. ....	0	10	6
Dr. Jenkins .....	0	10	0	Dr. Sandwith .....	0	10	6
Dr. Brett .....	0	5	0	J. Renton, Esq. ....	0	5	0
John Bush, Esq. ....	1	1	0	M. A. B. Corbin, Esq. ....	0	5	0
Thomas Pope, Esq. ....	0	5	0	Sir Jas. Barsley, M.D. ....	3	3	0
G. Daglish, Esq. ....	0	10	6	H. C. Medcalf, Esq. ....	0	10	6
Dr. Parratt .....	1	1	0	A. Leslie, Esq. ....	0	10	0
Dr. Hughes .....	1	1	0	Dr. George Budd .....	2	2	0
Dr. Carlyle .....	0	10	6	Dr. Symson .....	1	1	0
Dr. Birch .....	1	1	0	R. T. Morris, Esq. ....	0	10	0
R. Blaikie, Esq. ....	0	10	6	C. Johnson, Esq. ....	0	5	0
James Hakes, Esq. ....	0	10	0	Dr. Hall .....	0	5	0
Dr. Hatton .....	1	1	0	Dr. Harper .....	0	5	0
S. Watson, Esq. ....	0	5	0	J. Essex, Esq. ....	0	5	0
J. Ellerton, Esq. ....	2	2	0	H. MacColl, Esq. ....	0	5	0
Dr. Swaine .....	1	1	0				

Gentlemen desirous of contributing, whether members of the Association or not, are requested to forward their donations to the Treasurer, Dr. R. W. FALCONER, Bath, or to the Secretary.

T. WATKIN WILLIAMS, *General Secretary*.

13, Newhall Street, Birmingham, September 10th, 1866.

## Reports of Societies.

## OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, JULY 4TH, 1866.

ROBERT BARNES, M.D., *President*, in the Chair.

FIVE gentlemen were elected Fellows of the above Society.

*Specimens, etc.* Dr. MEADOWS showed an *Ecraseur* made for him by Messrs. Mayer and Metzler. It consisted of a single wire, tempered in a peculiar way, rendering it stronger than any wire-rope or chain he knew of. He also exhibited a good specimen of the so-called Cauliflower Excrescence, which he had removed by means of the single-wire *écraseur*.

*Hypertrophy of the Labium.* The patient, 27 years of age, about six weeks after her second confinement, three years since, experienced sudden pain and enlargement of the labia. Treatment was adopted, and in 1864 she was admitted into St. Bartholomew's Hospital, where drainage-tubes were passed through the mons veneris and left labium; but she left the hospital unrelieved. When seen by Dr. Meadows, the left labium was of the size of the fist, and the whole mons was much thickened, indurated, and brawny looking. On July 20th the entire labium was removed, together with an elliptical portion of the mons. The operation was successful, and left the parts on that side of their normal size.

Dr. NEAL exhibited two specimens of Singular Malformation, showing the influence of maternal impressions on the fetus in utero in the lower animals, the cow and the mare.

Mr. SHERATON showed a Steel Fillet designed by him to supersede the forceps. It is constructed by combining a rotatory action with the fillet principle. The rotatory action is obtained by pressing upon transverse bars, by which the blades are formed into a loop of elliptical form, having a short transverse diameter of four inches and a quarter, and a long diameter of five and a half or six inches. Mr. Sheraton explained its application, and considered the flexibility and thinness of the blades as important, in allowing ready adaptation to the axis of the pelvis, and to the form of the head.

Dr. GRAILY HEWITT thought the instrument highly ingenious, and likely to be serviceable in some cases, particularly when the head was quite low down; but he believed it could not take the place of the forceps in those cases where the forceps is so particularly valuable, viz., when the head is not so low down, and where there is some degree of impaction.

ON EXTREME SURGICAL TENDENCIES OF UTERINE PATHOLOGISTS; AND ON THE DIVISION OF THE CERVIX UTERI. BY E. J. TILT, M.D., M.R.C.P.

Dr. TILT deprecated the extreme surgical tendency that seemed to characterise the present epoch. He gave as a proof of this tendency the frequency with which operations have been discussed at Medical Societies, the unnecessary multiplication of surgical instruments, and the warmth with which their inven-



tion or modification was supported. He likewise noticed two books which have lately appeared; one, a very important work by Dr. Marion Sims, in which constitutional means of curing diseases of women were almost completely ignored; and another, by Mr. I. B. Brown, in which it was recommended to cure hysteria, epilepsy, and insanity by amputation of the clitoris. Dr. Tilt stated that he had known the division of the cervix uteri to have been frequently performed or recommended in cases where he was able to pass the uterine sound, and he submitted that no practitioner was warranted in dividing the cervix, either for sterility or dysmenorrhœa, when the cervical canal had that width; as microscopic animalculæ could find no difficulty in ascending where the uterine sound could pass. He alluded to the difficulty of passing a sound into the virgin womb, which did not interfere with the frequency of conception, in young women, soon after marriage. The author's experience led him to believe that the utility of dividing the cervix uteri had been unintentionally exaggerated. There were no statistics to show that conception was frequent after the operation; and he had frequently been consulted by those who had been operated upon during the last ten years, and who had remained barren. Dr. Tilt argued that there was so great a tendency on the part of the divided surfaces of the cervix to reunite, that the operation was generally useless, unless followed up by dilatation; and he thought that in the majority of cases of uterine stricture dilatation was the safest and best way to relieve dysmenorrhœa, and to facilitate conception. He wished the division of the cervix to be restricted to cases where the cervical canal was extremely narrow or the cervical walls very hard, and to cases wherein dilatation had proved a failure, or where there was flooding from uterine fibroids. He reserved his opinion respecting the value of the operation in cases of uterine displacement, or of malformation; and deprecated the operation being resorted to as a kind of *pis aller* in those intractable forms of uterine disease in which relapses depend either on a congenital unhealthy tendency of the organs of generation, or on some deeply rooted constitutional taint. Dr. Tilt mentioned that in three of his patients the operation had been performed without the knowledge of the patients or their friends, and he took occasion to remark that this did not accord with the usually received notions of medical ethics.

Dr. HENRY BENNET thought that Dr. Tilt deserved the thanks of the Society and of the profession for the paper read that evening. Although for the last seven years ill health had kept him out of active practice, he had continued to take the liveliest interest in uterine pathology, and had made himself acquainted with all that had been written and said on the subject. As a result he was deeply impressed with the idea that the therapeutics of uterine disease had taken of late too surgical a direction, and he thought, like Dr. Tilt, that this tendency required restraining, limiting, directing. After a seven years' absence from the debates of the Society, he could not but feel that it was passing strange that he should have to rise as a conservative, and that in the very arena where he had many a time, in former days, defended progress, and where he had been opposed and stigmatised as a rash innovator. When he commenced practice in London twenty-three years ago, uterine therapeutics comprised little else but the treatment of cancer, tumours, prolapsus, and constitutional conditions. The most continued and irrational opposition met his efforts to establish more correct views, to demonstrate that physical means of investigation were as imperatively demanded in the

study and treatment of diseases of the uterus as in those of diseases of the heart, lung, bladder, rectum, etc. By degrees, however, more reasonable ideas gained ground, and this senseless opposition to the progress of science was vanquished. Now it had entirely ceased, and had become a mere remembrance of the past. Indeed, as stated by Dr. Tilt, the danger rather appeared to be in going too far the other way, and interfering too much. This seemed probable when a recent surgical work on female diseases, written by a clever, experienced, laborious American surgeon, his friend, Dr. Marion Sims, proposed division of the cervix uteri on both sides, down to its vaginal attachments, as a remedy for all kinds of morbid conditions, for various deviations, and for sterility. Indeed the doctor, in one page, stated that he and his colleague in the Female Hospital at New York, performed this operation 500 times in two years! Again, many recent writers and operators seemed imbued with the idea that the passage through the cervical canal to the cavity of the uterus ought to be, what might be termed metaphorically, as open "as a carriage door," constantly finding stricture therein, for which they operate by ruthless divisions, if it is not so. He (Dr. Bennet) believed that this view was founded in error and would not be so constantly made were his discovery of a sphincter at the os internum recollected or recognised. This sphincter was a vital contraction of the circular fibres of the cervix at the os internum, similar in function to the sphincters which closed other cavities, the stomach, rectum, bladder. When the cold uterine sound reached it it contracted, and impeded its entrance into the uterine cavity, and a stricture was declared to exist. A wax bougie, No. 4 or 5, on the contrary, its extremity warmed by the hand, and slightly curved to the shape he had described as that of the uterine passages, generally entered with ease. The patent condition of the cervical passages which these authors appeared to consider necessary for conception was not natural, and certainly not necessary for the entrance of microscopic spermatozoa. It must not be forgotten either, in treating of sterility, that in England one married woman in six is sterile; in America, according to Dr. Marion Sims, one in eight. The causes of sterility were very numerous, and were not to be removed merely by cutting a royal road for the spermatozoa. Moreover, these divisions of the cervix healed up, and in a few months the narrowed condition was as bad or worse than ever in most cases. Twenty years ago, at Sir James Simpson's instigation, he operated in many cases, and all but abandoned the operation on account of these relapses. Since then he had generally used very small sponges if he wished to dilate, and had never once had an accident. The attacks of inflammation that had occurred in the hands of others had no doubt been caused by the attempted dilatation of inflamed tissues. The cervical canal ought to be perfectly sound when it was interfered with. In conclusion he repeated that he quite agreed with Dr. Tilt that the uterus is now-a-days too frequently interfered with surgically, and that the indications for operations required better defining.

Mr. BAKER BROWN said he thought the paper was brought forward at a most appropriate time, for he perfectly agreed with the author and with the observations of Dr. Henry Bennet that operations upon the cervix uteri were performed too frequently, and without proper regard to preparatory and subsequent treatment. He was glad to have the opportunity of stating before the Society, in the strongest language, his reprehension of the rashness with which this operation was performed in both the out-patients' departments of hospitals and the consulting rooms



of the operator. He had always taught that the operation of dividing the os and cervix uteri was one of great danger; and although he had performed it a vast number of times, he had never done so without careful preparatory treatment, and the most absolute rest for two or three weeks after the operation. He thought the danger was also increased by the frequent division of the internal os. For his own part, in all cases of flexions, he simply divided the cervix up to, but not through, the internal os; but in all cases of uterine hæmorrhage or intrauterine fibroid tumours, he then carried his incision through the internal os. In all cases, immediately after operation, he plugged with oiled lint, and took every precaution to prevent the admission of atmospheric air. He believed the neglect of these precautions would generally account for the untoward results which so frequently followed the operation. He could confirm all that Dr. Bennet had said as to the opposition and persecution he had met with in reference to his treatment of uterine diseases; and when he reflected how triumphantly Dr. Bennet had overcome all his opponents by the truth of his practice, he (Mr. Brown) felt consoled for the opposition he received for publishing the results of his experience on a subject of which he as yet confessed himself to be but a learner. But as he had always, through a long professional career, immediately published any innovation which he had believed to be practically useful, so he would continue unto the end, feeling sure that the majority of the profession would always honestly investigate anything which he might place before them.

Dr. HEAD was of opinion that the expression "stricture of the os uteri" demanded a clearer pathological definition. He never had had the opportunity of seeing after death a stricture of any portion of the cervical canal, and thought the specimens must be extremely rare. He believed that cases of coarctation of the os uteri internum, not dependent upon organic disease or deviations of the uterus from its normal axis, may be attributable very frequently to spasm of the muscular wall of the uterus, especially at the orificial zone. Irritation acting upon the lining membrane of the uterus or cervix reflects itself to the muscular apparatus of the uterus much as occurs in cystitis. He concurred with Dr. Tilt in the belief that in numerous cases operative interference had been premature; and that we should hesitate before we appeal to the knife; indeed that it should be the last resource, and only employed after all constitutional and local measures had been found utterly inefficacious. He (Dr. Head) had lately contrived an apparatus, by means of which the vapour of chloroform unmingled with air can be passed into the cervical and uterine cavities, and had found chloroform vapour thus injected a remedy which was likely to afford considerable relief in cases of neuralgic dysmenorrhœa.

Dr. GRAILY HEWITT believed with Dr. Tilt that the operation of incision of the cervix uteri was too frequently, and therefore unnecessarily practised. He differed from Dr. Tilt as to the indications for the operation. The uterine sound could frequently be introduced with a little patience in cases where the cervix was for menstruation purposes virtually strictured. He alluded particularly to cases, such as were by no means infrequent, where the canal was distorted and sinuous—a condition arising from thickening of the tissues of the cervix. The mucous membrane might be thickened also; but the chief condition was the irregular hypertrophy of the cervix itself. Then, again, he thought Dr. Tilt attributed too little importance to the effect of the presence of small fibroid tumours in determining flexions and

consequent virtual stricture of the cervical canal. He believed many cases of cervical distortion and narrowing could only be dealt with effectually by means of a cutting operation; but the indiscriminate application of the operation was to be strongly deprecated.

Dr. ROUTH said the discussion proved how little the profession was agreed as to either the anatomy or pathology of stricture of the uterine canal. Anatomically, Dr. Savage did not admit a special sphincter at the internal os. Besides, did not circular fibres abound everywhere in the cervix? Then, as to the seat of stricture, it was strange to find eminent men—accoucheurs—fixing stricture almost invariably at the external os; whilst others, quite as eminent, place it at the internal os. Then, again, was it to be said the uterine cervical cavity was never to be cut except in cases of stricture?—and could not the depth of the uterine incision be regulated according to the case? In chemosis of the eye, who would deny the advantage of relieving the congestion by incision? So in uterine disease a mucous lining might be so congested as to require scarification. The hysterotome effected this most satisfactorily. In parenchymatous uterine congestion itself it also was most beneficial. In conclusion, he could not allow physician-accoucheurs to remain under the stigma put upon them. Obstetric medicine was essentially *surgical*; and an accoucheur only proved his skill in acting *surgically* when prompt relief would follow, instead of acting *medically*, when cure would be thereby made very tardy, or not occur at all.

Dr. BARNES expressed his gratification at seeing again amongst them one who had rendered such eminent services to obstetric science as Dr. Bennet. Referring to his memoirs on Dysmenorrhœa and allied affections depending upon a peculiar conoid form of the cervix uteri with minute os externum, the President reminded Dr. Bennet that he had there quoted and adopted Dr. Bennet's views as to the os uteri internum. He believed it was very rarely the seat of stricture, or the source of difficulties requiring division. All his experience still pointed to the opinion expressed in that memoir, that the os externum was the seat of trouble. And when the peculiar formation which he had described existed, the consequences were very often severe, and even dangerous. He had seen retro-uterine hæmatocele caused by it, and had known examples of young girls dying in consequence. It was absurd to rely upon medicines, or indeed upon anything short of division of the os externum in such cases. As performed by him, the operation had always been safe. Speedy relief followed, and that in many cases which had undergone every other kind of treatment for years before. These were cases for surgical treatment.

Dr. TILT having replied, the meeting adjourned to the 3rd of October.

**PROTOPLASMIC MOVEMENTS OF THE EGG OF OSSEOUS FISHES.** At the recent meeting of the British Association, Dr. Ransom said that the subject of these rotations or oscillations had engaged attention since the time of Kosconi. By means of diagrams, the phenomena of movement visible in the unimpregnated egg were shown. After water had entered the ovum, a distension of the outer rim and a diminution of the yolk mass itself occurred, while the separation of the food-yolk took place. Then the protoplasmic movements ceased, fissile contractions commenced, and the general process of yolk-division occurred. The author detailed the results of a number of experiments with various agents, the object of which was to ascertain their action on the rhythmic movements he had described in the yolk.



## Correspondence.

### THE ADDRESSES IN MEDICINE AND SURGERY.

LETTER FROM EDWARD COPEMAN, M.D.

SIR,—Surely there can scarcely be a member of our great Association who does not congratulate himself on having heard or read the eloquent addresses of Dr. J. H. Bennett and Mr. Bowman, delivered at the annual meeting at Chester. What delight it would have afforded our late lamented President to have found his Association so complimented and assisted by men of such erudition, sound judgment, exalted views and high notions of morality and religion! Who can for a moment doubt that all Mr. Bowman says with regard to the necessity for united action in our profession is strictly and entirely true? and it is chiefly on this point that I trouble you with a few observations.

Our Association has been the first of late years to encourage the combined efforts of medical men in the elucidation of subjects connected with medical practice and experience; and although the benefits already obtained fall short of what might have been expected, yet there is sufficient encouragement in what has been done to urge the matter more and more, with a reasonable hope that great good to our patients and ourselves might be the result; and I trust you will exert your powerful influence to promote so desirable an object.

To my own mind, it is clear that the preliminary education of medical men should consist quite as much (if not more) of mathematical and scientific studies as of classical pursuits, however enticing, and, in a degree *necessary*, the latter may be; the former are, for the most part, auxiliary to medicine, whilst the latter are fully proved to be no obstacle (amongst the clergy, for instance) to the encouragement of any kind of medical error, or quackery, that may at the time be prevalent. Well did Dr. J. H. Bennett observe, that the decision of the Medical Council, that a knowledge of Greek shall be imperative on medical students, whilst an acquaintance with natural philosophy and logic shall be altogether optional, *was not made with a full comprehension of the tendencies of our science, or of its future requirements.*

The oneness of our profession is declaring itself progressively, although there still are and always will be various distinct lines of practice, according to the tastes, feelings, and acquirements of its different members. Some prefer the practice of medicine, some that of surgery, many that of both combined; and they all want the same fundamental professional education, in order to meet the requirements of any one department satisfactorily.

Perhaps few physicians practise the *manual* art of surgery; and many of them, for want of the dexterity which experience alone would afford, would be unable to do so efficiently; but all surgeons practise medicine, and in the provinces nine-tenths probably of the cases they have to treat are medical. It is a somewhat curious circumstance, that in our provincial hospital all the physicians, three in number, were previously general practitioners, two of them in the country and the other in the city; and as they are always called upon, in consultation with the surgeons, to pronounce an opinion as to the propriety or otherwise of capital operations, their previous education and employment render them more capable of forming a judgment in such cases than if

they had from the first been physicians strictly so called, with only the small experience to be derived in the uphill work of consultation practice in provincial cities or towns.

In our hospital, as in others, the physicians take the medical and the surgeons the surgical cases; but every day's experience shews how desirable it is that both physician and surgeon should be well acquainted with the principles which in either case guide them in their treatment of disease. How, for instance, can a "pure surgeon" treat constitutional symptoms resulting from operations, if he neglect the knowledge of treating fevers in general? And this remark leads me to make a suggestion in accordance with Mr. Bowman's desire for combined action amongst the members of our profession; viz., that we should endeavour, through the medium of our Association, to ascertain and report upon the therapeutic action and properties of turpentine, with especial reference to its effects in the cure of "surgical fever". Of its beneficial action in puerperal fever, there can no longer be any question; and, reasoning from analogy, we may expect similar good results in the low pyæmic fevers which so often follow accidents and surgical operations. What is the therapeutic action of the medicine upon the system? Does it act simply as a stimulant, keeping up the circulation in parts in a low state of vitality, or has it any specific action in subduing inflammation and preventing the degeneration of tissues? Or does it, from its action on the kidneys, hasten the removal of morbid ingredients from the blood?

I am, etc., EDWARD COPEMAN, M.D.

Norwich, August 30th, 1866.

### FOWLER'S SOLUTION OF ARSENIC IN LUPUS.

LETTER FROM TILBURY FOX, M.D.

SIR,—I think it of great importance that the value of Dr. Andrew's case of lupus, in which half-drachm doses of Fowler's solution were given, should be clearly stated. The case seems to me to exemplify the *toleration* by the human system of arsenic, rather than the beneficial use of the drug in lupus.

The patient from May 8th to August 15th (three months and a week) appears to have taken no less than seventeen ounces and a half of Fowler's solution, representing sixty-nine grains and three-quarters of arsenious acid, or about three-quarters of a grain a day. The peasant arsenic-eaters of Styria and Hungary take, after gradual training, from two to three grains only a-day; and Dr. Andrew's patient has managed in three months to reach a most creditable proficiency as a beginner. Very few persons can take such doses with impunity.

It is well known that when once an individual has for any length of time taken large doses of arsenic, he (like the opium-eater) cannot omit the daily dose without, in the majority of cases, being liable to the occurrence of rapid loss of flesh, emaciation, and frequently death. It does not seem improbable that less serious after effects may follow such large and continued doses of arsenic as those given by Dr. Andrew. There is such a thing as curing at the risk of after ill effects, and curing without any risk of the kind. I have seen bronchitis, subacute congestions of different parts—the intestines, for example—dyspepsia, disturbance of vision, etc., follow in the wake of long continued arsenical courses; and it would be very interesting if Dr. Andrew would give us in a year's time a short note of his patient's health.

If the good desired cannot be produced by mode-



rate doses, perseveringly given, we should hesitate before hazarding larger ones; the disease we are combating may possibly be cured, but the patient's health suffer. I do not believe we fairly watch the results of long courses of arsenic. When we have been puzzled by the obstinacy of a disease, we obtain now and again a cure by employing the drug heroically. The object gained, our observation usually ceases; but did we continue to scan the subsequent progress of our patient, we should sometimes have reason to regret the mode by which the cure has been obtained.

I do not for a moment wish to imply dogmatically that Dr. Andrew is at fault in the treatment of his patient. The history of the case, no doubt, fully commends it; but only to point out that the case should not be taken as a guide in reference to the treatment of lupus in general; for the exhibition of arsenic alone or as the chief agent in the cure is scarcely based upon sound pathology, and it is not the quickest mode of cure. In lupus, there is a proliferation of the cell-elements of the derma—a peculiarity of cell-growth—especially at the extending edge of lupus patch, and we must destroy this fairly and freely. The use of caustics—arsenical, ioduretted, mercurial, silver, or carbolic acid, according to circumstances—is the most important point of all in the management of lupus. Caustics require great care in their use. If they set up too much irritation, the disease is very likely to appear in contiguous parts; but the use of general measures should be made subservient to them.

I trust that Dr. Andrew's case will not tend to make us lose sight of the value of caustics in lupus, or induce any of us to begin physicking our refractory cases with large doses of Fowler's solution. The happy medium, a moderate course, is no doubt the correct use of both local and general means.

I am, etc., TILBURY FOX.

43, Sackville Street, Piccadilly, W., Sept. 10th, 1866.

## USE OF STIMULANTS IN CHOLERA.

LETTER FROM ANDREW CLARK, M.D.

SIR,—I beg permission to offer a few words of explanation concerning certain remarks on cholera which you have transferred from the columns of a daily paper as having been made by me at the Mansion House.

One might infer from these remarks that I had discussed, or animadverted upon, the treatment of cholera pursued by my medical brethren in the East of London. But it was quite otherwise. To have done so, in such a place, would have been, in my opinion, an unpardonable impertinence, and was, I assure you, very far from my thoughts.

Abuses in the distribution of stimulants by lay visitors having been brought to my notice in various ways, I took occasion, in my place at the Mansion House, to tell local committees that an extra consumption of stimulants afforded no protection from cholera; to show them, by statistical returns, that the most numerous and fatal cases occurred after excessive indulgences of this kind; and to urge them to administer their supplies of wine or spirits exclusively through the medium of their medical advisers. My remarks had no reference to the treatment of cholera by these agents.

In the greater number of cases my advice has been followed; and I find from personal inquiry that the abuses referred to have in great measure ceased to exist.

I am, etc.,

ANDREW CLARK.

September 10th, 1866.

# Medical News.

APOTHECARIES' HALL. On September 6th, 1866, the following Licentiates were admitted:—

Bloxam, John Astley, Bedford Place, Russell Square  
Gronow, Owen Tudor, Carlton Villas, Slough  
Leah, Thomas, Lock Hospital, Harrow Road  
Robinson, Robert, Avenham Place, Preston

## APPOINTMENTS.

CROWTHER, Edward L., Esq., appointed Resident Surgeon to the Birmingham Lying-in Hospital.

\*LAURENCE, J. Zachariah, M.B., appointed Ophthalmic Surgeon to St. Bartholomew's Hospital, Rochester.

\*MACKENZIE, Morell, M.D., appointed Assistant-Physician to the London Hospital.

NUNN, John R., Esq., appointed Surgeon to Warwick County Gaol, vice H. Blenkinsop, Esq.

SYKES, Walter J., M.B., appointed House-Surgeon to the Clayton Hospital and Wakefield General Dispensary.

INDIAN ARMY. To be Assistant-Surgeons, Bengal Army:—

BIRCH, E. A.	KEEGAN, D. F., M.D.
CAMERON, L., M.D.	MACKENZIE, S. C., M.D.
EADES, L. E.	PALMER, D. P., M.D.
GAGE, J. T., M.D.	RAYE, D. O'Connell, M.D.
GALLOWAY, W. W., M.B.	WARBURTON, W. P., M.B.
GRIFFITH, G.	

To be Assistant-Surgeons, Madras Army:—

BATEMAN, D. F.	MAYER, H. C.
CULLINAN, C. M.	NANNEY, L. C.
M'PHERSON, J., M.D.	RICKARD, F. M.
M'VITTIE, C. E.	SHANNON, P. J., M.D.

To be Assistant-Surgeons, Bombay Army:—

BOWMAN, R.	LAING, A., M.D.
CODY, T.	MILLER, A. H.
GRAY, W.	RABY, J.
HOLMESTED, T.	VESEY, R. M.
HUGHES, D. E., M.D.	

DR. S. D. LEES, of Ashton-under-Lyne, has been appointed a magistrate for the county of Lancashire.

GLASGOW MEDICO-CHIRURGICAL SOCIETY. Dr. Allen Thomson has been elected president, and Dr. Robert Paterson and Dr. John Coats vice-presidents, of the Glasgow Medico-Chirurgical Society.

SCURVY IN INDIA. The heat at Mooltan is described as intense. Scurvy has broken out among the 35th Regiment stationed there, and as many as 350 of the men have been laid up with the disease.

CENTENARY OF JOHN DALTON'S BIRTH. Wednesday week, being the centenary of the birth of John Dalton, the chemist (the discoverer of the atomic theory), was celebrated in Carlisle by a public dinner. Dr. Lonsdale, of Rose Hill, Carlisle, presided.

SALMON. Mr. E. Buckland condemns the discouragement of salmon by the pollution of rivers; and says that the Trent and other rivers now unproductive can be so far cultivated as to bring salmon down to sixpence or sevenpence a pound.

THE HEALTH OF LIVERPOOL. At a late meeting of the Liverpool Health Committee, Dr. Trench reported a still further increase in the mortality of the town. The deaths from cholera had been 225 during the week, and the total rate per week was 282 in excess of the average of the last ten years.

BRITISH ASSOCIATION. Dr. Hooker, in his lecture upon "Insular Floras", related the results of his explorations in the islands of the southern seas, including Madeira, St. Helena, the Azores, and Kirk Williams Island. The flora of Madeira was like that of Europe, except that the plants grew larger, parsley being there produced on trees. On Desolation Island he found only 150 plants, and he never thought of that place without unpleasant associations of cabbage and penguin soup.



THE OUTHWAITE CONVALESCENT FUND is to be raised to commemorate the services rendered by Dr. Outhwaite to the Bradford Infirmary.

THE CASE OF CÆSAREAN SECTION operated on by Dr. Greenhalgh has proved fatal. The infant is doing well.

A TESTIMONIAL has been presented to Dr. Moore on his vacating the office of Deputy-Superintendent of the Lancaster County Lunatic Asylum by the officers and servants.

THE TESTIMONIAL TO MR. GRIFFIN. The *Illustrated London News* of this day contains an engraving of the testimonial presented to Mr. Griffin by the Poor-Law Medical Officers.

NEWS FOR TETOTALLERS. A meeting was held in Liverpool at which it was determined to support the Town Council in its effort to secure further legislation with a view to diminish drunkenness in the town.

THE ROYAL TOUCH. It has been ascertained that four several Oxford editions of the Book of Common Prayer were printed after the accession of the house of Hanover, all containing as an integral part of the service, "The Office for the Healing."

ST. BARTHOLOMEW'S HOSPITAL, CHATHAM. The Trustees of this ancient charity (founded A.D. 1078) have opened four wards, with twenty-four beds, for the treatment of ophthalmic cases. The care of these wards has been entrusted to Mr. J. Z. Laurence of London.

ABSENCE OF KIDNEY. Mr. W. Symonds of Ross (*Lancet*) examined a man who had died from typhus, and found entire absence of the right kidney, although the right suprarenal capsule was then natural and healthy. The left kidney weighed  $7\frac{1}{2}$  ounces, and was healthy.

APOTHECARIES' HALL. At the competitive examination, on the 8th August, for the prizes in Botany annually given by the Society of Apothecaries, the successful candidates were—James Ryal Rouch, St. Bartholomew's Hospital, gold medal; Marmaduke Alexander Lawson, King's College Hospital, silver medal and a book.

FRAUDULENT MEDICAL DIPLOMAS. The authorities of the Royal College of Surgeons have directed the attention of the American Minister to a practice which, if not checked, may tend to cast discredit on the medical profession and inflict deep injury on the public generally. An advertisement is inserted in some of the leading English journals containing this announcement: "Diploma (Medical) to be disposed of, a bargain." It is supposed that many of these are in the market, and that any person so disposed, whether he have any medical knowledge or not, may set up as a medical practitioner by the purchase of one of them. It has been ascertained that the diploma advertised is from an institution in New York, that it is duly attested, and is signed by "Examiners." A space for the name of the purchaser, or any nominee who may be desirous of medical honours, is left blank, so that any of the quacks who infest the metropolis, or any other person, may at once convert the diploma into his duly certified medical qualification, and do irreparable mischief to the ignorant people who may be unfortunate enough to place themselves in his hands.

COLLEGE OF PHYSICIANS OF IRELAND. His Excellency the Lord Lieutenant on August 29th received a deputation and congratulatory address from the King and Queen's College of Physicians. The President (Dr. Beatty) having read the address, the Lord Lieutenant said I have great pleasure in re-

ceiving your address. It is most gratifying to me to be met on my arrival in Ireland with the assurance, from so distinguished a body, both of devotion to her Majesty the Queen and of personal esteem for myself. I am aware of how unremitting your labours have been to secure the objects for which your ancient college was founded, in promoting the advance of scientific knowledge, and in alleviating sickness and suffering. The respect in which you, the physicians of Ireland, are universally held is a convincing proof of the success which has attended your efforts. At this particular moment, when the country is menaced with a visitation of cholera, I rely with confidence on the assistance which the medical profession are doubtless prepared to give to the government and the local authorities in the efforts they may be called on to make for the prevention of this formidable disease. I feel sure that, should the necessity occur, the public, and particularly the poorer portion of the community, will derive much benefit from the devoted attention, scientific knowledge, practical skill, and humane exertions which have always been evinced by the medical profession in similar cases of national peril.

GLORIOUS WAR. The Commissioners despatched to the lazarets and field hospitals by the Patriotic Help Association (Hilfsverein) of Vienna has published an interesting report. They draw a pitiable picture of the condition of the peasantry in Northern Bohemia. For six months their country has been occupied by great armies. The peasant's food has been devoured, his field laid waste, his house burnt or torn down and laid in ruins. They declare that the dead were left unburied in many places, and that the poisoned air destroyed the living. Nearly all the amputations made by the Prussian military surgeons ended fatally, but no difference was made in the treatment of Austrian and Prussian wounded by the medical men. They found the condition of the hospitals in all that related to nursing and medical attendance "deplorable". The Commission started to Brünn on the 1st of August with fifteen waggon-loads of medical comforts. In Wilkersdorf they found a Prussian company as a guard to a cholera hospital. The pestilence was so bad that in a short time 450 had died out of 700 patients, and the officer in command said, "I hope in Heaven we shall soon leave this, for my sick will all be dead in a few days". At Pardubitz they found seven wounded Austrian officers, who were getting well in airy, well-shaded tents. At Königgrätz itself they found the hospitals overstocked and short of what was needed. In one house were 115 wounded officers, and in another were 198 more. They needed splints, lint, bandages, medicine, lotions, as well as tobacco and wine. On the 9th the Commissioners visited Rosnitz, Westar, Sadowna, Nechanitz, and Hradek, and describe with horror and astonishment the condition of the country. The hands and feet of the dead were sticking out of the hasty graves. As to the hospitals in these places, the Commissioners declare all appliances and necessaries were deficient. The Prussian doctors deplored their want of success in amputations. Many of the wounded had been left forty-eight hours on the field without help, and were in the most unfavourable condition for treatment by the knife. On the 14th they visited Jaromierz, Skaliz, Nachod, etc., and all the hospitals up to Trautenau. In all cases their supplies were most welcome. The report affords a terrible peep behind the scenes of a great battle—the *après*, when the conqueror has moved off with drums and trumpets, and banners flying in the setting sun, and night settles on the dying and the dead.



DR. FORDYCE dined every day at Dolly's chop-house. His researches led him to conclude that man eats oftener than nature requires, one meal a day being sufficient. He made the experiment on himself, and finding it successful, he continued the following regimen for more than twenty years. At four o'clock, his accustomed dinner hour, he entered Dolly's chop house, and took his seat at a table always reserved for him, on which were instantly placed a silver tankard full of strong ale, a bottle of port wine, and a measure containing a quarter of a pint of brandy. The moment the waiter announced him, the cook put a pound and a half of rump steak on the gridiron, and on the table some delicate trifle, as a *bonne bouche*, to serve until the steak was ready. This delicacy was sometimes half a broiled chicken, sometimes a plate of fish; when he had eaten this, he took a glass of brandy, and then proceeded to devour his steak. We say devour, because he always ate as rapidly as if eating for a wager. When he had finished his meat, he took the remainder of his brandy, having, during his dinner, drunk the tankard of ale, and afterwards the bottle of port. The doctor then adjourned to the Chapter coffee-house, in Paternoster-row, and stayed while he sipped a glass of brandy and water. He made no other meal till his return next day, at 4 o'clock, to Dolly's. (*Temple Bar*.)

LUNACY IN IRELAND. The number of the insane in Ireland increased considerably during the year 1865. The inspectors-general mention that, at the end of 1864 the insane of all denominations numbered 8272. In December last the number had risen to 8845; 4835 were in public asylums, and 2733 in poor-houses; private asylums held 583, and the remainder were in gaols or special criminal asylums. During the year 596 were discharged cured, and 123 improved. The number of those returned as incurable is 3623. The average mortality of the Irish asylums is as low as 8 per cent. The inspectors express astonishment at the small amount of congenital idiocy, or helpless imbecility, which presents itself. The simple idiots number altogether only 1175. The most prominent causes of insanity, according to their observation, are hereditary predisposition, dissipation and irregularity of life. Moral causes are more prevalent among females, physical among men, and the former sex exceed in the amount of recoveries. There were but two cases of suicide and five "escapes." The non-restraint system is generally adopted, and 2632 patients are engaged in employments, of one sort or another. 242 acres of tillage are cultivated by their labour, and a profit of £2400 was realised upon it last year. It has been found by Drs. Nugent and Hatchell that out-door and other employments have a most important curative effect.

ON THE SOURCES OF THE FAT OF THE ANIMAL BODY. At the meeting of the British Association at Nottingham, Mr. J. B. Lawes and Dr. J. H. Gilbert read a paper on this subject. In 1842 Baron Liebig had concluded that the fat of Herbivora must be derived in great part from the carbo-hydrates of their food, but might also be produced from nitrogenous compounds. Dumas and Boussingault at first opposed this view; but subsequently the experiments of Dumas and Milne-Edwards with bees, of Persoz with geese, of Boussingault with pigs and ducks, and of the authors with pigs, had been held to be quite confirmatory of Liebig's view, at any rate, as far as the carbohydrates were concerned. But at the Bath meeting of the British Association in 1864, Dr. Hayden expressed doubt on the point, and at the Congress of Agricultural Chemists held at Munich

last year Professor Voit, from the results of experiments with dogs fed on flesh, maintained that fat must have been produced from the nitrogenous constituents of the food, and that these were probably the chief, if not the only, source of the fat even of herbivora. Baron Liebig disputed this conclusion, and his son, Hermann von Liebig, had since sought to show its fallacy by reference to experiments with cows. The authors agreed with the conclusions of these latter authorities, but pointed out the inadequacy of the data relied upon by Hermann von Liebig. They showed that, owing to the much less proportion of alimentary organs and contents, the higher character of the food, the much larger amount of fat produced both in relation to a given weight of animal within a given time and to the amount of food consumed, the much less proportion of the solid matter of the food that passed off in the solid and liquid excretions, and finally the larger proportion of fat in the increase, results obtained with pigs must be much more conclusive than those with either cows, oxen, or sheep. Numerous tables were exhibited showing the results which had been obtained by the authors in experiments with pigs, from which the following conclusions were drawn. Certainly a large proportion of the fat of the herbivora fattened for human food must be derived from other substances than fat in the food. When fed on the most appropriate fattening food, much of the stored-up fat must be produced from the carbo-hydrates. The nitrogenous constituents may also serve as a source of fat, more especially in defect of a liberal supply of the non-nitrogenous ones.

POISONOUS NATURE OF CRUDE PARAFFIN OIL. At a recent meeting of the British Association, Dr. Stevenson Macadam read a paper on the deleterious effects produced on fish in streams by the discharges from paraffin works. The spent acid liquor and the spent soda liquor are the most serious discharges which escape from paraffin oil works, and their influence upon the health and life of fish is much more decided than the paraffin oil itself. The spent acid liquor consists of the sulphuric acid which has been added to the crude oil, accompanied by tar products, including picoline and other basic oils. It is a black tarry liquid, of the consistence of molasses, with a somewhat sulphurous odour, and a very small quantity added to water confers upon the latter poisonous properties. In one instance, Dr. Macadam found this spent acid liquor which was collected, somewhat diluted with water, to possess the following powerful effects upon fish: 1. When the liquor was taken by itself, and fish emerged therein, they were dead in five minutes. 2. When the liquor was diluted with three times its volume of good stream water, and fish introduced into the mixture, they were killed in ten minutes. 3. With one of the liquid and twenty of water the fish died in fifteen minutes. 4. One of the liquor and hundred of water killed the fish in fifteen to twenty minutes. 5. One of the liquid and one thousand of water was poisonous to the fish in two hours; whilst in one of the liquor to ten thousand of water, the fish were not killed by their immersion in the mixed liquid for twenty-four hours, but were apparently sick and prostrate. The spent soda liquor which has been employed in treating the oil which had been previously acted upon by acid, is necessarily decidedly alkaline and caustic in its nature. It has extracted from the oil, and retains in solution, more or less carboic acid and its homologues, and the poisonous nature of the spent soda liquor is doubtless materially augmented by the presence of these acids. One sample of this soda liquor which was flowing from a paraffin oil work,



and which contained extra water, proved destructive to fish in ten minutes; diluted with three parts of water, it killed fish in twenty minutes; with twenty of water, the fish were dead in twenty-five minutes; with hundred of water, the fish were killed in thirty minutes; diluted with a thousand times its volume of water, the soda liquor was destructive to fish in twenty hours; whilst in ten thousand parts of water the fish were not killed, but were apparently slightly sick. Experiments were also made with crude shale oil and the refined oils obtained therefrom, and with Pennsylvanian petroleum and the refined oils extracted from it. The crude shale oil was destructive to fish in the proportion of one of the oil to one thousand of water, in twelve hours. The Pennsylvanian petroleum in the same proportion, did not kill the fish for twenty-four hours. The refined oils acted in a corresponding manner on fish; thus the refined shale oil, in the proportion of one to a thousand of water, killed the fish in twenty-four hours, whilst the refined Pennsylvanian oil did not prove destructive till two days.

#### OPERATION DAYS AT THE HOSPITALS.

MONDAY.....	Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY ....	Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.
WEDNESDAY...	St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.
THURSDAY....	St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.
FRIDAY.....	Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
SATURDAY....	St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

#### TO CORRESPONDENTS.

\*.\* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

USQUE AD FINEM.—Mr. South has been an Examiner of the College of Surgeons hard on twenty years! He was elected in 1848. Mr. Luke became an Examiner in 1851; and has therefore *only* tasted the sweets of office for fifteen years! As a commentary, the Council of the College have, as we lately announced, declared by a resolution that these are examples *not* to be imitated. But why does not the Council publish its resolution, in order to let the Elective Body—the Fellows—know its opinion? This is the question a correspondent wisely asks.

A WRITER calls attention to the singular decrease of cholera cases which invariably occurs on Sunday and Monday—being about one-half of the cases returned on other days. Is there any way of accounting for this? Is it the Sunday rest, or the absence of public-house temptations?

APHASIA.—In our leader on Aphasia, whilst speaking of writings on language, we omitted the names of two authors whose contributions are of so high value, that the omission is rather a striking gap in the advice we were then giving to students. We allude to Dr. James Russell of Birmingham, and to Dr. Banks of Dublin, authors of most valuable contributions towards the elucidation of the difficulties which crowd round our studies of the pathology of language.

COMMUNICATIONS have been received from:—Mr. I. BAKER BROWN; Dr. J. BULLAR; Dr. JOSEPH STEVENS; Mr. FURNEAUX JORDAN; Dr. BALMAN; Dr. TILBURY FOX; Dr. F. J. BROWN; FAIR PLAY; Mr. WM. PAUL SWAIN; Mr. T. LANGSTON; Mr. HAYNES WALTON; Dr. H. JACKSON; Dr. SYMONDS; Dr. MURCHISON; AN OLD INHALER; Dr. E. ANDREW; Dr. M. MACKENZIE; Dr. JAMES RUSSELL; Dr. DE G. GRIFFITH; Dr. GRIFFIN; and Mr. HILL.

#### BOOKS RECEIVED.

1. Cholera: What it is, and how to prevent it. By E. Lankester, M.D., F.R.S. London: 1866.
2. Reflections on Cholera. By Alexander Hamilton Howe, M.D. London: 1866.
3. Report on the Sanitary Condition of Merthyr Tydfil. By T. J. Dyke. Merthyr Tydfil: 1866.
4. Cholera: a New Theory. By C. D. Kingsford, M.D. London: 1866.
5. Report to the Board of Guardians of the City of London Union, on House to House Visitation. By W. S. Saunders, M.D. London: 1866.
6. Instructional Observations and Notes on the Cholera Regulations issued by the Privy Council. By W. G. Lumley, LL.M. London: 1866.

#### ADVERTISEMENTS.

NOW READY, the Small Edition of the

## British Pharmacopœia,

Published under the direction of the

GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION OF THE UNITED KINGDOM,

Pursuant to the Medical Act (1858).

Price (as directed by the Lords Commissioners of Her Majesty's Treasury):..

The DOUBLE-CROWN 32mo EDITION, cloth boards, and in flush edges, 6s.

The work is sold to Booksellers only, on application personally, or by letter to the Registrar of the Medical Council, 32, Soho Square, London, W.

## The Medical Club.

—A Club is being formed in London for the convenience of Members of the Medical Profession and gentlemen engaged in the pursuit of those sciences allied to Medicine.

The following Terms of Admission are applicable only to Members joining during the present year—viz.: Residents within the London Postal District, five guineas entrance and three guineas annual subscription; those beyond the London Postal District, three guineas entrance and one guinea annual subscription. Entrance and Subscriptions to be paid to the Bankers of the Club, the London and Westminster, 1, St. James's Square, S.W.

JOHN PROPERT, Esq., Treasurer,

6, New Cavendish Street, W.

LODY MARSH, M.D., Honorary Secretary,

Royal United Service Institution, Whitehall Yard, S.W.

September, 1866.

## Royal College of Physicians

OF LONDON.—FIRST PART OF THE PROFESSIONAL EXAMINATION FOR THE LICENCE. The next Examination of Students who have completed two years of Professional Study at a recognised Medical School will commence on Tuesday, October 2nd.

SECOND PART OF THE PROFESSIONAL EXAMINATION.—An Examination of Gentlemen who are eligible for admission to the Second Examination for the Licence will commence on Tuesday, October 9th.

Registered Medical Practitioners, qualified before January 1861, are admitted to Examination under special Bye-Law.

Candidates are required to give fourteen days notice in writing to the Registrar of the College, with whom all Certificates and Testimonials required by the Bye-Laws are to be left at the same time.

Pall Mall East, 1866.

H. A. PITMAN, M.D., Registrar.

## Society for the Relief of Widows

and ORPHANS OF MEDICAL MEN. Founded 1788. Incorporated by Royal Charter 1864. The Members are reminded that a QUARTERLY COURT OF DIRECTORS will be held on the 10th of October next, at which Candidates for admission into the Society can be proposed. It is desirable that the forms of proposal be filled up and forwarded to the Secretary at least a week before the Meeting. The form of proposal may be obtained of the Secretary. The benefits of the Society are restricted to the families of deceased Members of not less than two years standing. The Secretary attends at the office every Wednesday and Friday, from Four to Five o'clock.

S. W. J. MERRIMAN, M.D., Secretary.

53, Berners Street, W., September 11th, 1866.



THE  
**Jacksonian Prize Essay**  
 FOR 1865.

ON DISEASED CONDITIONS OF THE  
 KNEE-JOINT

WHICH REQUIRE AMPUTATION OF THE LIMB, AND THOSE CONDITIONS WHICH ARE FAVOURABLE FOR EXCISION OF THE JOINT; WITH AN EXPLANATION OF THE RELATIVE ADVANTAGES OF BOTH OPERATIONS, AS FAR AS CAN BE ASCERTAINED BY CASES PROPERLY AUTHENTICATED.

BY

WILLIAM PAUL SWAIN, M.R.C.S.,  
 SURGEON TO THE ROYAL ALBERT HOSPITAL, DEVONPORT, ETC.

SECTION I.—GENERAL ANATOMY OF THE  
 KNEE-JOINT.

*The Knee-joint*, the largest and most complicated articulation in the body, belongs to that class of joints termed *ginglymoid*. Its osseous structure is derived from the lower extremity of the femur, the upper extremity of the tibia, and the patella.

*The Femur*, at its lower extremity, terminates in the external and internal condyles, continuous with one another in front, but divided posteriorly by a depression called the intercondyloid fossa. Of the two condyles, the external presents the larger articular surface in front; but the internal extends below the external. If the condyles of the femur be placed flat on the tibia, it will be found that the shaft diverges about  $15^\circ$  from a line perpendicular to the tibia. It is to compensate for this oblique position of the shaft of the bone that the internal condyle is so much longer than the external. (Humphry, *On the Human Skeleton*, p. 475.) It is most necessary to bear this fact in mind when sawing the bone through, as one of the steps in excision of the joint. If the saw be carried at right angles to the shaft of the bone, the cut surface, when in contact with the tibia, must of necessity bow the knee outwards. In writing on the operation of excision of the knee, I shall again refer to this point. Each condyle possesses a large articular surface covered with cartilage, on either side of the fossa, for articulation with the tibia; whilst between these two surfaces, in front, lies the patellar articular surface, over which the patella plays. It is of some practical bearing to note that the external articular condyle is of the two the more prominent, as in diseased conditions of the joint the patella is frequently found attached to this surface. On each side of the condyles are rough surfaces for the attachment of the external and internal lateral ligaments; and on the side of the external condyle is also a smooth groove terminating in front in a depression, from which the popliteus muscle takes its rise. It is of importance to observe particularly the origin of this muscle, as in noticing certain pathological conditions of the joint we shall have again to refer to it.

*Development.* An ossific nucleus is not deposited in the lower extremity of this bone until the eighth

or ninth month of foetal life; and although this is the first of its epiphyses in which bone is deposited, yet it is the last to become united to the shaft, complete union not being accomplished before the twentieth year. (Humphry on *The Human Skeleton*, p. 476.) Barwell, in his work on *Diseases of the Joints*, p. 6, relates a strumous case in which union did not take place until the twenty-fourth year.

*The Tibia.* The head of the tibia presents two condyloid surfaces corresponding to the articular condyles of the femur. Between them rises the spine, and at its base, one in front and the other behind, are the depressions which give attachment to the crucial ligaments and semilunar cartilages of the joint. On the outer side of the head is an articular surface for the head of the fibula; and on the inner side, and somewhat behind, is a groove for the insertion of the tendon of the semi-membranosus muscle. In front is the anterior tuberosity, giving attachment to the ligamentum patellæ, and behind the rough popliteal line passing obliquely downwards and inwards from the outer tuberosity of the head, bounding the attachment of the popliteus muscle.

*Development.* There is a special nucleus for the head of the tibia which does not appear until some weeks after birth. This epiphysis includes the anterior tuberosity within its boundary, a point of considerable importance to the surgeon, although there is sometimes a special nucleus at this point. At the age of 20 years, this epiphysis is frequently not yet united to the shaft of the bone.

*The Patella* is a sesamoid bone developed in the tendon of the quadriceps extensor muscle. It is subcutaneous; its under surface being coated with cartilage for articulation with the patellar articular surface of the femur. It is attached by the ligamentum patellæ to the anterior tuberosity of the tibia. At birth this bone is cartilaginous, and an ossific deposit appears about the third year.

*The Growth of the Bones.* Before leaving the consideration of the bones entering into the formation of the knee-joint, it may be well to refer to the very important subject of their growth. It is well known that long bones grow longitudinally by successive additions to their extremities; an ossific nucleus being deposited in the epiphysal cartilage, the bony matter extends in all directions, stopping short, however, of the edge of the cartilage, and leaving two layers—one, the articular cartilage, between it and the joint, and the other, the epiphysal junction, between it and the shaft of the bone.

The further researches of Humphry, Ollier, and others, show, moreover, that the larger ends of the long bones, and those in which the epiphysal cartilages remain the longest, grow the most. Thus, at the lower end of the femur, where the epiphysal cartilage is the last to be united to the bone, the growth is most rapid and prolonged. Much, if not all, of the growth in length at the upper epiphysis is lost, owing to its extreme obliquity; it is, therefore, of great importance to preserve the longitudinal growth of this bone. In the case of the tibia, the longitudinal growth being at both epiphyses is all gain (Hodges on *Excision of Joints*, p. 157); but here, too, the most important growth is at the larger end, that in connection with the knee-joint. Ollier points out that, whereas removal of the epiphysal ends of the humerus and ulna at the elbow-joint interferes but little with the subsequent growth of the



limb, yet that the analogous proceeding at the knee-joint, removing, as it does, the two principal sources of longitudinal growth, must materially interfere with the after proportions of the limb. (Ollier, *Journal de Physiologie*, vol. iv, p. 87.)

*The Muscles and Tendons* in connection with the knee-joint, which are more or less involved either in morbid conditions or operative procedures, next require notice. Passing anteriorly to its insertion in the anterior tuberosity of the tibia is the tendon of the quadriceps extensor femoris, beneath which muscle is the subcutaneous, extending from the lower part of the anterior surface of the femur to the synovial membrane of the knee-joint.

On the inner side, a little below the insertion of the quadriceps, is inserted the tendon of the sartorius, and beneath this the tendons of the gracilis and semitendinosus. The semimembranosus is inserted by three slips: one passing to the inner side of the tibia, one to the popliteal fascia, and one to the posterior ligament; and, with the semitendinosus, forms the inner ham-strings. The biceps femoris, forming the outer ham-string, passes to its insertion in the head of the fibula by two slips, between which passes the external lateral ligament, a bursa being interposed. Posteriorly, the gastrocnemius arises from the condyles of the femur. Under the inner head, separating it from the tendon of the semimembranosus, is a synovial sac, which sometimes communicates with the knee-joint. The plantaris takes its origin from above the external condyle and the posterior ligament of the knee-joint. The popliteus, as before remarked, arises from a depression in front of the popliteal groove on the external condyle within the capsule of the joint, and is in contact with the external semilunar cartilage.

*Action of the Muscles.* The quadriceps extensor extends the knee-joint; the ham-string muscles flex it. The inner ones with the popliteus act as rotators inward, especially in flexed conditions of the joint. The outer ham-string, the biceps, acts as an external rotator. The subcutaneous is supposed, in extension of the joint, to pull up the synovial membrane, and prevent its being pressed between the patella and the femur.

*The Ligaments* of the knee-joint are the external, internal, and the posterior, or ligament of Winslow; this latter one being strengthened by slips from the tendons of the semimembranosus, the popliteus, and the heads of the gastrocnemius, and presenting a strong and firm partition between the joint and the popliteal vessels and nerves which lie upon it.

The ligamentum patellæ, although strictly the tendon of the quadriceps, may be considered one of the ligaments of the knee-joint. The attachment has been already noticed. Between it and the top of the tibia a bursa is found.

The crucial ligaments are within the joint. The anterior, arising from the depression in front of the spine of the tibia, passes backwards and upwards to be inserted into the inner and posterior part of the external condyle of the femur. The posterior, arising from the depression behind the spine of the tibia, passes forwards and upwards to be attached to the intercondyloid hollow and inner condyle of the femur.

The transverse ligament is a slight band of membrane connecting the interarticular fibro-cartilages of the knee-joint in front.

The capsular membrane is a fibrous tissue occupying the space between the ligaments. It is specially present between the sides of the patella and the femur, and covers the condyles of the femur beneath the gastrocnemius.

*The Semilunar Cartilages* are placed on the articular surface of the head of the tibia. They are surrounded by synovial membrane. The outer convex borders are thick, whilst the inner concave borders are bevelled down to a fine edge; the surface of the tibia within the borders being uncovered by them.

*Articular Cartilage.* The entire articular surfaces of the femur, tibia, and patella, are coated by a layer of cartilage varying in thickness from one-sixteenth to one-seventh of an inch. (*On the Thickness of Articular Cartilage.* P. Redfern, M.D.) As has been already noticed in considering the growth of bone, this cartilage is the layer of unossified cartilage which exists between the deposits of bone in the epiphysis and the joint. It is a tough elastic material, permeated neither by vessels, nerves, nor lymphatics. Exposed as it is to continual wear and tear at its free surface, there is special arrangement made for its repair. It is attached, or is rather continuous with the bone; but that portion of bone with which it is immediately in contact, the articular lamella, consists, according to Barwell, of a series of minute tubes running forward to the cartilage surface, through which passes the nutrient fluid from the bone to the deep surface of the cartilage. It is very doubtful as to whether the surface of articular cartilage is covered with any membrane. It is more than probable that the peculiar arrangement of the cartilage corpuscles has led some observers to the conclusion that the free surface of the cartilage was covered by epithelium. It has been pointed out that these corpuscles, as they approach the free surface, gradually change their position; from being perpendicular, they gradually assume a horizontal position, until, at the free surface of the cartilage, they form several layers of corpuscles placed horizontally one on another. (Barwell on *Diseases of the Joints*, p. 12.) By this arrangement, a continuous growth of cartilage takes place from the attached surface to compensate for the loss at the articular surface.

*The Synovial Membrane* of the knee-joint encloses the largest synovial cavity in the body. It forms a large sac beneath the quadriceps, and invests the entire circumference of the lower end of the femur. It is thence reflected on to the tendons of the gastrocnemius behind. A process invests the crucial ligaments, the upper and lower surfaces of the semilunar cartilages, and thence passes to the tibia. Another process passes down on the popliteus, and sometimes is blended with the fibular joint. It sends processes named "ligamenta alaria" between the tibia and patella; and another process, "ligamentum mucosum", through the joint to the front of the intercondyloid fossa. These processes lie on and enclose fat, which fills up the numerous interstices in the joints and forms a soft pad on which the synovial membrane rests. A variety of opinions has been expressed as to the prolongation of the synovial membrane over the articular cartilage. Barwell states that it is his conviction that the cartilage is not covered by this membrane, but that it is lost near its edge (Barwell, p. 14); whilst, on the other hand, Toynbee has



proved its existence in the foetus (*Philosophical Transactions*). Price states that he is convinced that more than once he has traced a prolongation over the cartilaginous surface; and that, in some diseased conditions of the articulation, it can be demonstrated. (Price, *On the Knee-joint*, p. 7.) Seeing, however, that the resemblance between cartilage structure and the structure of synovial membrane is very great, and that diseased conditions extend rapidly from the one to the other, I am inclined to coincide with Barwell's views upon this point, and to regard the synovial membrane, not as a closed sac, but as a simple tube terminating at either end at the edge of the articular cartilage. The loose arrangement of the membrane, and the plentiful deposit of soft fat and subsynovial tissue, seem especially to provide against the bruising and injury to which it would otherwise be subjected; and it appears to me that this arrangement would be materially interfered with if the synovial membrane were prolonged tightly over prominent portions of bone such as those found in the knee-joint.

The *Vascular Supply* to the joint is derived from an anastomotic branch of the superficial femoral, branches of the popliteal, and a recurrent branch of the anterior tibial artery.

The *Nervous Supply* is obtained principally from the internal popliteal nerves, and a small twig from the obturator nerves may be traced to the back of the joint.

[To be continued.]

DR. MACLAREN, of Blairgowrie, receives in his house victims of tipping, dipsomaniacs as they are called.

**PRESENTATION TO DR. JONES, OF WASHINGTON, DURHAM.** At the seventh anniversary of the Court North Biddick, of the ancient order of Foresters, held at Washington, on the 3rd inst., a silver tea and coffee service, snuff box, medal of the order, and address were presented to Frederick Denbigh Jones, M.D., Surgeon to the Court, by his numerous friends and brethren of the Court, in token of their great regard and esteem, and in appreciation of his private worth and professional abilities. The event was celebrated by a dinner, at which nearly one hundred gentlemen sat down, under the presidency of S. B. Coxon, Esq., head viewer of Usworth Colliery.

**THE DARK RACES.** The Supreme Court of Michigan has worried itself to discover what is a white man. It has been clearly established by the laws of several States, that a man may be a white man, and at the same time a black man. Everything depends upon the cartilage of the nose. "A certain peculiarity of the cartilage of the nose," says the scientific testimony taken before the Circuit Court of Wayne County, "is an infallible indication of African blood." A man, being ignorant that he was a negro, attempted to vote at a local election, and was arrested for violation of the laws. He brought numerous witnesses, who testified that, to the best of their knowledge, there was not a drop of negro blood in his body. But this availed not. A Dr. Pitcher examined his nose before the Court; and, from the conformation of his cartilage alone, he was pronounced to be but fifteen-sixteenths of a white man, the remaining sixteenth being pure African. The defendant appealed to the Supreme Court, and that intelligent body sustained the nose; and the man, we believe, was punished for voting contrary to law. (*New York Tribune*.)

## Addresses and Papers

READ AT

### THE THIRTY-FOURTH ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

[Held in CHESTER, AUGUST 17th, 18th, and 19th, 1866.]

#### THREE CASES OF COMPOUND DIS- LOCATION OF THE ASTRAGALUS, WITH REMOVAL OF THE BONES.

By T. T. GRIFFITH, Esq., Wrexham.

THE chief interest and value of the following cases, is that they illustrate and confirm the clear practical rules laid down by Mr. Turner, in his valuable monograph on "Dislocations of the Astragalus" published in the eleventh volume of the *Transactions* of our Association. The rules of practice there recommended are logical deductions from a thorough consideration of the subject in its anatomical, physiological, and pathological relations, and have received the sanction of the principal surgical authorities which have subsequently treated of this branch of local injuries; and I consider myself most fortunate in having read Mr. Turner's paper before meeting with a case of serious accident to the astragalus.

One important fact is that in compound complete dislocations of the bone, reduction may be considered impracticable from the almost immediate contraction of the muscles acting upon the os calcis and foot generally, bringing the tibia, fibula, and calcaneum into more or less close and firm contact, leaving no space for restoring the astragalus to its wedge-like position within the joint. Then follows, as a conclusion, the necessity for removing the bone at once, to prevent the constitutional and local disturbances so likely to arise from its presence as a foreign body, detached more or less from its vascular and vital connexions, and liable to a long process of caries and suppuration.

**I. Case of Complete and Compound Dislocation of the Astragalus forwards and outwards: Removal of the Bone: Death from Tetanus.** David Roberts, aged about 40, of spare habit and of nervous temperament, suddenly leaped from a horse which started. He alighted on his feet, stood for a moment, and then fell. On visiting him, I found the astragalus of the right foot completely dislocated forwards and partially outwards through an extensive wound reaching across the instep; it remained attached to the ankle only by a few ligamentous bands. Upon dividing these the bone was at once removed. There was neither fracture nor displacement of the tibia or fibula. It was at once apparent that reduction of the astragalus would have been impracticable, and here I felt the great value of the rules laid down by Mr. Turner deduced from sound physiological and pathological principles, as to the treatment such cases required. On examining the astragalus, I found that a small portion had been broken from its posterior and inner angle, and doubtless retained in the joint by ligamentous union. The same circumstance occurred in another case; but there the fracture was through its posterior and outer angle. In both cases I deemed it best to allow the broken off portion to remain,



hoping that its connexion with living parts might secure a continuance of its own vitality. The wound was closed, and the limb laid on its outer side on a leg-splint with a foot-piece. As far as the foot and wound were concerned, all went on favourably, and the general constitution was less disturbed than might have been expected, but on the fifth day symptoms of tetanus appeared and continued rapidly to increase till they ended in the patient's death. I think we may fairly exempt the mere removal of the astragalus from participation in causing the tetanus, but rather refer this untoward event to the laceration and contusion of the soft parts, and more particularly of those fibro-ligamentous structures through which the bone had been so violently forced.

II. *Case of Compound Dislocation of Ankle-joint, with Complete Fracture of the Neck of the Astragalus, and Excision of the Bone.* On August 14th, 1854, I was sent for to Wynnstay, to see, with Mr. Richard Roberts, a patient who had received a serious injury to his right foot. Edward Redington, aged 20, in perfect health, a helper in the stables, had three hours before mounted a restive horse, which rearing, fell backwards and upon the boy, whose foot was under the horse. Upon examining the foot, I found a compound dislocation of the ankle-joint; the ends of the tibia and fibula projecting, with a large portion of the astragalus, through a wound extending from the front of the internal malleolus across the instep to the posterior surface of the outer angle. Neither tibia nor fibula was fractured. The astragalus was entirely separated from the os calcis, and fractured through its entire neck; its articulation with the navicular bone was undisturbed; but a portion of bone lay loosely between the fractured portions, and this I removed. The foot was completely inverted to a right angle with the leg. There was free arterial hæmorrhage, but from no one branch of any size. It would appear that the foot had been doubled inwardly on itself; and thus, probably, lacerations of the soft parts and dislocation of the bones were produced; but the direct fracture through the neck of the astragalus—a kind of amputation—and the detached portion between the body of the bone and the portion remaining attached to the navicular bone, must have resulted from a force directly applied across the neck of the bone, probably from the stirrup, or some hard, sharp inequality in the ground. The portion of bone now exhibited will show this. The shock to the system was considerable, and the vital powers were much depressed. Amputation naturally suggested itself; but, bearing in mind the rules laid down by Mr. Turner, supported by cases, and seeing that the man was perfectly healthy, I decided upon making the attempt to save the limb. Having placed him on a suitable mattress with pillows, and put him fully under the influence of chloroform, I attempted the reduction of the bones. This I found so difficult (though I made a free division of whatever soft parts seemed to offer resistance), that I feared to continue the effort, lest I should inflict further injury. I then dissected the body of the astragalus from its tibio-fibular articulation; and the complete reduction of the tibia and fibula was very easily accomplished. Finding the portion of the neck of the astragalus, with its navicular articulation, undisturbed, I left it *in situ*. In removing the body of the bone, besides facilitating reduction of the bones of the leg, I felt that, with so much of its cancellated structure exposed, and the uncertainty of so large a lacerated wound uniting by adhesion, there would be a great probability of caries of the bone and other bad consequences likely to implicate

seriously the whole of the ankle-joint. The integuments were brought together, except at a depending point, from which some blood still flowed. The leg was placed on its inner side, and water-dressings applied. As the influence of the chloroform passed away, the boy complained of pain, which was relieved by an opiate. I only saw the patient three or four times afterwards; but I learnt from Mr. Richard Roberts that the progress of the case was satisfactory. The wound partially united by first intention; some suppuration from the fibular side took place; and an abscess formed near the tendo Achillis, which required opening. But little disturbance of the constitution took place, and after a few weeks he moved about on crutches; and he eventually recovered, with a stiff ankle and a shortening of rather more than an inch in the leg, requiring a high-heeled shoe. But he was able to resume his duties as a helper in the stables.

III. *Case of Complete Compound Dislocation of Astragalus outwards, complicated with Fracture of a small Portion of its Inner Posterior Angle: Removal of Bone: Recovery.* William Branner, Esq., aged 63, in perfect health, whilst galloping his pony, lost his seat from the stirrup-leather giving way, and leaped on the ground and fell, but, anxious to keep hold of the reins, attempted to stand, and then found that he had sustained some serious injury to his left foot. I found the left foot so inverted, that its inner side pressed against the internal malleolus, and produced an apparent hollow there; whilst the outer ankle formed an unnatural projection, opposite to which lay the astragalus, completely dislocated through a circular opening of the soft parts, and resting on the cuboid bone, its neck most firmly girt by the structures through which it had passed. There was neither fracture nor displacement of the malleoli; very little hæmorrhage. Efficiently assisted by Mr. Perkins, who first saw the patient, I freely divided the soft parts, and then attempted reduction of the astragalus; but the tibia and fibula were so firmly drawn to the os calcis, that I desisted from further attempts, and, with a little dissection, removed the astragalus, which had lost its articular connections with the calcaneum, ankle-joint, and navicular bone. On examining the depth of the wound, I found at its inner and posterior angle a small piece broken off; but, as this retained its vascular and ligamentous attachments, I hoped its vitality would be continued, and I did not disturb it, and it gave no further trouble. The wound was drawn together by sutures and plaster; the foot was placed on the heel, thus allowing the escape of fluids from the wound; a splint applied along the leg, with a footpiece. Everything progressed favourably, and without any interruption. The wound, in nearly its whole extent, united by adhesion. The general health suffered much less than could have been anticipated. Some gouty symptoms occurred, attended with spasm of the heart, threatening immediate death.

At the end of two years and a half, this gentleman is able to follow the hounds; to walk with and without a stick; has some motion in the joint; and the shortening is so little, that a small addition to the thickness of the left shoe enables him to walk comfortably.

A HOMEOPATHIC CURE. "*The Kalmia Latifolia. Eruption on the Face.* (See Hull's Jahr.) A woman had one drop of *Kalmia Lat. φ.* in divided doses, during twenty-four hours, for facial neuralgia. She reported that before the twenty-four hours were completed, a crop of 'dark red boils' came out on her face. When seen five days after they had disappeared."



# Illustrations

OF

## HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

FARRINGTON DISPENSARY.

A CASE OF SYPHILIS IN A CHILD, THE RESULT OF  
INDECENT ASSAULT, TREATED WITHOUT  
MERCURY.Under the care of R. WILLIAM DUNN, Esq.,  
Surgeon to the Dispensary.

M. B., aged 13 years, always had good health from birth, and was quite well when she went out of town with her uncle. When they arrived at their journey's end, her uncle and she, with their friends, proceeded to a public house, where they partook of cyder. In this public house, the girl felt stupid and giddy, but was able to walk home. On arriving, the uncle insisted that the girl should sleep with him. He said that, as the mother had placed her daughter under his care, she should sleep in the same bed with him. The girl did not remember anything of this conversation, nor being undressed. Her uncle undressed her, and she slept with him two nights; but on the third night the grandfather said he would not allow it any longer. On the second morning, the girl felt great pain in passing urine and walking; the latter she could not accomplish, on account of the pain she experienced. She also noticed a yellow-coloured discharge, which discharge continued the whole time she was in the country; also the pain in passing urine. On her return to London, she told her mother, who took her to the Carey Street Dispensary, where she was examined by Dr. Hooper, who found that the girl had a chancre or chancres on the labia, and a yellow-coloured discharge. He advised the parents to take the girl to some surgeon to be examined; and she accordingly came under my care at the Farrington Dispensary three or four weeks after Dr. Hooper first saw her.

She complained of pain in passing urine. I found the parts so inflamed that I could not make a complete examination, but found that she had a yellow discharge, and great pain in the external labia, which were much swollen, particularly the left. I could detect no fluctuation. The glands in the left inguinal region were enlarged.

From July 10th, 1865, till August 17th, I did not see her; but she was visited at home by the house-surgeon of the Dispensary. At the latter date, she was brought to the Dispensary in a cab, having a discharging bubo in the left groin. The labia were very much swollen. She still complained of pain in passing urine, and felt very ill; appetite bad; pulse 120. I ordered her bark and ammonia, beef-tea, wine, fomentations to the labia, and a poultice to the groin.

Aug. 24th. The labia were still very much inflamed; the groin still discharged. She felt very ill, and was not able to walk. Pulse 110. She had syphilitic roseola on different parts of the body. I ordered bark and nitric acid, and fomentations and poultice to the groin. I told the mother what I considered to be the matter with her daughter; and she told me that the girl had slept with her uncle in the country. I desired her to make inquiries as to the state in which this uncle was at the time; and

she found out that he had been about that time under treatment for syphilis.

Aug. 31st. The patient was better. The left labium was discharging; the groin was nearly healed. She had now syphilitic sore-throat, as well as roseola. I ordered her chlorate of potash gargle, and bark and nitric acid.

Sept. 7th. The throat was better; the rash fading.

Sept. 14th. She was better. There was syphilitic psoriasis on the face, legs, and arms. The medicine was continued.

Sept. 21st. To-day I was able to make a careful examination, and found that the hymen was lacerated at the upper edge. The glands in the neck were enlarging; the rash was the same; the labia were still discharging. She was ordered five minims of tincture of sesquichloride of iron three times a day.

Sept. 26th. She complained of pain in the right arm and elbow-joint. The glands in the neck were enlarged and painful; the rash was fading. She did not sleep at night. She was ordered to continue the steel, to take five grains of Dover's powder at bedtime, and half a teaspoonful of cod-liver oil three times a day.

Oct. 5th, 12th, 20th, 25th. She was much the same. The glands in the neck were still enlarged. The remedies were continued.

Nov. 16th. She was not so well. Pulse 120; skin hot and dry; tongue coated. She complained of pain in all her limbs. The rash and the glands in the neck were the same. I ordered an ounce of the following mixture to be taken every four hours.

R Liquor. ammoniæ acetatis ʒij; ammoniæ sesquicarb. gr. xii; ætheris chlorici ʒij; aquæ ad ʒvj. M.

Nov. 10th, 22nd, 30th. She was much better, but felt very weak. The rash was fading. I ordered cod-liver oil and steel wine.

Dec. 4th, 17th, 21st, 28th. She was much better; only a few spots were left on her face, and the enlargement of the glands was nearly gone. No medicine was prescribed.

Jan. 25th, 1866. She complained of pain in her limbs, but otherwise was quite well. A few spots still remained upon her face. She was ordered plenty of good food, fresh air, and exercise; no medicine.

April 1866. She came to the Dispensary to-day to report herself. The only remains of the disease was, that she had slight enlargement of some of the glands in the neck. She looked quite well, the picture of health; and said she had not felt so well for many years.

REMARKS. The uncle of this girl was tried for rape and indecent assault at the Southwark Police Court. The magistrate sent the case for trial down to Taunton, as it was in the county of Somerset that the offence was committed. The grand jury struck out the indictment for rape; and he was tried for the indecent assault, found guilty, and sentenced to two years' imprisonment with hard labour, the extreme sentence that the law would allow. There are also some very interesting medico-legal questions in this case.

1. *As regards the Hymen.* When I was able to examine her carefully, I found that there was a hymen, but it was lacerated at the upper edge. In children, according to Casper, the hymen is never found to be destroyed, on account of the extreme tightness of the vaginal canal; for the extremity of the glans penis is not able to reach the point of insertion of the hymen.

2. *The Time when the Discharge first made its Appearance.* In this case, the child noticed it on the second



day; and it was of a greenish yellow colour, and soiled her linen. A question the judge asked me was, Would the discharge make its appearance so soon, if the child had been assaulted, as was supposed, the first night that she went into the country? I said that I did not consider this a case of gonorrhoea, but a blenorrhoeal discharge, the result of rough usage. Casper considers this one of the most important signs, since it is always found in children from twelve to fourteen years of age.

3. *The Absence of Blood.* In reference to this point, Casper says that in young children it is always absent, but is always present with adults.

4. *Pain in Walking.* This symptom was well marked in this case; and, according to Casper, in children this symptom is never simulated.

5. *Pain in Passing Urine.* This was also well marked in this case. The pain came on the second day, owing to the inflamed state her private parts were in.

6. *The Venereal Symptoms.* In this case, when the girl first presented herself for examination to Dr. Hooper, they were well marked, she having chancres in the labia. Mr. Brookes, of the Westminster Road, proved that the man was about the same time labouring under the venereal disease, not gonorrhoea. When I first saw the child, I did not detect any chancres, only the discharge and enlarged gland in the groin.

7. *How was the Offence committed?* The girl was either drunk, or else completely worn out by fatigue. By her own account, she does not even remember being undressed. Beck, in his work on *Medical Jurisprudence*, says, in reference to this point: "If the sleep has been caused by powerful narcotics, by intoxication, or if syncope or excessive fatigue be present, it is quite possible for a female to be violated during her sleep without her knowledge." In this case, on the trial, it was proved that some one saw her uncle lying quite close to the girl, and asked him what he was doing that for; and, as there were no signs of violence, and the examination also proved that he did not succeed to penetrate very far, all this clearly points out to my mind that the offence was committed on the girl when she was under the effects of drink and fatigue, and that this was the reason of her not knowing anything about it.

8. *The Motive for the Assault.* In the West of England, it is considered that, if a man labouring under syphilis can have connexion with a child, he himself will be cured of the disease. I believe that this was the motive in this case; for he knew that he was labouring under syphilis at the time when he took the child into the country.

9. Another very interesting point in this case is, that the girl is now quite well, and free from all appearance of the disease, *without the aid of mercury.* Both Dr. Hooper and Mr. Brookes, when at Taunton, thought the child was so ill that she would never recover, but die. I am glad to state that she is now in better health than she has been for years, and looks as if she had never been ill at all.

NEW MAGISTRATE. Dr. Cocker, of Blackpool, has been placed in the Commission of the Peace for Lancashire. "Dr. Cocker has the distinguished honour of being chosen the first resident magistrate of Blackpool, and we hope he may enjoy a long career of public usefulness in the administration of justice. The appointment of a resident magistrate will be a great convenience, and the influential position Dr. Cocker holds in the town, naturally points to him as the gentleman upon whom should fall this distinctive mark of confidence and favour."

## Original Communications.

### ON A CASE OF LOSS OF POWER OF EXPRESSION;

INABILITY TO TALK, TO WRITE, AND TO READ CORRECTLY AFTER CONVULSIVE ATTACKS.

By J. HUGHLINGS JACKSON, M.D., Assistant-Physician to the National Hospital for Epilepsy and Paralysis; and to the London Hospital.

[Continued from page 91.]

THE reader will observe how much worse the spelling is in the preceding specimen than in what the patient copied from the test-types. Whilst he was copying, I noticed that he kept referring to the original for nearly every letter. He transferred each particle quickly, so that it lost nothing in carriage. He did not trust it to his memory for a moment. To use a simile, it passed from his eye to his fingers without any adulteration from his own damaged organisation. The patient brought me the following since the previous part of this paper appeared. I give it in his spelling.

"The great fault in me sempt (crossed out) seems to be that I cannot speel when writing, if fact (crossed out in pencil) at some times I cannot at first recollect how to put down the Letter L. I have often been bothered as to how make the note\* (letter) until I but it down in my memory by spelling my own name. (His name begins with the letter L.) Sometimes I am bothered to recollect various letters, and then I run the A B C in my head until I cum (crossed out in pencil) come up to the note (letter) I want, and then I can bring it out to my"—

My patient tells me that he frequently cannot write a letter until "I have got it before my eye." When he said this, he put his hand before him. He could make the motions for using a pen; but he had lost the power of reproducing completely the impulses for the particular actions he had learned for the writing of particular words, and had, as it were, to submit to a new, although a transitory, education when copying.†

In further illustration of such difficulties, I will give an extract from my notes of the case of a patient called Sadler, lately under the care of Dr. Fraser in the London Hospital.

"May 18th. I found that he had tried to write something for me. The paper was written over in many places, and words were often crossed out. His name was the only word written in writing letters, and his Christian name "Thomas" was correctly spelled, but his second name "Sadler" wanted the letter 'r'. It was written nine times, and in each the letter 'r' was absent. The words 'London Hospital' he had printed, and he had doubtless copied them from his bed-ticket."

"May 29th. He showed me with some triumph three or four lines of writing. I saw at once that

\* The word note was crossed out, and the word letter substituted; but I observed that throughout our conversation on the statement he had written out, he used the word note for letter. Neither his father nor myself could get him out of this use of the word. He stared at our objections vacantly.

† Professor Bain says (*Fortnightly Review*, February 1st, 1866):—"It must be considered as almost beyond a doubt, that the renewed feeling occupies the very same parts, and in the same manner as the original feeling, and in no other parts, nor in any other manner that can be assigned." Again, he says:—"For every act of memory, every exercise of bodily aptitude, every habit, recollection, train of ideas, there is a specific grouping or co-ordination, of sensations and movements, by virtue of specific growths in the cell-junctions."



they were copied. They were taken from a hymn-book; and every particle of the text was imitated in the most slavish manner. When he wrote his name, he used the letters of writing; but in copying the lines of the hymn, he made the letters exactly as they were printed in the book. Where there were capitals he made capitals. The letters 'P', 'r', and 'a', out a very singular figure in his copy."

These facts are of great importance. Patients who cannot write anything—i.e., who cannot write from themselves—can frequently copy from books with comparative ease. If we tell an out-patient who has defect of speech to bring a specimen of his writing, the next time he comes he is pretty sure to bring something copied from a book or from a newspaper, and the spelling is generally quite correct; the penmanship is often wonderfully good, even when the writing is, as it often is in these cases, obliged to be done by the left hand. It is quite different when the patient tries to write anything, to use a common expression, "out of his own head."

The patient whose case I am now relating read Latin words with scarcely a mistake. He knew no Latin, and was therefore obliged to look at each syllable carefully. He seemed to have lost power in doing things by habit, except when the habit was very strong, as in writing his own name. [March 1866. He now makes mistakes in reading Latin.]

This part of the subject has many difficulties; and we may easily get wrong in our conclusions as to the degree of a patient's power of writing. If we ask a hemiplegic patient with considerable defect of speech to sit down and write something—sending him into a separate room with his friends in order that he may not be nervous—the result very often is that he writes nothing but his name. In recording such a fact in our case-books—i.e., that the patient "can write"—we should be careful to mention what he had written. If we tell the patient to write something more, in nearly all the cases I have seen, in which speech has been very much affected, he either cannot or will not. I then ask him to bring a letter the next visit; but very often, by neither entreaties nor bribes, can I obtain anything. The patients will say they "can't think." When they do bring a letter, it is of one, two, or three lines only; and then very likely their friends have helped them with suggestions. I have by me several letters written by patients who have defect of speech, in which there are no mistakes. These letters might be taken as evidence that the patient's power to write was not impaired by the damage to their brains which had impaired their speech. But, in preserving such letters as specimens, we ought to record on them a statement as to whether or not the patients had a difficulty in writing them. I can easily understand that, whilst some would consider them as "evidence that the patient could write", others would point to the difficulty with which they were written as evidence that "power to write was impaired." One patient, a woman, whose defect of speech was little more than Ataxy of Articulation, brought me a note of three lines correctly written; but her husband told me that she had got the words from books, and he confessed that, after all, he had given her some help, although I had particularly requested him not to help her. Besides, it had taken her a week to write the letter; and she had written it on her slate several times before she copied it on paper. This woman brought me at first a long piece correctly copied from a book. She did not always spell her own name quite correctly. She spelled Caroline "Caroliney." I took care to ascertain that she had been able to write letters before her illness. Her

husband procured for me several letters she had written to her sister before her seizure.

Another instance, a man, 35 years of age, who looked intelligent, had, when I saw him, but slight defect of speech, with paralysis of the right side. I will here mention what took place, although I am not without misgivings that these lengthened accounts may be tedious. I hope the reader will grant that it would be far easier to make general statements than to sit for an hour with a patient in order to be able to record what he really could do. It requires much patience and a great deal of time to get precise information on the defects in many cases of this kind. And, in working very carefully, we frequently seem to get further off final conclusions. One object in writing this paper is to try to show how different cases are, and that we cannot yet make general statements on the defects of mind and motion which occur with hemiplegia. I have not the smallest wish to found any doctrines; but I am very anxious to contribute a little to the methodical investigation of a large and important subject, and such a note as the one I give is the only way I can think of, of giving a faithful illustration of the things which happen in some cases of this class. Indeed, I wish to state most earnestly that I am not writing with the intention of "proving" anything. And any suggestions in this paper are of little value if they do not lead to further investigations.

I asked the patient to write his name and address. He did so pretty well, although slowly, and he wrote only part of his address, No. 5, St. Edmund's Terrace.] When he had done this, he said he could not go on; and when urged he again said he could not, and added that "his brain would not let him." His sister then urged him, and he said peevishly "I can't, Ann." The next time he came, he wrote his address readily. I asked him to bring a specimen of his writing when he came again. He brought a paragraph copied from a newspaper in the characters of ordinary writing. I told him this would not do, and that he must write me a short note about anything he liked; but I mentioned the weather and his own health as topics. I sent him into a room by himself, but he wrote only his name. I then gave him some money, telling him jokingly that it was in payment for a letter. The next time the poor fellow came he offered me the florin again, simply saying, in his usual curt style, "I can't." I returned it; and, perhaps as a point of honour, at the following visit he brought me a short note. "1st December, 1864. Sir,—I went out to dinner on Sunday at my father-law going there w met a friend tried a took [took crossed out] a to speak to him could him [him crossed out] not." The next word I cannot even guess at. This, I was told, took him half an hour to write. However, next time, on January 6th, he brought a much better letter, and on June 1st a short note, which was very well written, and the words of which he could spell when I asked him. The letters were written on a slate first, and he had no help from books. In this case, the apparent defect of talking had been ataxy of articulation. He never made mistakes in names of things, according to his sister's report. Some of the words he said were clear. He jerked out his sentences slowly—i.e., the jerk came after a pause. The sentences were curt, and in a healthy person would have been thought rude.

As a rule, when speech is quite lost, power to write is quite lost too; and when it is impaired there is usually difficulty in writing. I speak of chronic cases. I do not, however, assert that there is any exact relation; and I wish particularly to repeat that in a few cases of considerable impairment of



speech, power to write is not impaired—at least, I think not. In one case of temporary loss of speech, with numbness on the right side, I found that the patient could write well, in every sense of the word write.

Dr. Sieveking, my colleague at the Hospital for Epilepsy and Paralysis, has given me brief particulars of a very interesting case which occurred in his private practice in January 1865. This patient had *no paralysis of the limbs*; but his mouth was drawn to the left side. "He could not articulate, but uttered uncouth sounds." He wrote replies, but *spelled badly*. This patient quite recovered.

I dwell on these points, as they are of importance in shewing how deep the defect of expression is when speech is even a little impaired from disease of the hemisphere. It will be found that, in cases of loss of speech from paralysis of the tongue, there is no difficulty in expression by writing. I have a patient now under my care at the Hospital for Epilepsy and Paralysis, whose power to talk is so much impaired from paralysis of the palate and tongue, that I cannot guess anything she tries to say. She carries a slate, writes quickly and correctly, and thus we can communicate accurately, if not conveniently. The loss of power to talk, or to talk well, which occurs with disease of the left\* hemisphere, is a very different thing.

Now there is a certain kind of difficulty in articulation, which I have already mentioned under the name of *Ataxy of Articulation*, which occurs with disease of the hemisphere; but there is nearly always evidence—at least, I hold that there is—that other modes of expression (by other acquired movements) are impaired too. It is a great mistake to confound this sort of difficulty of articulation with the difficulty which occurs in partial paralysis of the tongue, palate, etc., and which paralysis evidently depends on disease in the medulla oblongata, or on disease of both sides of the brain, as very likely happens in general paralysis. Above all, it must be kept in mind that in *Ataxy of Articulation* the patient's articulatory muscles seem to have good power, even when articulation is very bad, even when it is much worse than in patients who have paralysis† of one side of the face, half the tongue, and one vocal cord, all on the same side.

With the exception of deaf-mutism, I can call to mind few cases of permanent loss, or even of great permanent defect, of articulate language without other troubles. (I use the word permanent chiefly to exclude cases of *Epileptic Loss of Speech*). Indeed, deaf-mutism stands in great contrast to mutism from disease of the hemisphere. I have, however, recorded one case from the practice of Dr. Wilks, in which, with nearly total loss of speech, there remained power to write. But I cannot be sure that this patient's power of expression by writing was really good, as I unfortunately only asked her to

write her name. However, she did that well. About a year ago, I saw a well-educated gentleman who had hemiplegia of the right side and loss of speech; he wrote his name readily with his left hand when asked to write something, but he either could not or would not write anything more; he became angry when pressed. I should not now be sure that either of these patients could write well; although when I made a note of the case of Dr. Wilks's patient in a paper I have published on *Loss of Speech*, I considered it to be a case of *aphemia*—i.e., a case of loss of *articulate* language only.

Last month, Dr. Martin pointed out to me the case of a man who had had total loss of speech with hemiplegia of the right side, beginning May 27th. This is a remarkable case, and is decidedly exceptional. This patient wrote a letter, with which no fault could be found, on June 25th, although, even on July 3rd, when I saw him, he had considerable difficulty of articulation (*Ataxy of Articulation*); a difficulty of a kind which, as I have said, depends on disease of, or near to, the *corpus striatum*.

I afterwards saw another of Dr. Martin's patients, who had had loss of speech five months before, but who had recovered so as to be able to say a few words. This patient wrote the names of several things I shewed him—e.g., "umbrella", "ink", etc. I begged Mr. Square, Dr. Martin's clinical clerk (to whose courtesy I am much indebted) to get the patient to write a note. The patient wrote a few words, in which I could make out clearly, "Dear Sir,—I happy you and so become. I remains yours." Other words mixed with these I could not make out.

It is, then, very important to try a patient's power to write in various ways. It is not enough to get him to copy, nor to write his name, nor to write single words even when he finds the words. We must try all these, and besides ask him to write a note "out of his own head."

To return to the case the text of this paper. It is chiefly of interest as shewing the great diversity of defects of expression one may meet with in a single case of brain-disease. The unity of this diversity is, that the defects are disorders of acquired movements, or co-ordinated movements, as some call them. There is no evidence to demonstrate that the left hemisphere only is affected; but the defects this patient had are of the same kind as those we meet with in cases of hemiplegia of the right, and very rarely with hemiplegia of the left side. To use terms, the case illustrates, at least, the clinical relationship of epilepsy and chorea, and of mental and motor symptoms.

I will now approach the subject from another point of view.

*A Digression on Epilepsy, etc.* In the above I have, speaking of epileptic loss of speech, used the word *epilepsy*, in its common meaning; but I think, as I have elsewhere suggested, that the term should be degraded to stand for our knowledge, or rather for our ignorance, of the various permanent and temporary conditions of nerve-tissue in functional divisions, or perhaps in nutritive regions, which conditions cause or permit temporary failures or losses of function. Thus, epilepsy would not, in this sense, necessarily convey the idea of convulsion, but of temporary disorders of function of many kinds, sensory as well as motor, and mental as well as physical. For instance, epileptic loss of speech might mean failure of any part of the "circle" by which mind lives outside in words. But, to give a more simple instance, and in more general terms, and with but indirect reference to speech, I would study convulsions according to—(1) tissues

\* Nevertheless I have, since these remarks were written, seen in consultation with my colleague Dr. Morell Mackenzie, a woman who had partial paralysis of the tongue, with much wasting, who, in two letters, made odd mistakes in writing—e.g., *hospitable* for *hospital*. She spoke correctly, so far as expressing herself went, and her talk was thick, and not like the gabble which occurs with disease of the hemisphere near the left *corpus striatum*. Moreover, in loss of speech from disease of the hemisphere, there is no wasting of the tongue. Again, Dr. Mackenzie's patient had no limb paralysis. Although it may appear that I am arguing in a circle, I cannot but think this patient had, besides disease of the lingual nerves or nuclei, some more general impairment of her nervous system. This is the only case of the kind I have seen.

† To the student I wish to speak earnestly on the many fallacies there are in observations on cases of defect of speech, especially when the defect is slight. Unless he know well the tricks and habits of disease, by seeing many cases of all sorts, he will be unprepared for the investigation of the large subjects of language and mind. He will be tripped up by little things.



affected, or the nature of local damage which affects these tissues; (2) organs injured; (3) functions disordered. The first (1) might be many things betwixt, let us say, health and cerebral hæmorrhage. And the standard of value in each (in one convulsion in fatal cerebral hæmorrhage, as well as in the most common chronic seizures) would not be any supposed types, such as idiopathic epilepsy. The grouping of one's thoughts would be about Health of (1) tissues, of (2) organs, and of (3) functions; so far as we know, or can get to know, about their healthy states. I have spoken of convulsions in preference to temporary failures of speech, but the principle is the same in each instance. For our point of departure in cases of defect of speech should be from what we know of healthy mind, language, and movement—an imperfect knowledge, it is true, but one with most of the elements of progress in it. In this way of looking at them, temporary defects of speech are very important, although, unfortunately, they are very difficult to study.

I hope shortly, as a plan of work, to attempt the comparison and contrast of (1) unilateral irregular movements, (2) unilateral attacks of spasm, and (3) unilateral paralysis. I would work at these, as if we had forgotten the terms chorea, epilepsy, and hemiplegia, according to (1) the tissues affected, (2) the organs damaged, (3) the functions disordered. I limit my illustration to one physiological region for convenience. I would in this region study all disorders in the movements and actions of muscles, from those of health to total paralysis, not omitting any cramps, jerks, or spasms, however partial these might be in range or in degree. Many reasons could be given for a comparison and contrast of certain cases of chorea, epilepsy, and paralysis. One reason is, that these diseases have in their very clinical history affinities which cannot be disregarded. I have now under my care in the London Hospital a girl who has had chorea of the left side, one convulsion, and left hemiplegia. I could relate many cases shewing similar relations. I have under my care at the Hospital for Epilepsy and Paralysis another patient, a girl, who has permanent hemiplegia, continuous irregular movements of the paralysed muscles, and occasional convulsive attacks. She has besides another disorder of motion, an ataxy of articulation, and her talk is of a sort which would be usually called stammering. Such anomalous cases have a place in our thoughts on classification of disease, similar to that which such animals as the ornithorhynchus have in zoological studies. The zoologist is more anxious to know what kind of a vertebrate this animal is, than to decide whether it is a mammal or a bird. So our anxiety should be, not altogether to see how far a case resembles most this or that disease, as described by distinguished men, but to learn when we can, in what way, and how far, the symptoms are a departure from health. But I urge this plan just now, in order that we may learn peculiarities and defects of motion with a view to the wider study of the movements of speech or the subjective movements of thought, and this too apart even from what we call the "complications" of the above named diseases with defective talking. We shall thus, I think, get some materials for better speculations about the education of centres and nerve-regions—a most important thing in our work on artificial acquirements, whether these be universal, as talking, or special, as playing the violin—such as (1) the odd contractions of the limbs in some infants, (2) the irregular movements in the chorea of children, and (3) agitations, etc., in persons beyond adult age. On this Positive—in contrast to which I would call the Metaphysical—Method

of studying certain Diseases of the Nervous System, I shall speak again later.

We should also at the same time, I believe, get materials for studying more exactly the Time of the organism itself. And these materials would, I hope, at length bear (although they would bear very remotely) on Mental Consciousness, in its relation to Time and Succession.\* For it will be found that there are no abrupt boundaries betwixt physical and mental symptoms.

There are at least two chief views on the periodicity or intermission of convulsive paroxysms and other temporary disorders of function, to both of which views I would pay attention as equally as I could. One is, that the nutritive changes in the enfeebled region itself are the causes of the occasional attacks of spasms; the other that the injured part fails in some general change in the organism—a change possibly starting from the medulla oblongata or beginning in the vaso-motor system. Or, to use speculative language (which I could only partially agree with), in one the tension of (impaired) nerve-tissue is relaxed, not in the orderly actions of healthy purpose, but suddenly running down when the tension has attained a certain degree. In the other, the failure occurs because nerve-tissue cannot keep its tension in general disturbances of the system, whether these disturbances begin in a sort of (arterial?) wave in the organism itself, or are secondary to something outward, as fright. The enfeebled part is, as it were, "out of tune." Here it is interesting to consider the occasional influence of general emotional states on groups of partially paralysed muscles—causing them to become stiff, as in the "contracture" of infancy—to jerk, as in chorea—or to tremble, as sometimes happens in the paralysis of old people. The influence of certain respiratory acts, such as yawning, is well known. To use once more very speculative language, it would seem as if in such general states there was a discharge of tension, possibly, in the case of movements of the hand, of the nerve-fibres of some part of the hemisphere through the corpus striatum.

The convulsions of cerebral hæmorrhage ("ground-currents" from decomposition of nerve-tissue round the clot?), and possibly convulsions from plugging of vessels, seem to be instances of the first; and the fits which depend on the secondary changes of foreign bodies—e.g., tumours of the hemisphere—of the second.

Before leaving this subject, I may say that I adopt the views of my esteemed senior colleague, Dr. Radcliffe, so far as this, that I have no doubt that all clinical evidence goes to show that spasm is a sign of decreased and not of increased vigour of nerve-tissue. Indeed, without adopting these views, I do not see how we are to put in any reasonable order the phenomena of spasm, and paralysis, incoherence, and loss of speech, pain and loss of sensation, coloured vision and amaurosis, etc. In short, separating, by a scientific artifice,† the two really inseparable things, life and function, we may say that, within the limits of integrity of structure, function is highest where life—nutrition—is lowest. I think we may show that disorders of function occur in an order rather according to the warp of life (arterial regions) than

\* These last few words are the title of a most important paper by Sir H. Holland.

† G. H. Lewes writes:—"In the study of animal organisms, the scientific artifice called Analysis, which separates ideally what Nature has indissolubly united, isolating each portion of a complete whole to study it undisturbed by the influences of other portions, has established a division of life into animal and vegetable. The division is as old as Aristotle, but has become the common property of science only since the days of Bichat. It is not exact, but it is convenient."



according to the woof of function. The value of this speculation, if it have any, is only as leading to investigation of disease, according to an anatomical method. I ask: Do the symptoms of temporary failures of function admit of being placed in an order according to what is known of the physiological relations of functional divisions and arterial (nutritive?) regions? It must be kept in mind, that most of our so-called knowledge of epilepsy is very speculative. And I think we should try to get rid of all those speculations which, although they give ease and comfort by "explaining things", have not in themselves the vitality to open out more work.

I have no doubt wandered far from the general subject of this paper; but a careful study of disease shows, that we must learn how the nervous system can suffer, if we wish to know what a particular set of symptoms means, rather than what it should be called.

[To be continued.]

### CASES ILLUSTRATIVE OF THE USE OF BATHS IN THE TREATMENT OF DISEASE.

By GEORGE B. MEAD, M.D., Ph.D., M.A., L.R.C.P. Lond., etc., Newmarket.

**CASE I. Rheumatic Fever.** John B., Newmarket, aged 30, employed at the Gas Works, was attacked in November 1865 with rheumatic fever, and was bedridden several months. He gradually recovered; and in April attempted to return to his work, but after very few hours found himself quite unable, and had a severe relapse in consequence of his effort to do so. The pains were most severe all over his body and limbs, and his joints became so rigid he was scarcely able to walk. He was ordered to take the improved Turkish bath at 120°, with feet in hot mustard and water, followed by the warm douche and partial cold douche, twice a week, and tepid followed by cold sheet every morning at rising, and a mild dose of antacid saline three times a day.

After the first bath, all pain and much of the stiffness left him. While in it, he perspired most freely. The perspiration had a very peculiar sour smell and highly acid reaction. A bath was given every third or fourth day, gradually raising the heat to 160°, and the cold douche prolonged. After a few baths, he was able to walk with comfort six miles at a stretch. He has much improved in health and appetite; and is quite free from pain, and quite enjoys the bath.

The effect of the bath in improving the firmness of the muscles and healthiness of the skin was remarkable. His general health and appetite also very much improved.

The baths were continued with slight modifications for three weeks. At the end of that time, he was quite well, and returned to his employment, where he has continued ever since.

**CASE II. Rheumatic Fever.** C. F., aged 35, labourer, near Newmarket, had, ten years since, a severe attack of rheumatic fever. He was bedridden and helpless for months, suffering the most violent pain. It took him nearly a year to get over it.

The present attack came on in the beginning of May 1866. It began with rigors, great heat and thirst, restlessness, followed by severe pains attacking all the joints with such extreme tenderness that the slightest motion was attended by intolerable anguish. The joints were puffy; the tongue covered with white fur; pulse sharp and incompressible; urine scanty; bowels torpid; the skin was covered with unctuous perspiration of peculiar acid odour.

Examination of the heart shewed that it had been implicated in a previous attack, accounting for the occasional fits of numbness to which the patient was subject.

The portable hot air bath was ordered, with a magnesian saline aperient. The patient was kept in the bath twenty minutes, at the heat of 120°, and perspired very freely; the perspiration being most pungently acid. He was sponged over with warm water under sheets, and got quickly into a warm bed. He was ordered to be carefully sponged over with warm water night and morning, care being taken only to uncover part of the body at a time. He felt none the worse for the bath; and on the next visit his pulse was found to be softer, the kidneys and bowels acting freely; all the signs of acute inflammation had subsided, and he had slept well; he was perfectly free from pain, and had partly recovered the use of his limbs. After a week, a second bath was given; and his improvement was so rapid that in a few days he was able to get out of doors, and expressed himself highly delighted with the treatment and result. He has since continued to improve, and is now suffering from debility only.

**REMARKS.** In this case, the debilitated state of the patient, and the injury to the heart from the former attack, rendered imperative the greatest caution in the use of the bath; therefore, it was only used for a short time, and at long intervals. The result shows that, even where the heart has previously sustained injury, its use is perfectly safe—indeed, tends to ward off disposition to cardiac affection. The patient's blood was loaded with morbid poison, which Nature was seeking to eliminate by the skin and kidneys. By the assistance to the natural powers of these organs afforded by the bath, more poison was eliminated in a day than, without its help, could have been thrown off in a month; hence the disease was enabled to run its course quicker; and, instead of the sufferer being in agonising pain for weeks and slowly recovering, his sufferings were speedily terminated, and a cure effected in Nature's own way.\*

A gentleman, now in the most robust health, some years back, when reduced to an almost hopeless condition, was cured by similar means in a very few weeks, after all other remedies had failed, and may be referred to, so satisfied is he of the value of the means which he justly says "saved his life."

**CASE III.** On Monday, May 16th, 1866, at 10 A.M., Dr. Mead was requested to visit a stable-lad in Newmarket, who had been for a day or two complaining of pain and difficulty in swallowing, for which a saline mixture with acid gargle had been used.

There were redness of the velum, uvula, and fauces; restlessness and anxiety; difficulty of deglutition, each attempt being attended with sharp cutting pain; the act of inspiration was protracted, whistling with throttling noise. The voice was a hoarse whisper; the countenance anxious, ghastly; the eyes protruded; there was a painful sense of suffocation. The cough was harsh, stridulous, and husky. There was great tenderness of the laryngeal cartilages; which were painful on pressure. Pulse 120, hard; skin hot and dry.

The patient was stripped, placed in a chair, and enveloped in blankets, with his feet in hot mustard and water, and hot fomentation-cloths around the throat, and, by means of the portable apparatus, subjected to a heat of 130° Fahrenheit. After about ten minutes, copious perspiration was caused, with feel-

\* The apparatus used was invented by Dr. Mead; it is portable, and, by a very simple contrivance, allows a ready adjustment of the heat.



ing of sensible relief. After fifteen minutes longer, he was placed upright in a shallow bath and drenched with tepid water, enveloped in dry sheet, rubbed dry, and put into a warm bed, when the pulse was found to be 90; the pain nearly gone; and the breathing easier. He swallowed some aperient medicine with very little difficulty.

When he was visited three hours afterwards, it was found that he had perspired freely since his return to bed, and was in all respects better. Pulse 85. He was ordered a second dose of aperient medicine.

At the evening visit, the pulse was 80; skin moist; bowels not opened. He was ordered to take two aperient pills and saline mixture every four hours.

May 17th. He had a good night. The bowels acted early in the morning, without pain. Pulse 80; skin moist. He took soft food readily, swallowing without difficulty.

May 18th. He continued to improve, and by the end of the week was able to resume his employment.

REMARKS. This treatment and its success will bear most favourable contrast with that recommended by any medical author. It afforded immediate relief. In less than two hours, the patient might safely be pronounced out of all danger. The rapid recovery that ensued was owing to Nature's vital powers not having been sapped by violent bleeding or strong mineral medicines. A physician, subject to sudden and violent attacks of this dangerous disorder, has several times obtained immediate relief in this manner; and there is no doubt that, if laryngitis be treated thus, a fatal issue is almost impossible.

## REMARKS ON THE CONSTITUTION OF THE MIND; AND ON UNSOUNDNESS OF MIND.

By FREDERICK JAMES BROWN, M.D., Rochester.

MIND is the term used for the faculties of personal spirit acting in conjunction with living organic matter. The existence of mind apart from matter belongs to theology. Physiology and psychology recognise mind in conjunction with matter, and in this condition only. The physician observes the mind to be mastered by somatic conditions in delirium, and the body to be mastered by the mind in violent emotions and in impulses. Influence of mind and body, mutually, is a matter of daily experience.

The human mind is constituted of numerous faculties, grouped under the Understanding, the Will, the Affections, and the Moral Sense or Conscience.

Insanity is an abnormal condition of the judgment, under which this faculty loses its freedom. Delusions arise from distortion of the subjective and objective impressions; and erroneous conclusions arise from distortion of the intellectual conceptions. The mind is unsound because the judgment, that habitually balances the faculties, is disordered. So long as the judgment continues sound, unsoundness in one faculty may be corrected by another faculty, or at least may be acknowledged. Spectres that are not credited are instances of this kind; whilst, if believed in, they are hallucinations, and constitute mental unsoundness.

Insanity usually, perhaps invariably, is preceded and accompanied by unsoundness of the affections. The will may continue free, or may become affected; and the same holds good with the conscience. Sometimes the conscience is first affected, next the affections.

I have watched perversion of the will occurring in males. One boy recovered after three months. A young man recovered after many years. The judg-

ment was not affected, except that it gave no response to argument; but, in cases of perversion of the will, the judgment is unfettered, and the affections suppressed voluntarily; and the observer must be keen to note changes of countenance and gesture, whilst arguing and appealing to reason and feelings.

Possibly insanity may commence in disorder of the will in some cases, the affections suffering next in order.

When the affections are unsound without implication of the judgment, the individual is not mentally unsound: therefore the term moral insanity is not correct. Yet the affections are unsound. The individual *knows*, but does not *feel*, the difference between what is right and what is wrong. Some persons do not feel the sanctity of human life, and would as lief take the lives of their fellow-men as of vermin. Knowledge of what the world esteems right and wrong alone restrains their hands. The same remark holds good in respect to regard for property; also in relation to the principles of justice, virtue, truth, and decency. In some men, there is absence of the principles of morality. The human mind, in such instances, *appears* to be constituted like those of brute animals. It is doubtful whether such be the fact; but the *moral faculties are not developed*. So long as the judgment be not implicated in unsoundness, such men are not mentally unsound. This is an axiom never to be lost sight of.

If sudden impulses arise in the mind of a man healthy in mind and body, self-control is demanded of him by society, and rightly so. But, if any of the faculties be unsound, is the mind capable of self-control, in the event of sudden impulse? The condition of the judgment previously to the commission of crime must be inquired into, as well as its condition subsequently; otherwise a faulty conclusion may be arrived at. In some cases, the judgment is free both before and after the event, and is only overborne for the moment. One night I was called to see a woman who awoke maniacal at 1 A.M. She was quiet, but completely insane. In one hour she fell asleep, and awoke next morning well. She had suffered much domestic distress and privation. If she had strangled her bed-fellow, and had then gone to sleep and awoke in a sane state next morning, what then?

After these remarks, I return to the consideration of the commission of motiveless crime by the children of lunatics. These individuals are sane, and may be divided into two categories: *a*. Those possessing all the faculties sound: *b*. Those that have certain faculties unsound. Both classes are liable to commit motiveless crime. The cause must be sudden impulse in class *a*. The same cause may operate in class *b*, or the judgment may grow tired of controlling and balancing ill-poised faculties.

Are the children of lunatics equally responsible with the children of sane persons? I trow not. There ought to be a compromise, in the way of punishment, between that appointed for sane persons and that for lunatics. Human responsibility is a variable quantity: it is never two days equal, from the cradle to the grave. Such being the case, allowance should be made for mental infirmity as an inheritance either actually or by predisposition. The mind, equally with the body, is inherited; and the mind develops equally with the body. If there be arrest of any of the mental faculties, the individual deserves our pity, even when it becomes necessary to censure his conduct. The connexion between insanity, crime, drunkenness, etc., is well known; and the subjects of these horrors deserve our pity.



## NOTES OF A CASE IN WHICH EVULSION OF THE UMBILICAL CORD OCCURRED AT BIRTH.

By G. DE GORREQUER GRIFFITH, M.D., Physician to the Hospital for Women and Children, Pimlico; Physician-Accoucheur to St. Saviour's Maternity; and some time House-Surgeon to the London Surgical Home.

On Sunday evening, July 8th, I was summoned to attend Mrs. —, who was in labour with her first child. I attended almost immediately; and, on my arrival, I was told that my services would not be required just yet, as the pains had come on only within the last two hours. I forthwith entered her room. At the very moment I did so, she had a strong bearing-down pain; and I told her that she had better lie down as soon as the pain was over. While yet in pain, she attempted to get on the bed; but, as she made the effort, she called out that the child was in the world; and, before I could endeavour to catch it, the little thing fell upon its head with some force, and rolled upon the floor.

I noticed that the child was quite livid; that the cord had been torn out from the abdomen; and that the child was apparently lifeless. The blood spurted out from the umbilical aperture; and, before I could render any assistance, some little quantity was lost. The child seemed to be in a state of syncope, very soon lost its livid hue, and became all over deadly pale. As quickly as I could, I seized the integument surrounding the umbilical aperture—there was not a vestige of the cord—and tied it as tightly as I could, which I was enabled to do, owing to the state of syncope of the child by which it was prevented from feeling any pain. It was tied so effectually that the thread did not slip off, nor was disturbed when the child began to cry and move.

No ill effects obtained to the mother, and the placenta was easily removed.

As the case I have described is of extreme rarity, and as I do not know of even one similar to it being on record, I have thought it fit to bring forward.

The treatment in this case was extremely simple: first, because of the syncope into which the child fell; and secondly, because of the lax condition of the abdominal integuments affording an opportunity of securing the ligature tightly.

I need not here dwell upon the difficulty usually attendant upon deligating the integuments surrounding the umbilical aperture in the abdomen when the accident of which I speak has occurred, inasmuch as it must be impressed upon the mind of each of those practitioners who have been consulted in such circumstances.

Syncope in infants is a rare occurrence. I mean true syncope resulting from concussion of the brain, and not merely that imperfect state of animation which so often obtains at birth, and is manifested by feeble action of the heart, and an uncertain state of the entire system, which, as it were, oscillates between life and death. A condition of coma, or semi-coma, is by no means so infrequent. One case of complete coma occurring in the infant at birth, as the result of compression during labour, and lasting for two days, then terminating in death, has recently come under my notice.

"Only in one instance," says Dr. Underwood, "have I seen anything at all resembling the true syncope after the living powers have once prevailed. In this case, the child was born at the instant its mother was moving from her chair into her bed, and, in consequence, fell with violence on the floor; it,

however, very soon cried, and did not appear to be very materially injured, but, a day or two afterwards, fell into a strange, languid state; it revived, but at intervals sank into its former languor, and breathed very faintly, and died about the sixth day."

Mr. Hey of Leeds communicated to Dr. Underwood the notes of a case of an infant, which, born at full time, lay moaning and languid for four or five hours, and was then seized with a fainting fit, in which it continued for half an hour. It had ceased to breathe, except now and then giving a gasp or sob, and was as pale as a corpse. There was, however, a sensible pulsation of the heart, though feeble and slow; but whether the circulation had been kept up all the time previous to his (Mr. Hey's) visit, could not be ascertained. The child was revived by the use of stimulants, but had three other similar attacks in the course of the day, though it had slept composedly between whiles, and sucked at the breast. It had seven more fainting fits in the night. The infant became a very healthy child.

On the fourth day of the existence of my patient, that portion of the integument outside the ligature showed signs of vitality having ceased in it; and on the fifth day it came away, leaving a round evenly cut wound in the skin of the abdomen, surrounded by a ring of inflammatory redness.

All the time of my attendance (nine days), the child did well; had no untoward symptom; and the wound was healing rapidly when I took leave of my patients.

9, Lupus Street, Belgravia, S.W.

## Transactions of Branches.

### EAST ANGLIAN BRANCH.

ON MELASMA AND ALLIED AFFECTIONS.

By PETER EADE, M.D.Lond., M.R.C.P., Physician to the Norfolk and Norwich Hospital, etc.

[Read June 29th, 1866.]

I AM well aware how valuable is our time to-day, and how few minutes can be allotted to any one communication. I have therefore sought to compress the subject matter of my paper into as short a compass as is possible consistent with intelligibility. The purport of it is, to call attention to the subject of diseased pigmentary discoloration of the skin, and the supposed origin of this in disorder of the great centres of the sympathetic nervous system of the abdomen; and, after recording two cases of such discoloration, to add a few remarks upon some forms of that obscure but intractable disorder, which, for want of a definite knowledge of its nature, we are content to designate from its most striking symptom, and to term general debility; suggesting therefrom analogies to show the possibility of the origin of this and some other diseases in disorder of the same nervous centres.

I think, sir, I may venture to assert that the profession to which we have the honour to belong now thoroughly recognises the services which Dr. Addison rendered to the cause of medical knowledge, when he discovered and called attention to that remarkable bronzing of the skin and that special train of symptoms which accompanies this, which together are now so generally known by the name of melasma, melanopathia, or Addison's disease. No less are professional thanks due to Dr. Wilks, for the zeal and



intelligence with which he has brought his great pathological knowledge to bear upon the subject of fatal disease of the suprarenal capsules—a knowledge which has enabled him to diagnose more accurately than Dr. Addison had done the special lesion of the capsules which produces the disease in question, and thereby to save us from confounding together in future disorders which, though perhaps allied in their character or source, are yet, as he has shown, inherently and essentially distinct.

The value of Dr. Addison's discovery consisted not only in pointing out a new disease and so enlarging the boundaries of our knowledge, at the same time teaching us that a pair of organs whose functions were generally believed to have almost ceased with infantile life, were capable when diseased of producing a definite train of symptoms and of exerting a fatal influence upon the processes of life; but it consisted also, and perhaps still more, in the fact that our attention at once became thereby fixed upon those great sympathetic nervous plexuses and ganglia which lie in their immediate vicinity, and with which the capsules are so largely and intimately connected; for, from this contiguity, the probability was at once recognised that some other obscure disorders whose nature we were unable to explain, but whose general symptoms were allied to those observed in true Addison's disease, might also be due to a diseased condition of these great abdominal nervous centres, and receive their explanation from a careful study of their morbid states.

It is, I think, not only a curious but an important fact, as bearing upon such a possible connexion, that Dr. Addison should have been led to the discovery of the disease which bears his name, by an examination into the nature of some cases which had occurred in his practice of what he terms "idiopathic general anæmia", and the symptoms of which, omitting the discoloration of the skin, bore a close resemblance to those seen in the cases he has recorded of true suprarenal diseases.

But, although eleven years have elapsed since Dr. Addison published his work on diseases of the suprarenal capsules; although the attention of Dr. Wilks, Dr. Habershon, and of many other thoughtful minds, both in this country and abroad, has ever since been actively directed to this class of disease, our knowledge of it is still in its infancy; and, indeed, appears to be limited to the apparent ascertainment by Dr. Wilks, that true Addison's disease with bronzing of the skin is due not to destruction of the capsules from any cause indiscriminately, but only to one particular form of disease attended with the deposit in them of some fibrinoid material allied to the scrofulous; and, further, we can still only vaguely guess that many conditions of obscure asthenia or so-called general debility which, as to their cause and origin, are still quite inexplicable by us, may yet be shown to be due to disease or disorder of the solar plexuses, the semilunar ganglia, or the adjacent suprarenal bodies.

Dr. Addison himself attributed to the suprarenal capsules the function of regulating the formation of the colouring matters of the body; or, at least, he believed that disease of these bodies caused the production by the skin of an excess of black pigment; but subsequent research has tended to modify this opinion, and competent observers now rather incline to the belief that recorded facts are best explained by regarding such an excessive formation of pigment as due to irritation or disease of the solar ganglion, the great centre of innervation of the assimilative organs. Mr. Erasmus Wilson has expressed himself to this effect; and Dr. Wilks writes that he believes "the solution of the question is to be found in the

implication of the vaso-motor nerves"; and, that "the symptoms of Addison's disease are not due to the disease of the structure of the capsules, seeing that these are totally destroyed for months or years before the death of the patient".

I will now read my two cases to you. The first one of extensive bronzing of the skin, and from which the patient recovered, is briefly, as follows.

William B., aged 36, bricklayer, was admitted into the Norfolk and Norwich Hospital, under my care, on April 11th, 1863. He stated on admission that he had always enjoyed good health until twelve months previously, when, after exposure to the weather, he was seized with pains of a rheumatic character, which gradually settled in his back and hips. From the time of his seizure he began to lose flesh and strength and became partially incapacitated from work. For the last six months he had continued to suffer the original pain of the back and hips, and also from pain in the upper part of the belly, coming on soon after taking food, as well as from a constant sense of gnawing and sinking in this part, and occasionally from active vomiting. He had also suffered from increasing weakness, and latterly from giddiness and dimness of sight on assuming the erect posture.

It was not till five weeks before admission that any discoloration of the skin was observed; but at about this date his friends noticed that his face was getting of a yellowish colour, and from that time the dark tinge had gradually increased and spread to other parts of the body, so that for three weeks there had been a dark almost bronzed discoloration of the skin of the face, of the outside of the elbows, of the axillæ, the front of the knees, the scrotum and penis, and of the sacral and ischial regions. These appearances, as well as the general symptoms, continued at the time of his entering the hospital, and in addition a number of small ecchymoses or purpuric-looking spots were observed upon the hamstrings, legs, and a few other parts of the surface.

The deepened colour varied from that of a dark bilious or jaundiced tinge to that of the blackened stain produced by walnut-juice, and was quite as marked upon the face as elsewhere. The conjunctivæ were of pearly whiteness; the gums and finger nails were also abnormally white.

The urine tested was free from albumen, and contained many dark crystals of uric acid. He was treated by tincture of steel, with nitric acid, and chlorate of potash, and as much good food as the stomach would bear, and at the end of a month I made the following note. He is greatly better. The sickness and pain of the stomach are gone. A large portion of the dark discoloration has disappeared, the cuticle in some of the darkest portions, as it has peeled off, carrying the pigmentary matter with it. The purpuric spots are gone. He was discharged cured on May 27th, about six weeks after admission, the forehead being the last of the discoloured surfaces to recover its natural hue.

The symptoms in my next case, one of pellagra, bear a very close resemblance to those of the one I have just read.

Julia P., aged 65, hawker, was admitted to the hospital on July 8, 1865, complaining greatly of feelings of general debility, with sensations of swimming in the head, giddiness, faintness, and general sinking, dyspnoea and palpitation on any exertion, pains in the right hypochondrium, loins, and sacral region, and lowness of spirits. The face, hands, and wrists were of a deeply browned (or rather of a dark yellowish-brown) colour—a condition which at once arrested the eye, and which she said had been present more or less every summer for several years past, but was



now worse than usual. She attributed it to exposure to the sun's rays in the prosecution of her business as a hawk.

She was kept in the hospital ward and out of the sun for six weeks, and treated with ammonia and the citrate of iron and strychnia. Improvement commenced at once, continued steadily, and on August 24th she was discharged, relieved of all her feelings of pain and debility, and with the colour of the hands and face faded to a very light-brown tint.

With regard to the first case, however rare and exceptional it may be, I do not bring it forward as introducing an original view of the subject; for I am aware that a late French writer, M. Louis Martineau, has quoted some cases of Addison's disease, which he alleges were cured; neither do I absolutely assert that disease of the capsules was present, seeing that the patient happily recovered, and therefore I was unable to verify my diagnosis; but the very close resemblance which the discoloration bore to that which I have seen in fatal cases of Addison's disease, coupled with the accompanying general symptoms, render it highly probable that whatever is the special part of the body diseased in true melasma—whether capsules, ganglia, or plexus—this was the part affected in the present case, and to the disorder of which the discoloration of the skin was due.

In all cases of true suprarenal melasma, the condition of general asthenia—especially at an advanced period of the disease—is most marked; the patient's consciousness of want of nervous power often most distressing; and the feeling of sinking and uneasiness at the epigastrium, as well as the vertigo and other head symptoms (which latter are doubtless due to an insufficient supply of blood to the brain in consequence of imperfect sympathetic innervation of the heart and arteries) both constant and urgent. These were all present in my case, and were in fact identical in character with those I have recently had the opportunity of observing in a case of undoubted Addison's disease which I saw with Mr. Allen, of this city.

But, the symptoms which I have above described are precisely those which were most marked in the second case of disease attended with discoloration of the skin which I have just read, and to which, as answering in most of its characters to the description given in books of the affection known in the north of Italy, where it chiefly occurs, by the name of pellagra. I have ventured to give this name, and of which I believe it to be an example.

The difference between it and true melasma would seem to consist chiefly in the facts—1, that in pellagra the hyperpigmentation is less dark in colour, and is restricted to those parts which have been most exposed to the rays of the sun; and, 2, that, while in melasma the discoloration appears to be due to disease originating directly in the pigment-producing centre, in pellagra it is induced by indirect over-stimulation of this central organ through an exciting cause—viz., the burning rays of the sun, applied to the exposed parts of the skin; but in both these diseases the main outline of the general symptoms is the same, and in both the termination is (usually) ultimately fatal.

Again, these very symptoms of asthenia are those which appear to have especially struck Dr. Addison as characteristic of the disorder which he has described in his work on suprarenal disease under the title of *Idiopathic Anæmia*, and the contemplation of which, as I have said, appears to have led him on to the discovery of the true meaning of the group of symptoms constituting the disease to which he has given his name. They are also marked and charac-

teristic features of the complaints of a class of patients not infrequently met with in the medical wards of our hospitals as well as elsewhere (for I doubt not the experience of most of those present can furnish examples of the disorders I allude to),—a class who, without any definite discoverable disease, are very difficult to cure, and whose ailments often altogether baffle our efforts even to relieve, and who for this reason are often considered, I believe wrongfully, to be hypocrites or malingerers. The patients to whom I allude are generally pale; always feeble and flabby; often depressed in spirits; unequal to much exertion of body or mind; quickly, after effort, breathless or palpitating; rarely suffering much pain, but always complaining of uneasy sensations referred to the epigastrium or its neighbourhood. These sensations are often merely a constant and depressing sense of sinking or uneasiness at this part; but they may amount to a feeling of quivering or "flickering", or even of positive discomfort or worry, such as is sometimes compared to that of some animal biting or gnawing at them here. These patients have also often a depressed, anxious, I might almost say, a specific physiognomy.

To this group of symptoms, for want of a better name, it is usual to apply the term *general* or sometimes *nervous debility*; but to some of the cases of this affection which I have recorded in my hospital case-books, I have ventured to append the title "*Asthenia Sympathetica*"; and the appellation is one which, I believe, very accurately expresses both the localisation and the principal features of the disorder.

The physiognomic aspect of the disease I have said is peculiar. To my mind, it is identical with that seen in some stages of melasma, of diabetes insipidus, and of some forms of Bright's disease,—in all of which we may assume asthenia or exhaustion of the great sympathetic abdominal ganglia.

I think, further, I have observed that patients of a peculiar whitish colour; i.e., of pale complexions, and with a tendency to light hair, or with hair which if originally dark has become grey or even quite white,—in fact, in whom there would appear to be a present deficiency of pigment—are more liable to this class of disorder than others; and I have even several times actually diagnosed its existence from this condition in patients admitted for the first time to the out-patients' room without asking them a single question.

The peculiar pallor also of patients suffering from Bright's disease is proverbial. It is usually attributed to the secondary effects of the disease upon the blood; but, I would make the suggestion whether some at least of this peculiar whiteness or loss of colour may not be due to some more direct affection of the pigment-forming organs, seeing that it is present more or less in some of the other disorders I have been alluding to; and, again, if so, I may perhaps be allowed to theorise one step further, and to suggest the possibility (in our present utter ignorance of its cause) that ordinary Bright's disease, or albuminoid degeneration of the kidney may itself be due to some disease located or beginning in the great abdominal ganglionic centres.

Further, if, as Dr. Wilks says, the peculiar deposit in suprarenal disease is a fibrinoid or albuminoid material having a tendency to degenerate into scrofulous matter; and if, as he seems to think, the general symptoms are probably due to implication of the adjacent vaso-motor nerves and centres, I would ask why it may not be that the disease causing the suprarenal effusion begins not in the capsules but in the nervous ganglia,—just as I now suggest the possibility of the peculiar effusion or deposit in the renal



organs in Bright's disease being due in its commencement to a similar form of nervous disorder?

We might, then, almost venture to carry our speculations a little further, and to assume the existence of a group of affections due to disease of the same central nervous ganglia, which might be classed in this way:—

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|--|--|
| A. Functional disorders produced by affections of the abdominal ganglia. | { Nervous debility (asthenia sympathetica).<br>Diabetes insipidus (and possibly also D. mellitus). |
| B. Organic diseases produced by affections of these bodies.              | { Addison's disease.<br>Bright's disease (and possibly lardaceous disease of liver, spleen, etc.)  |

Having made these suggestions, rash as they probably are, and crude and imperfect as I know them to be, I will conclude by simply recapitulating the points to which I have wished to call attention. These are:—

1. The probability, as illustrated by my first case, that melasma or bronzing of the skin may not always be necessarily connected with organic and fatally destructive disease of the suprarenal capsules or the adjacent nervous ganglia, or at least that the condition which causes it may be capable of a temporary cure or of an amendment equivalent to this.
2. That other diseases attended with alteration of the secretion of colouring matter—in *plus* or *minus* quantity—may, as Mr. Erasmus Wilson has suggested, be due to disordered conditions of the great abdominal plexuses.
3. That there is a large group of diseases still very imperfectly understood, but which, though varying in many important particulars, agree in the one great fact that they are all marked by great and peculiar asthenia and other such symptoms as I have mentioned, which seem from their peculiar characters and their great family resemblance to be all fairly referable to disordered states of the same physiological organ or system, and that this is the sympathetic system of nerves, and especially its great central abdominal ganglia.

## Progress of Medical Science.

### SURGERY.

**EXCISION OF EIGHT INCHES AND A HALF OF TIBIA: RECOVERY.** Dr. W. P. Moon, of Philadelphia, relates the case of J. S., aged 39, who was admitted to hospital on July 22nd, 1864, for gun-shot wound of the right leg, received at the battle of Petersburg. A minie-ball entered the upper third of the outside of the right leg, passing downward obliquely through the spine of the tibia, at middle third, carrying away a small portion of the bone and emerging at the inner side of the leg. The injury to the bone, though apparently slight, proved to be one of those contusions which destroy the vitality of the tissues to a considerable extent, and eventuate in a large amount of necrosis. Sloughing of the soft parts, first in the track of the wound, and then of the bones, supervened. The slough of the bone also extended, until two-thirds of the tibia became involved in its entire circumference. Abscesses formed constantly, which were required to be opened. Active inflammation subsiding, it was decided on October 24th, 1864, to remove the sequestrum, which proved to be eight inches and a half in length, from the epiphysis of the ankle-joint. The periosteum being in a measure loose and quite easily detached, the posterior portion of it was left in the entire extent of the shaft. An incision

along the spine of the tibia, exposing nine or ten inches of the bone, was made, when it was readily removed by means of bone forceps. Dry dressings were used after the operation. The hæmorrhage being trifling, was easily controlled. Nourishing diet with tonic treatment was continued, as before the operation. The soft parts, which had had an unnatural congested appearance, from this time took on healthy action, and the case progressed rapidly and favourably, new bone forming the whole length of the periosteum which was left in the wound. On December 8th, healthy granulations throughout were filling up from the bottom with new bone. The patient was able to be about the ward on crutches. On January 19th, 1865, being very anxious to go home, he was discharged. On May 10th, 1865, he wrote, "I am at work at my trade, coach-building, and have complete use of my injured leg, running up and down stairs as well as any of the workmen. The wound has entirely healed and new bone formed throughout. I still wear my artificial support." Another case, in which Dr. Moon removed five inches and a half of tibia, on November 7th, 1865, under similar circumstances, resulted in a like cure.

**RUPTURE OF THE CORPUS CAVERNOSUM: DEATH.** Dr. D. C. Rathburn communicates (*Cincinnati Lancet and Observer*) a case where he made a *post mortem* examination of a man who was reported to have come to his death by violence at the hands of his wife, the fatal injury having been inflicted upon the penis. On examination there was found extensive sloughing of the cellular tissue in the pubic and inguinal regions, with the loss of integument and connective tissue of the left half of the penis. The urethra was ruptured one inch and a quarter anterior to its pubic attachment, involving about four-fifths of the left and one half of the right cavernous body. The doctor in attendance had made several ineffectual attempts to introduce a catheter. There was extensive infiltration of urine; and death occurred eight days after the accident. His dying statement to a friend was to this effect, that on the evening that he received the injury he was about to have connection with his wife who was mad. She seized him by the erected penis, and bending it suddenly and forcibly upon itself broke it. The physician who attended the case, when asked why he did not amputate at the break, replied that he had no authority to do so, as the books said nothing about it and we had no literature on the subject.

**NON-MERCURIAL TREATMENT OF SYPHILIS.** Mr. R. W. Dunn, in a pamphlet on the Mercurial and Non-mercurial Treatment of Syphilis, gives the results of experience of many authorities, as well as of his own; and from these draws the following deductions. 1. The primary sore can be healed without mercury. 2. Mercury does not prevent secondary symptoms. 3. The secondary symptoms that follow the non-mercurial are slighter than those that follow the mercurial treatment. 4. Secondaries are more frequent after the mercurial than after the non-mercurial treatment. 5. If the patient be of a strumous diathesis, mercury ought to be avoided. 6. Rupia and bone-disease seldom follow the non-mercurial treatment. 7. Perhaps the disease disappears more rapidly under the mercurial treatment, but the result is not effective or lasting; and by avoiding the use of the drug altogether, we do not damage the constitution, and nature, with a little help, will cure the disease. 8. In hereditary syphilis, the rate of mortality is lower, and the duration of treatment is shorter, when treated without mercury.



We are requested to remind members of the Association that the Annual Subscriptions became due on the 1st of January. They can be paid either to the Secretaries of the Branches; or to the General Secretary, T. Watkin Williams, Esq., 13, Newhall Street, Birmingham.

## British Medical Journal.

SATURDAY, SEPTEMBER 22ND, 1866.

### THE INTERNATIONAL SANITARY CONFERENCE.

Of the political aspects of this project of the Emperor Napoleon we have nothing to say. There may have been, perhaps there was, hid under the beneficent proposal of a sanitary inquiry an astute scheme for increasing the influence of French diplomacy in the East. While we leave the honour of our diplomacy and the defence of our national interests to their appointed guardians, we are happy to lay before our readers, with such occasional comments as we may think needful, a summary of the Report of the International Commission in reference to the Asiatic cholera. They have investigated the subject under the following heads:

1. Its origin—its endemic and epidemic character in India;
2. Its transmissibility;
3. The mode of transmission;
4. The influence on its development of great assemblages (*agglomérations*) of people—*e. g.*, at pilgrimages, fairs, etc.;
5. Deductions, with a view to prophylaxis, as to the attributes of the generating principle of cholera.

Whence, then, did the cholera, called Asiatic, originate? And in what countries is it now endemic?

It is beyond a doubt that, for several centuries before 1817, a disease prevailed in India, and in some of the neighbouring countries, which had the greatest analogy to the cholera of our times, and raged from time to time with fearful violence. Garcia da Horta, it is stated, a Portuguese physician of eminence, mentioned the existence in India, in the sixteenth century, of a disease called *mordechim* or *mordexim*, which, judging from the description he gives of it, could be nothing else than the cholera. And, to come down to more recent periods, it is well known that, towards the close of last century (from 1781 to 1791), several murderous epidemics, during one of which twenty thousand victims are stated to have been cut off in the course of eight days at the sacred fair of Hurdwar, are recorded as having prevailed both in the northern and southern parts of Hindustan.

This sketch of the cholera in India, if brief, is also comprehensive; but we are of opinion that the existence of the disease in other countries deserved more than a casual reference. There is one notice by the Dutch physician Bontius which has been often quoted, but which, on account of its interest and importance, we cannot withhold from our readers. In that portion of his work which is entitled "*Jacobi Bontii, medici, methodus medendi quo in Indiis orientalibus oportet uti, in cura morborum illic vulgo ac populariter grassantium*" (there commonly raging), he has one chapter "*De Cholera*", and another "*De Spasmo*". Writing in Java, "*coloniæ Bataviæ novæ, in regno Jacatrene, anno 1629, Novembris 19,*" he says: "Besides these alvine discharges (*alvi profluvia*) just mentioned (dysentery, etc.), cholera here often attacks the sick (*hic familiariter ægros infestat*). Then, after describing the "almost continual discharges which take place in great abundance *per gulam simul ac per anum*," he goes on to say:

"Since, however, along with these excessive discharges, the vital and natural powers are poured forth (*spiritus effunduntur*), such a weakness, arising from foul exhalations, oppresses the heart, the fountain of all heat and life, that the sick for the most part die, and that very quickly, as within twenty-four hours, or even earlier. This happened, among many others, to Cornelius van Royen, the governor (*æconomo*) of the patients in the hospital, who, though well at six o'clock in the evening, was suddenly seized with cholera, and before midnight most wretchedly expired, after simultaneous vomiting and purging, with dreadful cramps and convulsions (*vomendo simul ac per alvum deiciendo, cum diris cruciatibus ac convulsionibus, miserrime expiravit*), the violence and rapidity of the disease setting at nought every kind of remedy. . . . The pulse in this disorder is extremely weak (*hic admodum debilis est*), the breathing difficult; the limbs externally are cold. Internally, a vehement heat and thirst torment the sick, whose watchings are perpetual, with most restless tossings of the body, which, if accompanied with a cold and fetid sweat, most surely betokens approaching death."

If to this we add his description (in his chapter on "*Spasm*", one of the names by which the disease is known among the natives) of the red glaring eyes, the livid countenance, the terrific look, and the hoarse cavernous voice, we cannot well refuse to acknowledge, notwithstanding his description of the discharges as containing copper-green bile (*bilem æruginosam*), that this malady, so new to us, has attained the respectable age of at least two centuries and a half in the Indian Archipelago, in which—at least, in Java—it was then endemic; for, in his *avant-propos* (p. 57), Bontius says, "*Eosque morbos descripsi, quos endemios esse, ac populariter hic grassari animadverti.*" The fact of its being endemic affords a strong presumption of its having originated spontaneously in Java.

As regards India, the notices of its prevalence there during the fifty years immediately preceding the memorable outbreak in 1817 are numerous and



circumstantial. Some of the very best and most graphic descriptions of the disease have come down to us from the last century. Curtis, in his admirable work on the *Diseases of India*, quotes a letter, dated Madras, February 12th, 1774, from Dr. Paisley, who mentions some of the leading and most characteristic symptoms, and states that it is "often epidemic among the blacks, to whom it was horribly fatal." In the books commonly used by the native practitioners (*Madras Report*, p. 3, and also *Miscellaneous Extracts*, p. 251), there are two diseases known by the names of *Sitanga* and *Vidhuma Vishuchi*, the former exactly corresponding to the "spasm" or "cramp" of European authors, the latter to their cholera morbus. The name *mordexi* or *mordexim*, already referred to, is stated by Bon-tius to have been in use among the Malays 240 years ago, and is thought to be derived from two Sanskrit words signifying "sudden death." This was corrupted by the Portuguese into *mordesheng*, whence the phrase, which seems to have originated with the French traveller Sonnerat, who remained in India from 1774 to 1781, of *mort de chien*, or dog's death. This author states that on the Coromandel coast an "epidemic disorder which prevails, and in twenty-four hours or less carries off those who are attacked" by it, appeared twice during his sojourn in India. The first epidemic was of the spasmodic kind, and cut off above 60,000 from Cherigam to Pondicherry. The other, two years later, was even more dreadful, and was characterised by the absence of pains and by sudden sinking of all the powers of life. In 1775, "a disease most strongly resembling it in its symptoms, progress, and termination, did for some time prevail" in the Mauritius, "and caused a great mortality, particularly among the blacks and people of colour. A frightful outbreak occurred in 1781 at Ganjam among 5000 Bengal troops on their march to join Sir Eyre Coote's army. On March 22nd (*Bengal Report*, p. 18), the pestilence assailed them with the most inconceivable fury. Men in perfect health dropped down by dozens; and even those less severely affected were generally dead or past recovery within an hour. Besides those who died, *above five hundred were admitted into hospital that day*. Nearly twelve hundred men were attacked, and seven hundred perished. This epidemic afterwards spread to Calcutta, and even further north; but no accurate record was kept of its progress. In the spring of 1790, another detachment of Bengal troops, marching to Seringapatam, was attacked in a manner exactly similar, but with smaller loss, while traversing the same belt of land. Madras was again visited in 1782; Hurdwar, in the far north, in 1783; and Arcot in 1787. Travancore had also been the seat of many outbreaks; so that Mr. Hay, writing in October 1818 (*Madras Report*, p. 16), mentions that

the disease had been long familiarly known in that province, committing frequently great mischief, and sometimes (twenty-five years since) desolating the country. This brings us down to 1793; after which we find little or no mention of it till June 1814, when it broke out with great virulence in the 1st Battalion of 9th Native Infantry, marching from Jaulnah to Trichinopoly, while the 5th Native Infantry, marching along with them, entirely escaped. On this protracted silence, the Commissioners lay great stress, as indicating either that the disease was extinct, or that, on account of its trifling severity, it had escaped the attention of medical observers. At all events, they remark, forgetting or unaware of the outbreak in 1814 just described, "there was no question of epidemic cholera in India or elsewhere till 1817." And when at length they saw it at Jessore, Dr. Tytler, and other medical men, did not at first recognise it as identical with the sporadic disease; whence the Commissioners conclude, that "in fact the new cholera would seem to have differed in certain respects from the old"—a conclusion, we think, scarcely warranted by the recorded facts, and more especially by Mr. Cruikshank's graphic description of the symptoms present in 1814: "the skin cold, and covered with cold perspirations; the extremities shrivelled, cold, and damp; the eyes sunk, fixed, and glassy; and the pulse not to be felt. These persons all died; and I find, on referring to such notes as I have preserved, that, influenced by the consideration of the vascular collapse, and total absence of arterial pulsation, I had denominated the disease *asphyxia*." A deeply interesting passage, not only as shewing the complete identity of the "old" and "new" diseases, but as proving that the term "*asphyxia*" was first correctly applied to cholera by Cruikshank, as indicating *pulselessness*, and not, as afterwards misapplied, in the sense of suffocation.

On the whole, we conclude that cholera, marked by all its present characteristics, has been prevalent epidemically in India and the Indian archipelago for at least three hundred years; endemic in Java in the seventeenth century; epidemic in Mauritius in 1775; frequently recurring with destructive virulence in all parts of India during the last thirty years of the eighteenth, and occasionally, but rarely, reappearing in the first years of the present century. Next week we shall consider the epidemic of 1817 and its consequences.

#### RISE AND FALL OF CHOLERA IN LONDON.

UNDER the above heading, the Registrar-General gives an interesting sketch of the history of the connection of cholera outbreaks in London with the distribution of impure water. He says:

"Cholera has been very unequally distributed over



London; it has been in every district, but it is only in the field of one water company that the violence of the epidemic recalled the ravages of 1849 and 1854, when nearly the whole of the water was unfiltered, and when much of it was drawn from parts of the Thames and its tributaries polluted with sewage.

"The Lambeth and the Southwark Companies in 1849 could not improve the water supply; the ground was undrained; the pumps were polluted; and the epidemic pursued its natural course. It first appeared in the autumn of 1848, subsided partially to break out again in the summer of 1849, when week after week it grew more fatal, until in the first week of September it killed, reckoning diarrhoea, 2298 persons. The Lambeth water was drawn in 1853-54 from a purer source, and the mortality by cholera was immediately shown to have declined in the districts it supplied.

"Nearly the same general law of development in 1866 was observed in the districts of the south, the centre, the north, and the west of London. In the midst of this calm the whole of London was startled, in the three successive weeks of July, by 346, 904, and 1053 deaths from cholera; and it was found that the great majority of deaths happened in the houses supplied from the reservoirs at Old Ford, belonging to one company.

"It appeared, then, right to call attention at once to the complete coincidence of the cholera field with the field of supply of the East London Water Company, in the hope that the state of its water might be immediately looked to. The weekly report was published on Wednesday morning, 1st August. On that day, the engineer of the Company called at the General Register Office; and on the day following he published a letter in the daily journals showing that he fully appreciated the importance of the crisis. The supply might have been changed on Wednesday morning, but on that day no result appears; the deaths were 170. On Thursday the deaths fell to 155; on Friday to 114; on Saturday to 112; on Sunday to 119; on Monday, 6th August, 115; on Monday, 13th August, to 44; on Monday, 20th August, to 31; on Monday, 27th August, to 21; on Saturday, 1st September, to 8.

"This coincidence between the intervention of Mr. Greaves and the decisive declension of the cholera in the week following deserves to be noted.

"No corresponding rise or fall was observed on the same days in the other fields of water supply.

"Now the epidemic has partly subsided in the East, and the Company's water, as far as we can judge of its effect, is returning to the normal state, it is desirable that Mr. Greaves should be permitted by the company to publish all the facts of the case.

"The difficulties of supplying 21,000,000 gallons of pure water from the Lea with only one small reservoir, holding a third part of the day's supply, below and in close juxtaposition to the tidal portion of that river, full of foul sewage in all seasons of the year, are immense, and, in the conditions given, casualties which no skill can entirely avoid, are almost inevitable."

A FULL-LENGTH marble statue of the late Sir Henry Marsh has been completed by Mr. Foley for the King and Queen's College of Physicians, and will at once be placed in that institution. The same artist is also engaged on a similar statue of Sir Dominic Corrigan, who was for several years President of the College.

THE Administration of Public Charity in Paris resolved, on the authority of medical offices of hospitals, to isolate in special wards the cholera patients of 1865. During former epidemics, the patients were distributed through different wards. The objection to this isolating of cholera patients was, that it had a demoralising influence on patients themselves, and especially on those patients who, seized with cholera in hospital, were carried into a cholera ward. Another objection was, that placing cholera patients in an atmosphere impregnated with cholera-poison would be increasing the severity of the disease by increasing the dose of poison. With regard to this last objection, an examination of the statistics of cholera patients in Paris hospitals during 1865 shows that the mortality of 1865 is somewhat less than that of 1849 and 1853-4, when separation was not carried out. As to the number of cases of cholera which arose in the hospitals, it would appear to be less in 1865 than in previous years, when there was no isolation of the patients. In 1865, the number was 17.40 per cent.; in 1853-54, 29.05 per cent.; and in 1849, 23.49 per cent. It is understood, also, that during the present epidemic of 1866 (isolation still being practised), the number of cases of cholera arising in hospitals is comparatively small. However, no positive conclusions can yet be drawn. Some striking facts have been noted. At Lariboisière, for example, where the isolation of cholera wards is complete, the number of cases which have arisen in the hospital amounts to 20 per cent.; whilst at St. Antoine, where the isolation has only been imperfectly carried out, the cases amount only to 2 per cent. *L'Union Médicale* says it is well to be cautious in our conclusions on any point connected with cholera. "We admire the assurance of certain promulgators of laws of this pathological sphynx called cholera—of this mysterious and terrible scourge, which would seem to take pleasure in creating for those who study its nature, difficulties, obscurity, and contradiction."

DR. PART, a medical man long in practice in Camden Town, has had a heavy charge brought against him in the Coroner's Court. It is alleged that, while in attendance on an old man named Goldsmith, who died at the age of 80 in December last, Dr. Part induced the patient to make a will leaving the greater amount of his property to him (Dr. Part); and that he afterwards administered to Mr. Goldsmith (the old man) medicines which produced death—in plain words, that he poisoned him. An analysis of the viscera of the deceased has been made by Mr. Rodgers, who states that he has not been able to detect any but mere traces of arsenic and morphia, and attributes the death to bronchitis. As yet, there is nothing to show that the accusation is not one of those to which medical practitioners are some-



times subjected by the malevolent. At the same time, the case is one which, we hope, will be fully inquired into.

At the last meeting of the College of Physicians, it was suggested by some of the Fellows that the College should take the occasion of his being made a baronet to show some fitting token of respect for their President. The suggestion made was that of a portrait of Sir Thomas Watson to be suspended in the College, or of a lectureship to be founded in his name, or of both these.

WE are happy to learn that Dr. John Brown's health is much improved, and that he is about to resume his professional duties. We are sure that this will be gratifying news to all his friends.

THE Annual Report for 1865 of the Surgeon-General of the United States Army contains some interesting matter. Dr. Barnes says:

"The ample provisions for sick and wounded existing at the date of the previous Annual Report was increased during the ensuing months, until a maximum of 204 general hospitals, with a capacity of 136,894 beds, was reached. Field-hospitals, hospital transports and cars, ambulance corps, and the purveying depots, were kept in condition to meet all possible requirements; and General Sherman's army was met at Savannah by four first-class sea-going steamers, thoroughly equipped as hospital transports, with extra stores and supplies for five thousand beds, should it have become necessary to establish large hospitals upon his line of operations.

"Since April 1861, there have been appointed 547 surgeons and assistant-surgeons of volunteers; mustered into service, 2,109 volunteer regimental surgeons, and 3,382 volunteer regimental assistant-surgeons; employed as acting staff-surgeons, 75; as acting assistant-surgeons, 5,532.

"As far as returns have been received, during the war 34 officers of the medical staff have been killed, or died of wounds received in action; 24 wounded; and 188 have died from disease or accident incurred in the service; one died in a rebel prison; and six of yellow fever. A completed record will increase this number.

"The returns of sick and wounded show that, of white troops, 1,057,423 cases have been treated in general hospitals alone, from 1861 to July 1, 1865, of which the mortality rate was 8 per cent. In addition to the alphabetical registers of dead not yet fully completed, the records of the Medical Department contain 30,000 special reports of the more important forms of surgical injuries, of disease, and of operations. These reports, with statistical data, and a pathological collection numbering 7,630 specimens, furnish a mass of valuable information, which is being rapidly arranged and tabulated as a Medical and Surgical History of the War, for the publication of the first volumes of which an appropriation will be asked.

"In this connexion, and as illustrating more in detail the importance of this work, the Army Medical Museum assumes the highest value. By its array of indisputable facts, supported and enriched by full reports, it supplies instruction otherwise unattainable, and preserves for future application the dearly bought

experience of four years of war. Apart from its great usefulness, it is also an honourable record of the skill and services of those medical officers whose contributions constitute its value, and whose incentive to these self-imposed labours has been the desire to elevate their profession. A small appropriation has been asked to continue and extend this collection.

"During the fiscal year ending June 30th, 1865, an Army Medical Board was appointed to meet in Cincinnati, Ohio, on the 18th day of October, 1864, for the examination of candidates for the medical staff of the army, and of assistant-surgeons of that corps for promotion. Nine applicants for admission into the medical staff were invited to present themselves before this Board. Of this number, two were fully examined and approved; one withdrew before his examinations were concluded; two were rejected as unqualified; and four failed to appear. Six assistant-surgeons were examined for promotion, and found qualified. Two assistant-surgeons were reported for re-examination. Of the approved candidates, two have been appointed assistant-surgeons.

"Boards have been in session at several places, for the examination of candidates for appointment in the Volunteer Medical Staff; 152 candidates were invited before these Boards, 56 of whom passed satisfactory examinations, and were appointed accordingly; the remainder were rejected, failed to appear, or withdrew before examination was completed. These Boards were discontinued in June 1865.

"In conclusion, I desire to bear testimony to the ability, courage, and zeal manifested throughout the war by the officers of the Medical Department, under all circumstances and upon all occasions. With hardly an exception, they have been actuated by the highest motives of national and professional pride; and the number who have been killed and wounded bears most honourable testimony to their devotion to duty on the field of battle.

"To the Medical Directors of Armies in the Field and of Military Geographical Departments, especial praise is due for the successful execution of their arduous and responsible duties."

THE cholera is said by *Wiener Medizinische Wochenschrift* to be on the increase. From thirty to thirty-five persons were daily attacked. Baron Wattmann, Surgeon in Ordinary to the Emperor of Austria, had been attacked by cholera, and was reported to be dying.

M. Trousseau, physician to the Hôtel Dieu, and M. Cazenave, physician to the Hôpital St. Louis, have resigned their appointments.

Dr. Schnepf, recently appointed French vice-consul at Djeddah, has died.

Dr. Berguesse, a medical practitioner at Havre, while lately engaged in attending a woman in labour, was suddenly seized with illness, and died on being removed to an adjoining room.

The Academy of Sciences has been authorised to accept a legacy of 41,834 *francs* from the late Dr. Montagne. The interest is to be applied to the foundation of two prizes of 1500 *francs*, or two of 1000 *francs* and two of 500 *francs*, to be awarded annually to the authors of the best essays on cellular plants.



## THE LATE JAMES DUNCAN, M.D.

THE *Edinburgh Medical Journal* speaks as follows of Dr. Duncan.

"Dr. James Duncan was beloved by his patients, and respected by his fellow-practitioners; and it may be truly said that he had no enemies. He harboured no ill-will to any one, but ever displayed that charity which is kind and full of mercy and good fruits. He was domestic in his habits, and his flow of humour made him shine in the social circle.

"James Duncan was the only son of the leading partner of the well-known firm of Messrs. Duncan, Flockart, and Co. He was born at Perth on November 2nd, 1810. He prosecuted his early studies in Perth, and then at the High School of Edinburgh. At the University of Edinburgh he took the degree of M.D. in 1834, his thesis being on *Empyema*. In the same year he became a member of the Royal College of Surgeons of London.

"In 1835 he became a fellow of the Royal College of Surgeons of Edinburgh, and wrote his inaugural paper on tracheotomy. He afterwards travelled on the Continent, and visited the schools of France, Germany, Austria, and Italy. He used his pencil and his brush on many occasions with much effect. One of the last things he did, about a day before his death, was to take a sketch of a scene at Tours. He was also fond of photography.

"He acted first as house-physician under Gregory, and then as house-surgeon under Liston, in the Royal Infirmary of Edinburgh; and he subsequently followed that great surgeon to London, and acted as his house-surgeon in University College Hospital. He was a special favourite with Liston, for whom he entertained feelings of affectionate regard. He had the honour of being elected a fellow of the Royal College of Surgeons of England in 1842.

"He settled in Edinburgh as a medical man in 1837, and rapidly rose to eminence. He was surgeon of the Royal Infirmary for many years, and was twice re-elected to that office. He was afterwards consulting-surgeon of the institution, and latterly one of its managers. When senior surgeon of the Infirmary, he delivered lectures on clinical surgery. He was elected a fellow of the Royal Society in 1858. He was the medical officer of the Scottish Provident Institution, and consulting-surgeon of the New Town Dispensary and of the Eye Dispensary.

"Though too much engaged in practice to be a frequent contributor to medical literature, Dr. Duncan wrote some valuable papers. Among these may be mentioned: Case of Carotid Aneurism; Case of Fatal Hemorrhage from Perforation of the Aorta by False Teeth impacted in the Esophagus; Removal of a Coin from the Larynx by Inversion of the Body; Femoral Aneurism, with Ligature of the External Iliac; Excision of a Fibrous Tumour entirely surrounding the Sciatic Nerve; Paper on Hernia; etc.

"During 1866 the increase of his practice was such as to exhaust his strength, and accordingly, with the view of relaxation, he went with his wife and family, at the end of July, to the Continent, leaving his son to take charge of his practice in his absence. He visited Paris in the first instance, and spent several days there. Cholera was prevalent in that city, and he seems to have imbibed there the germs of that disease. On Sunday, August 12th, he had an attack of diarrhoea, which, however, yielded to remedies, and did not prevent him from going next day to Orleans. Thence he proceeded to Tours, and there it was, on the morning of the 15th, that marked

choleraic symptoms were developed, which proved fatal on the morning of the 16th. There were, however, no urgent cramps or other painful concomitants of the disease, and he appears to have sunk from exhaustion. He was attended by a medical man at Tours, and by his friend Mr. Chapenell, from Paris; and all that a wife and daughters could do in the emergency was assiduously supplied. He was sensible to the last, was aware that he was dying, spoke to the members of his family in a collected and calm manner, and his latter end was peace.

"His loss will be long felt among us. Many a family circle will mourn over his departure. His kind manner and his genial flow of spirits cheered many a patient, who loved him as a friend, and trusted him as a doctor."

## THE CHOLERA.

ABOUT fifty cases of cholera are reported as occurring daily in Genoa, and one hundred and twenty in Naples. At Genoa, the people of the lower classes believe that they are poisoned by "*acquetta*," the source of which no one knows, though all believe in its existence. One is reminded, by such superstition, of the middle ages.

The *Moniteur* of the 13th instant gives the following account of the progress of cholera in Paris during the last two months. The disease commenced in the beginning of July, the maximum mortality was reached in a few days, but the greatest daily amount did not exceed one hundred and fifty in the hospitals and in the town. During August, the average daily mortality was twenty-three; and fifteen in the first nine days of September. It will thus be seen that, especially if we take into account the population of Paris, (1,667,841), the epidemic has not prevailed severely in that capital, and that in a few days it will, to all appearances, have entirely disappeared.

The "weekly" return of the Registrar-General for Saturday last shows an increase of deaths from cholera over the preceding week by 25, although this is nearly compensated by a decrease of 22 from diarrhoea. The two first weeks of September have hitherto been noted in cholera visitations. In the first week of September in the years 1849 and 1854 the number of deaths were respectively 2,026 and 2,050, which in the second week fell to 1,682 and 1,549. In 1866 our experience has been very different. In the first week of this September the deaths were 198 from cholera and 128 from diarrhoea, together 326; in the second week 157 and 132, together 289; in the third week 182 and 110, together 292. The deaths in Liverpool during the past eleven weeks have averaged 50.7 per 1,000 persons living; and the last four weeks the deaths from cholera have been 146, 225, 145, and 182. The mortality from diarrhoea, however, fell to 51 from 84.

The "daily" return for Sunday and Monday once more brings before us the extraordinary decrease in mortality which takes place on those days as compared with the other days of the week, and for which no adequate explanation has yet been given. The deaths by cholera in the two days were 31, or 15½ for each day, while those of the five preceding days were respectively 26, 32, 28, 26, and 31. Also in the kindred disease there were but 21, or 10½ deaths for each day, while on Saturday there were 19. Divided into districts the deaths for Sunday and Monday last were:—Cholera, west 1, north 3, central 3, east 12, and south 12; diarrhoea, west 2, north 1, central 1, east 9, and south 8.

Dr. Mapother, medical officer of health, has pub-



lished a report on the health of Dublin for the four weeks ending the 8th of September, by which it appears that the death-rate has been rather high as compared with the corresponding period of last year. The report gives valuable information concerning the present outbreak of cholera, calculated not only to allay panic, but pointing out the best means for avoiding the disease. It states that "nothing has occurred to show that cholera is not the most preventable of diseases, no person having perished who was living under healthful conditions." It has been stated that not one-half of the cases reported as cholera can be assigned to the plague. They are chiefly diarrhoeic, or choleraic cases, of more or less intensity, such as every year occur at this season.

In Dublin of the 181 deaths last week 55 resulted from cholera; and in Vienna during the week ending 8th instant the fatal cases of this disease had increased from 64 in the previous week to 107.

Dr. Mapother, of Dublin, obtained from the police magistrate an order for the immediate interment of a man who died in hospital of a contagious disease, and whom his friends wished to "wake,"—the first application of the kind under the recent Act.

The Committee of the Donnybrook Dispensary District sat to investigate a charge of neglect of duty brought against Dr. Murdoch, one of the medical officers, by a man named Aspill, whose wife died of cholera a few days ago. After a lengthened investigation the Committee separated with the understanding that there must be a Poor-Law inquiry on the subject.

The *Maidstone Journal* states that at Yalding, a large village in which there is a considerable acreage of hops, there has been a serious outbreak of cholera. The cases as yet are all imported ones, and the disease appears to be of a very virulent type, the persons attacked dying in the course of a very few hours. Hospital tents have been erected, and a temporary hospital hut has been built. The immigration of hop-pickers from London has been the means of introducing cholera to a considerable extent.

**A CORONER'S ARITHMETIC.** Dr. Lankester is an energetic and valuable public officer, but he can hardly be congratulated on his management of figures. He held eighty inquests on children found dead in one year, and he then assumes that there are no doubt eighty more murdered and never found. This is, however, pure hypothesis; and Dr. Lankester might as reasonably assume that there are two or three times as many, or half as many again, for one guess is as good as another. Then he assumes that there are just as many child murders in the other two coroners' districts in London; which is a guess also. Then, again, he says that the average age of child murderesses is 20. Still more extraordinary is his assumption that women who kill one child kill only one. Of the eighty slaughtered infants who came before his notice how many does Dr. Lankester suppose to be the only one of a family of brothers and sisters not doomed to die? And how is the average age of the mothers ascertained, when, in a large number of instances, the mother is not known? Doubtless, too, it is the youngest mothers who are chiefly found out, the older being more skilful in the concealment of crime. On the whole, the calculation breaks down at every step, and whatever be the real frequency of the crime it never can be ascertained by these haphazard guesses, which serve only a sensational end, and terrify people into imagining that the evil is too gigantic to be arrested. (*Pall Mall Gazette*.)

## Association Intelligence.

### COMMITTEE OF COUNCIL: NOTICE OF MEETING.

THE Committee of Council will meet at the Queen's Hotel, Birmingham, on THURSDAY, the 4th day of October, 1866, at 3 o'clock P.M. *precisely*.

To receive the resignation of the Editor of the JOURNAL, and to devise what steps shall be taken relative thereto; and other very important business.

T. WATKIN WILLIAMS, *General Secretary*.

13, Newhall Street, Birmingham, September 6th, 1866.

### WEST SOMERSET BRANCH: ORDINARY MEETING.

AN ordinary meeting of the above Branch will be held at Clarke's Castle Hotel, Taunton, on Wednesday, September 26th. Dinner at 5 o'clock; after which, papers or cases will be communicated.

Gentlemen intending to be present at the dinner, or to read papers after, are requested to give notice to the Honorary Secretary.

W. M. KELLY, M.D., *Hon. Secretary*.

Taunton, September 4th, 1866.

### SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEDICAL MEETINGS.

THE next meeting of this Branch will be held at the Pavilion Hotel, Folkestone, on Thursday, September 27th, at 3 P.M.

Members desiring to bring forward papers, should communicate with the Honorary Secretary without delay.

R. L. BOWLES, L.R.C.P., *Honorary Secretary*.

Folkestone, September 4th, 1866.

### SOUTH EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.

THE next meeting is appointed to be held at St. Bartholomew's Hospital, Rochester, on Friday, Sept. 28th, at 3.30 P.M. Dr. Burns will take the chair.

Dinner will be provided at the Bull Hotel, Rochester, at 5.30 P.M.

Papers promised (if there be time for the reading): On the acquired Blood-relationship of the Wife to her Husband.—Chorea: fatal, with Heart and Brain Complications. By Dr. S. Monckton.

FREDERICK J. BROWN, M.D., *Hon. Sec.*

Rochester, September 10th, 1866.

### SHROPSHIRE ETHICAL BRANCH.

THE next annual meeting of the above Branch will be held at the Raven Hotel, Shrewsbury, on Monday, October 1st, at 1 P.M.

Dinner at 3.30 P.M. Dr. W. Slyman, of Newtown, in the chair.

Members intending to read papers, or to be present at the dinner, are requested to communicate with the Honorary Secretaries without delay.

JUKES STYAP, L.K.Q.C.P. } *Hon.*

EDWYN ANDREW, M.D. } *Secs.*

Shrewsbury, September 11th, 1866.



## Correspondence.

### THE MEDICAL PROVIDENT SOCIETY.

LETTER FROM A. B. STEELE, Esq.

SIR,—As the discussion on this subject has been reopened in your columns, I desire to express my opinion that the Vice-President, Mr. Clay, has fallen into an error when he speaks of the greatly preponderating number of associates who cannot agree with him as “a few outside grumblers”, and when he attempts to throw ridicule upon the expression of their honest convictions as the “threats of a small band of discontented members, . . . who, right or wrong, had predetermined to demolish the Society.” Although I fully accept the responsibility of having, to the best of my ability, opposed the connexion between the Society and the Association, I repel any attempt to impute less worthy motives than the promotion (according to my own conscientious belief) of the best interests of my professional brethren.

If Mr. Clay and his friends are still of opinion that a Medical Provident Society is desirable, the matter might readily be put to the test by appealing to the profession at large, in such a manner as to ascertain the probable number of individuals who would give their support to such an institution—a step which need not involve any great expense. A much wider and probably a more favourable field for the experiment would be found outside the British Medical Association. The attempt has twice failed within its limits; and in fact, as we are told on the authority of Dr. Richardson, the scheme has been incubating there for many years—sufficiently long, we may presume, to prove the utter improbability of its ever reaching a practical development in that quarter.

The determined and uncompromising opposition which I have maintained to this Society is founded upon a conscientious conviction, that it is calculated only to bring grievous disappointment and serious loss to all who may become dependent upon it. No motive of less power would have compelled me to take a prominent part in opposing a movement which has brought out in such strong relief the disinterested philanthropy of a noble band of associates, who have so freely given both time and money in furtherance of a scheme which they believed (however erroneously) would prove a boon to their less fortunate medical brethren. I honour their high-minded benevolence; and I feel sure they will not misunderstand my sincere and earnest desire, in my own humble way, to protect my professional brethren from threatened disaster, although they may fail to recognise the soundness of my judgment, or however widely they may differ from me in their views upon this question. I am, etc. A. B. STEELE.

Liverpool, September 8th, 1866.

LETTER FROM JOSEPH STEPHENS, M.D.

SIR,—I join most heartily with Mr. Clay and others in protesting against the dissolution of the Medical Provident Society. I do so as one of the thirty-five contributing members; and I hope that the remaining thirty-four will join, “one and all,” in entering a similar protest. If they will so join, I trust it is not yet too late to discomfit the few enemies of the Society arranged under the banner of Mr. Steele.

It has for a very long time been felt by a large number of the profession that some society was

needed to afford mutual help and comfort when sickness and disease attacked those dependent on their daily labour for their daily bread; and, unfortunately, I shall not be guilty of exaggeration when I say that there is a very large number indeed of the members of the medical profession who may thus be categorised. When sickness attacks persons so circumstanced, pecuniary distress must be the immediate result; and a cankering care, most inimical to recovery, must be the inevitable concomitant.

Dr. Richardson said at Chester the other day, that Mr. Steele had been successful in his opposition to the Medical Provident Society by his “touching the pride of the profession”; but, if men who can but barely live by their profession when in health are too proud too assure against loss of the means of living caused by sickness, their “pride” can be only that which “goeth before destruction”. I consider that, in such a case, the shame falls on the man who does not assure. To assure against sickness is no more disgraceful in any case, *whether of the rich or poor*, than it is disgraceful to assure one's life, or to assure against accident or fire. The principle is the same. In each case, a number of persons pay into a common fund for the common benefit; and there is no more disgrace in receiving benefit from such common fund in sickness, than there is in a similar participation on the part of one's family or oneself in case of death, or accident, or the burning of one's house.

There are, again, many members of the profession who are not absolutely living from hand to mouth, but to whom, in sickness, the additional cost of an assistant, to keep their practices together, would be a grievous burden. In such cases, the weekly receipt of an amount equal to the assistant's salary would obviate sudden and undue pressure.

And, lastly, as regards our more fortunate *confrères* who think themselves removed from danger of pecuniary difficulty, I would say that, as they know they have passed through preliminary stages during which prolonged sickness might have caused shipwreck, let them set a good example, and show a fellow-feeling to their younger brethren who have not yet threaded the narrow strait which leads to fortune, and let them enrol themselves in a Society which has for its object mutual help and comfort in time of need, and which seeks to give a practical expression to the precept, “Thou shalt love thy neighbour as thyself.”

But Mr. Steele would say, “If such a Society be desirable in itself, its objects are extraneous to the purposes of the British Medical Association; and it is not right that such a parasite should be allowed to grow on the parent trunk.” I deny that it is a parasite. It is the legitimate offspring of the Association; and I assert that it is the most creditable child to which the Association has yet given birth. Dr. Richardson showed, at the last meeting of the Association, that the question of the formation of a Provident Society in connexion with the Association had been on the *tapis* for more than thirty years. After careful and full consideration—after, I may say, a gestation extending over more than thirty years, the Association gave birth to, and formally acknowledged, the Provident Society; but now, after thirty-five men have joined as contributing members, and many others, in the spirit of “love thy neighbour as thyself”, have formed a magnificent auxiliary fund, Mr. Steele comes forward and places his *veto* on the whole affair! He repudiates the Society; and says that, whereas he has had nothing to do with the procreation or conception thereof, it is not the legitimate offspring of the Association. Is then, Mr. Steele the British Medical Asso-



ciation? I do say, sir, that it will be disgraceful to the Association, if it turns round now at the dictation of Mr. Steele, and repudiates its offspring; and it will be most pusillanimous on the part of the Directors, if they submit to such dictation and take any steps to wind up the Society.

In any case, even if the British Medical Association finally determines on securing a connexion honourable to both, the parent need not strangle the child. The Medical Provident Society is, in my opinion, able to run alone even now. The dictum of Mr. Tidd Pratt as to two hundred members being required for safety does not apply to a Society possessing an auxiliary fund. If there were no fund, and the members were few, a sick member or two might swamp a Society; but with some £800 in hand, and an income of £100 a year or more from thirty-five contributing members, whose contributions are, on the best authority, ample, there must be an unparalleled, nay, I venture to say, an impossible amount of sickness, ever to bring such a Society into jeopardy. What is the experience of other societies? I have now before me the Annual Report of the Sussex Medical Friendly Society. This Society has been in existence since 1857, and from that time till 1864 no member thereof claimed assistance; and, although the contribution is only a guinea *per annum*, the accumulated fund has reached the respectable sum of £321:4:11. This Society has twenty-seven members, and amongst them are some of the leading medical men of the county, who evidently are not too "proud" to belong to a Medical Provident Society. If, then, the Sussex Medical Friendly Society, with twenty-seven members and no auxiliary fund, has so little sickness, and lays up money against the time of need, why is the Medical Provident Society, with thirty-five members to start with, and an auxiliary or accumulated fund of £800, to come to grief in the summary manner predicted by Mr. Steele? I dispute Mr. Steele's prognosis altogether; and I believe that the Medical Provident Society, if it is not strangled in its infancy, has in it the germs of such vitality as will make its duration coeval with the existence of the medical profession as a recognised body in this country. It may be, that the rules of the Society are susceptible of improvement in matters of detail; but the organisation of the Society is essentially healthy, and will become constantly more vigorous with development.

I protest, then, sir, in the first place, against the severance of the Medical Provident Society from its parent, the British Medical Association; and, in the second place, against the dissolution of that Society, should such severance be accomplished.

I am, etc., JOSEPH STEPHENS.

5, Pavilion Parade, Brighton, September 10th, 1866.

## THE ANNUAL MEETINGS OF THE ASSOCIATION.

LETTER FROM E. J. TILT, M.D.

SIR,—I quite agree with Dr. Skinner respecting the management of the scientific part of the British Medical Association during its annual meetings; and suggest that it would be easy so to arrange matters that both the readers of papers and the listeners might be much better pleased. Doubtless anything should be done to facilitate the discussion of papers; for, if there be no discussion, the papers might be as well published in the JOURNAL without having been publicly read. At Chester, the papers were above the average value; but there was a lamentable failure

of discussion, owing to several causes that I shall enumerate.

1. It was quite impossible to know when a paper would be read, because the reading of papers was preceded by the general business of the Association. The general business of the Association should therefore be separated from the scientific. Let it be taken during the first day or the last, but do not let it be mixed up with the reading of papers.

2. I would submit that the papers should be really papers. Dr. Sibson read us some very interesting extracts from a valuable work on Hospital Statistics, uniting these extracts in a pleasant extemporary manner. It was a charming exertion, but not a paper, and as this took more time than could be spared, there was no discussion. Dr. Stewart's paper was the first on the list for the second day; but, somehow or other, it did not reach him till late; so it was read late, and there was little discussion on the most important question of the present day, the advisability of returning to the treatment of disease by the old method of expectation. This cause of unpunctuality would be avoided, by enacting that all papers should be sent to the General Secretary a week before the annual meeting, which is the custom of most societies.

3. The time for reading papers at the annual gathering is so limited, that, with deference to Dr. Skinner, I think it would be better to send to medical societies such subjects of discussion as cannot be condensed into what it will take fifteen minutes to read; and while I do not think it would be worth while to listen to most of us for more than five minutes, it might be optional for the President to extend the time, if the treasures of long accumulated wisdom were flowing from the lips of a man like Dr. Stokes.

As a social gathering, the Chester meeting was a great success, and such meetings cannot fail to promote brotherly love and increase the *esprit de corps* of the profession. The great cordiality of our Chester brethren, the sumptuous hospitalities of the President and of the excellent Local Secretary evidently succeeded in imparting happiness; for there was such a decided holiday expression on every medical face, that I firmly resolved to attend the next annual meeting of the Association. Trusting that I shall there find that some of my suggestions have been thought worthy of adoption. I am, etc.,

E. J. TILT.

Grosvenor Street, September 1866.

## ON LOOSE CARTILAGES IN THE JOINT.

LETTER FROM HENRY DICK, M.D.

SIR,—Mr. Christopher Heath made some observations on my paper on Loose Cartilages in the Joint, read before the British Medical Association at Chester, which I think right to answer, to prevent error. I value very much Mr. Heath's opinion about the ingenuity of the instrument; but I cannot admit that the joint would be torn, or that the foreign body is difficult to catch; neither will the incision be too large, nor will air be admitted.

It is impossible to tear the joint, because the outside edges of the blades of the instrument are both cutting; so that, if the joint-incision should be too small, the opened blades would certainly rather cut than tear. I found no difficulty in catching the foreign body with the instrument. In fact, the instrument is useful rather for large cartilages, than for small ones. As to admitting air, I distinctly stated in the paper how it can be avoided with certainty. Concerning the size of the instrument, when shut it is



of the usual size of the various knives used in the subcutaneous operations in joints, but when opened, and the foreign body in it, it would certainly make the skin-puncture very large; but I also pertinently insisted in the paper that, once arrived near the skin-puncture, certain rules must be observed to avoid Mr. Heath's objection.

I am, etc.,

HENRY DICK.

London, August 28th, 1866.

## THE TREATMENT OF RHEUMATIC FEVER.

LETTER FROM THOMAS LANGSTON, ESQ.

SIR,—After what we have read and heard about the natural course of disease, the uselessness of all medication, and the practice of some of our leading physicians, it is really quite a pleasure to hear from an associate the good news that something medical may be done, and that with advantage to the sufferer, in rheumatic fever.

No member of the profession has done more than Dr. Birkbeck Nevins to investigate and prove the relative value of the many drugs we possess. But somehow it seems fashionable to discard them in the treatment of disease, and that partly because many cannot see how they act. Is it not a fact beyond dispute, that the pathology of disease has been studied to the neglect of the treatment? Granted that no treatment can be conducted satisfactorily without an accurate pathology, it is still a fault to separate these studies, and one which can only result in the disgust of the patient and disappointment to ourselves.

I am convinced that we have around us remedies for the cure of many, if not of all, the diseases incident to humanity; but how to select and apply them seems a subject very much overlooked by our men of science in the profession.

I am ready to admit that the subject is a difficult one, and shrouded in obscurity; yet that is no reason why we should abandon it, but rather should be an incentive to us to work on and on, even though victory be distant. I have often thought how much might be done by a Therapeutical Society. Through it the profession might gain a vast amount of information on the subject. It is of little satisfaction to a patient suffering with acute rheumatism, to tell him that Nature will effect a cure in five weeks, and therefore he must bear the pain: our duty, as practitioners of the healing art, is to find out what will do good—what is the best remedy to shorten the duration of the disease.

I have used repeatedly iodide of potassium and quinine in acute rheumatism, with great advantage, and quite endorse Dr. Nevins's statements. I find cardiac complications rare with this treatment, and recovery more speedy than by any other plan. I have not tried the do-nothing treatment—a course of practice as bad as that of our forefathers, who dosed and bled and starved their patients. I have no doubt that the hypodermic method, originated by Mr. C. Hunter, would be found useful, and perhaps the best eventually.

I am, etc.,

THOMAS LANGSTON, L.R.C.P. Edin.

Broadway, Westminster, September 12th, 1866.

DR. RICOED, Member of the Academy of Medicine, etc., has been nominated Officer of Public Instruction.

PROFESSOR MATTEUCCI. The Academy of the Ten, a scientific society existing in Italy since the last century, has unanimously elected Professor Matteucci to be its president.

## Medical News.

### APPOINTMENTS.

#### INDIAN ARMY.

ADEX, Assistant-Surgeon A. W. G., to be Surgeon Bombay Army.  
BAILLIE, Surgeon G., M.D., to be Surgeon-Major Madras Army.  
BAILLIE, Surgeon H., M.D., to be Surgeon-Major Bengal Army.  
BRUCE, Assistant-Surgeon L. S., to be Surgeon Bombay Army.  
FLEMING, Surgeon J. B., M.D., to be Surgeon-Major Madras Army.  
McDONALD, Surgeon D., M.D., to be Surgeon-Major Bengal Army.  
MACKENZIE, Surgeon D., to be Surgeon-Major Madras Army.  
SHAW, Assistant-Surgeon H. T., to be Surgeon Madras Army.  
SYLVESTER, Surgeon C. J., to be Surgeon-Major Bombay Army.

#### ROYAL NAVY.

BEAMISH, Richard, Esq., Acting Assistant-Surgeon (additional), to the *Victory*.  
CROWDY, Alfred S., Esq., Acting Assistant-Surgeon, to the *Royal Adelaide*.  
WILSON, Thomas G., Esq., Surgeon, to the *Basilisk*.

#### VOLUNTEERS, (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

TAYLOR, P. A., Esq., to be Honorary Assistant-Surgeon 11th Hants R.V.

### BIRTHS.

LATHAM. On September 14th, at Cambridge, the wife of \*P. W. Latham, M.D., of a daughter.

### MARRIAGE.

BAKER, Major Robert John, Madras Staff Corps, to Louisa Edith, second daughter of W. Harcourt Ranking, M.D., late of Norwich, at Oatocamund, India, on July 14.

### DEATHS.

GILLARD. On September 6th, at Hovingham, near York, aged 40, Sarah, the wife of \*Richard Gillard, Esq.  
NIVEN. On September 12th, at Monkstown, County Dublin, Isabella, wife of William Niven, M.D., H.M.'s Indian Medical Service, Bombay.  
\*NIXON, Daniel, Esq., at Stony Stratford, aged 64, on August 19.

CHOLERA AT WIGAN. A sudden outburst of the prevailing epidemic has taken place at Wigan.

INSPECTOR-GENERAL JOSEPH SKEE, M.D., on the half-pay list, and late physician to the forces, died at Baker Street, Portman Square, on the 18th inst., in his 94th year. His commissions bore date as assistant-inspector or physician, July 18th, 1805; brevet deputy inspector, December 11th, 1823; deputy-inspector-general, October 26th, 1826; and inspector-general, February 15th, 1839. He was for many years stationed at Quebec.

MURDER OF A PHYSICIAN BY A LUNATIC. Dr. Greenup, formerly of Salisbury, for the last fourteen years superintendent of the Parramatta (New South Wales) Lunatic Asylum, holding also the offices of medical adviser to the government and examiner of Sydney University, has been stabbed by one of the patients in the asylum, and died in two days after much suffering. His last words were "No one is to blame for it." He fell a victim to his humane disposition, which led him to be too trustful even of men confined in the criminal division of the asylum. (*Sydney Morning Herald*.)

THE POISONOUS WATERS OF THE EAST END. An inquest has been held at Poplar on the body of John Davies. He drank some water from a pump, notwithstanding a man told him the water would poison him. Shortly afterwards he was seized with violent cramps, and on the next day he died from cholera. Some of the water from the pump was sent by order of the coroner to Dr. Letheby for analysis. The following is the professor's report. "The water contains



61.5 grains of saline matter per imperial gallon, besides 2.8 grains of organic matter, and much ammonia. The saline matter as well as the organic are chiefly derived from surface drainage, and the presence of ammonia indicates percolation from a sewer or cesspool. The water is quite unfit for drinking purposes, and from the nature of the pollution is very like to have occasioned choleraic disease, especially if drunk without previous boiling." The jury returned a verdict, that the diseased died from choleraic disease, occasioned by drinking polluted water drawn from a certain pump, and they recommended that the attention of the proper authorities should be drawn to the danger of leaving such a dangerous source of disease accessible to the public.

**BIOLOGY.** In his address to the Section of Biology at the recent meeting of the British Association, Professor Huxley said that he wished to consider for a short time the object of the science indicated by the new term Biology, and the scope of those persons who pursue it, and subsequently the position which had been given to its various branches in this Section of the Association. Suppose him to be provided with an egg and a bean, he would draw the attention of his listeners to their contents. Neither of them contains anything but an incomplete rudimentary foreshadowing of what they will produce. Imagine the egg incubated, or the seed placed in the ground. After a time, a being full of life and activity, and possessing even mental powers, will come from the egg; the chick will become a fowl. So, too, the bean will become a beanstalk. In the whole set of changes undergone there is a definite order and succession of forms, to which the name Development is applied. In studying each stage of this development, we only study a series of distinct *forms*. It is only form which is studied in development. The inquirer does not ask how or why these changes take place, but simply what they may be. When our chick or bean has arrived at maturity we have not a homogeneous mass. There are muscles and bones in the one and fibres and tissues in the other. The study of the form of the internal parts is called Anatomy, and it is anatomy whether on a small or a large scale. The size does not affect the nature of the study; it is anatomy whether we deal with parts one inch or one-thousandth of an inch in diameter. He would lay particular stress on this, because some persons had a confused notion on the matter; microscopic anatomy, or histology, is anatomy. In all this we deal with *form*. So, in considering the relation of being to being, we observe that the *form* of an oak is more like that of a beanstalk than it is like a man's; again, a man is more like a monkey than he is like a crocodile. This study is that of Taxonomy, Classification, Systematic Zoology and Botany. *Form* has still another study, that of Distribution, not only in space, but in time. The life on our earth is not a thing of yesterday, but goes back so far into past ages that the record breaks off ere we find its first commencement. Palæontology is the biology of the past, and a fossil animal differs only in this regard from a stuffed one, that it has been dead ages instead of days. We have, then, Development, Anatomy, Classification, and Distribution, all relating to form, constituting Morphology; its methods are Observation, Classification, and Registration. The facts concerning form are questions of force: every form is force visible; a form at rest is a balance of forces; a form undergoing change is the predominance of one over others. How has form come about? how does it commence? how does it end? The question *why* belongs to Physiology in its broader sense. In a narrow sense it has been used only in regard to the properties of individuals,

as we say the Physiology of Man. But there is another physiology, dealing with the causes of life, the foundations of which as a science have been laid by Mr. Darwin. Such is a view of the relations of the various branches of biological science. Two things are wrapped up in it; Form and Cause. The study of physiology requires great preparation; over the door of the physiological department might well be written, "Let no one enter here who is not a themist and a physicist". If there were such a thing as scientific education in our schools, we might keep our Biological section well together in one room; but as it is there is no chance for this. The stick won't beat dog, dog won't bite pig, and so the old woman can't get home. The university won't recognise natural science, and hence the public school won't teach it to the boys, and consequently all men are not versed in all the subjects of it. Hence the Council have provided a department for the medical physiologists, another for the students of ethnology, as a matter of convenience. The division is not philosophical, but it is expedient. We give off buds like an animal of low organisation, but, unlike this animal, we retain the power of reabsorbing those buds. Dr. Humphry, of Cambridge, attempted to defend his university from the charge of indifference to science. He considered physiology the very highest and noblest of the sciences, and thought it was wet-blanketed by the Association. He wished that a separate Section might be formed for it. Dr. H. Bennett, of Edinburgh, agreed with Professor Huxley, but wished for two equal sections of Morphology and Physiology. Sir J. Lubbock observed that the success of the Physiological subsection of former years had been like that of the broom-seller, who made a few brooms and stole the rest; the physiologists had got a few legitimate papers, and had stolen the rest from the morphological department.

**MEDICAL EDUCATION AND THE EDUCATION OF DRUGGISTS.** In delivering the introductory address in the Chemical Section at the recent meeting of the British Association for the Advancement of Science, the President, Dr. Bence Jones, made the following remarks:—"My predecessor, Professor Miller, last year told you that 'some years will no doubt elapse before science is admitted to take equal rank, as a means of education, with the study of classical literature. Still, it is but a question of time. The practical instinct of the nation is becoming alive to the necessity of making certain portions of the training of our youth consist in the systematic study of the elementary parts of properly selected branches of science.' Although we may say with Mr. Gladstone, that time is on our side, and although we are beginning to ask how our present formula for education has arisen, and why it remains almost unchanged while all natural knowledge is advancing, and although an entire change in everything except the highest education has taken place, yet public opinion is affected so slowly, and the prejudices of our earliest years fix themselves so firmly in our minds, and the belief we inherit is so strong that an education far inferior to that which a Greek or a Roman youth say twenty centuries ago would have received is the only education fit to make an English gentleman, that I consider it is of no use, notwithstanding the power which this Association can bring to bear on the public, to occupy your time with the whole of this vast question. But there is an outlying portion of this subject which personally touches each one of us here present; and this, with much diffidence, I venture to bring before this section of the British Association. I allude to the present



state of education in natural knowledge of that portion of the community who may at any moment be asked to tell any of us here present what mechanical means should be used to lessen or increase the mechanical actions of the body, and what chemical substances should be taken to lessen or increase the different chemical actions within us when they rise or fall to such a degree as to constitute disease." Dr. Bence Jones, having described the present peculiar characteristics of medical education, proceeded to observe: "At present, so far from physicians possessing more knowledge of food and of medicine than any other class of persons in the community, the analytical and pharmaceutical chemists are rapidly increasing in knowledge, which will enable them not only to understand fully the nature and uses of food and medicine, but even to detect the first appearances of a multitude of chemical diseases. Their habits of investigation, and their knowledge of the nature of the forces acting in the body, will gradually lead them to become advisers in all questions regarding the health of the community; and from this they will, like M. Bouchardat in Paris, become almost, if not altogether, practitioners of medicine. No doubt chemists are very far from being medical practitioners at present; but remember that there is no limit to natural knowledge, and that each moment the chemical knowledge of things around us is progressing, and that chemists are becoming able better to answer every question that can arise regarding the air, water, food, drink, and medicine which by means of forces that exist in them act upon the forces within us, and give rise to the phenomena of health and of disease; while, as if to lessen the time that might be devoted to acquiring natural knowledge, the authorities who regulate medical education, only this last spring, have determined that, in addition to Latin, every medical man shall possess a competent knowledge of Greek, in order that the derivation of hard words may be obtained from the brain instead of a dictionary. In confirmation of my opinion of the direction in which the treatment of disease is progressing, I may just refer to the cattle-plague, which in 1745 was treated by Dr. Mortimer, at that time secretary of the Royal Society, and therefore one of the most scientific physicians in the country, with antimony and bleeding. In 1866, two chemists, Dr. Angus Smith, Ph.D., F.R.S., and Mr. Crookes, F.R.S., gave the only useful suggestion for combating the disease—namely, by the arrest or the destruction of the poison by chemical agents. There is yet another point of view in which chemists will see the harm that results from our present medical education. The use of Latin in our prescriptions requires that the pharmacists should learn at least sufficient Latin to read what we have written. Many errors have arisen, and will arise, from the dispenser being unable to give the directions rightly. To avoid such mistakes, a portion of the time that ought to be given to the attainment of the highest possible amount of chemical acquirement, and a perfect knowledge of the English language, or some foreign language wherein he might learn the discoveries in chemistry and the improvements in pharmacy of other countries, must be devoted to the learning of Latin, in which the physician writes his directions. All our druggists in England ought to be what they are in Germany and in France—chemists capable of any analysis that might be required of them, and able to satisfy themselves and the medical men that the substances they sell are what they profess to be—pure, unadulterated chemical compounds.

## OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.  
TUESDAY....Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.  
WEDNESDAY...St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.  
THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.  
FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.  
SATURDAY....St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

## TO CORRESPONDENTS.

\* \* All letters and communications for the JOURNAL to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

FAIR PLAY solicits the opinion of the Editor in the following case, in the answers to correspondents.

A. and B. are medical men practising in a country town. They are on friendly terms. A. has attended at The Hall for twenty years. B. is aware of it. A. at the present time is attending a member of the family, and his visits have been paid daily. He calls one morning; and, in conversation, the husband of the lady patient expresses a desire for a further opinion. A. suggests Dr. — of D—; and the husband agrees to telegraph to Dr. —; and, on receiving his answer, to send his carriage to the station to meet him, pick up A. on the way, and bring them up together. The same afternoon, between two and three o'clock, the husband goes to the town, inquires for B.'s residence, calls upon him, and requests him to attend his wife. B. goes, and takes the case; and the same evening, about six o'clock, A. receives a distant note from the husband, stating, "that his attendance will not be further required, as he has found it to be desirable to place his wife in other hands." A. takes no further notice of the case. B. continues his attendance, but does not call upon A., or offer any explanation by letter or otherwise afterwards.

The question is: Is B.'s conduct, knowing, as he did, that they were A.'s patients, and that "A." was in immediate attendance upon the case, professionally correct or otherwise? Is B., by acting thus, guilty of a breach of professional etiquette or not?

[Our correspondent will admit the right of a patient, or a patient's friends, to change his or her medical attendant. This being granted, and the correctness of A.'s narrative being assumed, if the lady's husband in the case described thought proper to substitute B. for A., as her medical attendant, and if B. was distinctly informed that A. was no longer in charge of the case, we cannot see that B. was guilty of unprofessional conduct. It would, however, have been an act of courtesy on B.'s part to communicate with A., and satisfy him that the patient had come under his (B.'s) care through the mere desire of her friends. EDITOR.]

COMMUNICATIONS have been received from:—Dr. FREDERICK J. BROWN; Mr. R. GILLARD; Dr. G. H. PHILIPSON; Dr. EDWIN ANDREW; Dr. WHITTON; Dr. WOAKES; Dr. G. B. MEAD; Mr. F. J. ALFORD; Dr. EADE; Dr. WARDELL; Dr. J. S. WARTER; and Dr. JAMES RUSSELL.

## BOOKS RECEIVED.

1. On Vitality. By the Rev. H. H. Higgins, M.A. Liverpool: 1866.
2. Lady Nurses for the Sick Poor in the London Workhouses. London: 1866.
3. Report of the City of Glasgow Fever Hospital. By Dr. J. B. Russell. Glasgow: 1866.



THE  
**Jacksonian Prize Essay**  
FOR 1865.

ON DISEASED CONDITIONS OF THE  
KNEE-JOINT

WHICH REQUIRE AMPUTATION OF THE LIMB, AND THOSE CONDITIONS WHICH ARE FAVOURABLE FOR EXCISION OF THE JOINT; WITH AN EXPLANATION OF THE RELATIVE ADVANTAGES OF BOTH OPERATIONS, AS FAR AS CAN BE ASCERTAINED BY CASES PROPERLY AUTHENTICATED.

BY

WILLIAM PAUL SWAIN, M.R.C.S.,

SURGEON TO THE ROYAL ALBERT HOSPITAL, DEVONPORT, ETC.

SECTION II.—MORBID CONDITIONS OF THE  
KNEE-JOINT.

*Affections of the Synovial Membrane.*

It seems not to be within the scope of this essay to treat systematically of all the various morbid conditions connected with the knee-joint, but rather to single out for observation those more serious lesions which require the formidable procedure either of amputation through the thigh or excision of the joint. It is, however, impossible to perform this task without noticing some of those diseased conditions which, whilst in themselves not requiring either amputation or excision, yet may progressively lead on to such a thorough disintegration of joint-material as to necessitate either the one or the other of these modes of relief.

Observing the order of frequency in which the different tissues of the knee-joint become involved in disease, it will be necessary to consider first of all those morbid conditions which take their origin in the synovial membrane; nor, when we consider the structure and functions of this membrane in the knee-joint, its extent and exposed position, is it a matter of surprise that it should be peculiarly obnoxious to disease.

*Acute Synovitis* arises from a variety of causes, foremost amongst which may be mentioned violence to the joint, rheumatic poison, gonorrhoea, pyæmia; or it may arise spontaneously, without any known cause. However different may be these causes, yet the local condition to which they all give rise is nearly identical, and the course of the disease much the same. The advent of the attack is marked by great pain, heat, and swelling of the whole joint from the distension of the synovial sac with effusion. This swelling is principally found in front of the thigh under the quadriceps, on either side of the patella, and sometimes in the popliteal space, although I have never seen the latter; the knee assuming a semiflexed position, thereby giving the largest possible capacity to the synovial sac.\* The constitutional symptoms are also well marked. The

flushed and anxious countenance, dry skin, furred tongue, and rapid pulse, all point to a severe inflammatory process going on in a most important part of the body. If this state of things be allowed to progress, suppuration will commence; the skin becomes involved; shortly the matter points and bursts, opening the joint-cavity; profuse suppuration continues and increases; and pain and exhaustion soon destroy the patient. The pathological changes which take place in the synovial tissue itself during this period are well marked. The first effect of inflammation is increased vascularity of the subsynovial tissue, accompanied by increased secretion of synovia into the joint. There seems to be no evidence of an arrest of secretion in this earliest stage. The experiments of M. Richet go to prove that this is not the case; and he asserts that, having opened the joints of dogs, he observed hour by hour the secretion of synovia taking place. The increased vascularity of the membrane is particularly marked in its vascular processes (ligamenta mucosum et alaria). At a later period, shreds of lymph are found floating in the secreted fluid; and sometimes, if the effusion be very rapid, it is tinged with blood. As the disease progresses, the inner surface of the membrane is covered with a substance resembling granulations, giving rise to villous or fringed processes; and at the same time it becomes thickened externally, and a deposit of yellow serum takes place beyond it. The fluid effused into the joint becomes turbid; pus is formed, at first in small quantities; but in time the fluid becomes pure pus. At this period, and rarely before, the cartilages become involved; they lose their polish, and spots of ulceration commence. Sometimes these ulcers are large, with defined sharp edges; sometimes they present a worm-eaten appearance. Soon the bone is laid bare; the absorption of cartilage progresses more rapidly, until frequently the entire surfaces of the femur and tibia are denuded. It is astonishing how soon after the first advent of inflammation destruction of cartilages sometimes commences. Barwell quotes a case in which he examined the knee-joint of a patient who died on the fourth day of the attack, when an ulcer of the size of a sixpence was found on the inner condyle of the femur. The osseous structure becomes involved, and caries sets in; abscesses form all around the joints; the ligaments become softened and relaxed; and nothing short of the removal of the disease by a capital operation can rescue the patient. In this statement, as in others of a like character, I must not be understood to preclude the possibility of cure. In acute suppuration of the knee-joint, especially after injury, free incisions into the joint, to evacuate the pus, will give a very fair chance of ankylosis. This practice is, I fancy, fallen into too much disuse in the present day.

*Subacute Synovitis.* This affection is of all others the most common to the knee-joint. It is less intense, and accompanied by far less serious constitutional derangements, and of course with far less serious consequences, than the acute form. It is occasioned by general causes or local injury, and commonly yields rapidly to appropriate treatment. It commences with pain in the joint, and swelling soon comes on, bulging out the synovial sac; the joint assuming the semiflexed position. If unchecked, this disease either runs into the chronic variety, becoming then much more troublesome to cure, or else,

\* A cast of a case of effusion into the knee-joint accompanied the essay.



especially in strumous subjects, gradually spreads to the other tissues of the joint, involving cartilage and bone, and eventually destroying the entire joint.

*Chronic Synovitis.* This form of disease is, perhaps, more difficult than either of the others correctly to diagnose; but it is of the utmost importance that the surgeon should form an exact estimate of the peculiar changes which may be slowly going on within the joint. Chronic synovitis, pure and simple, may be the result of either of the previous forms of synovial inflammation, or it may originate without any previous cause. If the latter be the case, it should arouse suspicion as to whether, as is often the case, it is not connected with a constitutional habit of body; it may be rheumatic, syphilitic,† or scrofulous. It may be one of a series of attacks of inflammation, each one leaving a joint, previously damaged by disease, in a worse condition than before. In any case, swelling from gradually secreted synovia, and a remarkable absence of pain or tenderness, are the prominent symptoms. This absence of pain, as Price has well pointed out (Price on the *Knee-joint*, p. 16), is very deceptive, and likely to mislead the surgeon as to the severity of the case with which he is dealing. I have myself seen remarkable instances of this fact—cases where there has been an almost total absence of pain, and yet I have found the entire apparatus of the joint destroyed, and the ends of the femur and tibia extensively diseased. Considering this disease apart from all constitutional diathesis, its great danger arises when it recurs constantly. Once let a knee be subjected to a few attacks of chronic inflammation, and in all probability there will be a constant recurrence of the disease. The synovial membrane becomes over vascular and thickened, and granulations are developed upon it. The effused fluid becomes fibrinous; false membranes are formed, which rapidly become organised. The subsynovial tissue is thickened; the cartilages, and subsequently the bones themselves, become involved.

*Gelatiniform Degeneration of Synovial Membrane.* By some authors this disease is named strumous or scrofulous synovitis. Without denying that struma may be a predisposing cause to this peculiar pathological condition, and that the two are frequently found associated, yet I believe it is the experience of most surgeons that gelatiniform degeneration of the knee-joint may exist without any strumous diathesis in the patient; and Sir B. Brodie himself states, in many of the illustrative cases which he gives, that the patients were in other respects in good health. I am more inclined to look upon this peculiar disease as one distinct from strumous synovitis, which should rather be classed with those cases of chronic inflammatory conditions of the synovial membrane which we have been just considering. Brodie makes two statements which go very much to strengthen this opinion. First, he states that, although the disease progresses slowly, and remains for a long time in an indolent state, yet ultimately it has always terminated in the *destruction of the joint*; and, again, he goes on to say: "It is a remarkable circumstance, that this affection of the

synovial membrane is rarely met with, *except in the knee*. I have never known an instance of it in the hip or shoulder." (Brodie, *On the Diseases of the Joints*, chap. iii, sec. 1.) Now, in neither case can we say this of that synovitis which is connected with the strumous diathesis.

I know of no better description of this disease than that given by Brodie himself, and which is quoted, or very closely followed, by all writers on the subject. He says that the synovial membrane "loses its natural organisation, and becomes converted into a thick pulpy substance, of a light brown, and sometimes of a reddish brown colour, intersected by white membranous lines. As the disease advances, it involves all the parts of which the joint is composed, producing ulceration of cartilages, caries of the bones, wasting of the ligaments, and abscesses in different places." (*Op. cit.*) Brodie classes this peculiar deposit with that of tubercle of the lungs, scirrhous of the breast, or the medullary sarcoma of the testicle. Barwell, however, who treats of the disease as strumous synovitis, considers that the pulpy substance is but a further development of those granulations which appear on the surface of synovial membrane as one of the results of chronic inflammation, contending that "the only real difference consists in the degree of development which the granulation undergoes." (Barwell, p. 106.) In addition, however, to the reasons above stated for considering this a distinct disease, there are others to be deduced, which, I think, satisfactorily prove this to be the case. Unlike that form of chronic synovitis which degenerates into or arises from strumous disease, this gelatiniform degeneration is more frequently to be found amongst adults. The swelling, which is the first symptom, is of a peculiar character. It does not convey the sense of fluctuation to the touch, which the ordinary effusions of synovial inflammation do; it is a swelling rather of a doughy, semi-elastic character. Nor does it assume the same form. It is more general and uniform; the bulging of serous effusion is absent; and the whole joint assumes a regular, globular shape. A difficult point of diagnosis may here arise. The successive layers of organised lymph deposited on the synovial membrane, and on the tissues surrounding the joint, by repeated attacks of chronic synovitis, may nearly obliterate the joint-cavity, and give to it very much the same shape and feel as that above described. The history of the case, if carefully collected, will, however, generally enable the surgeon to decide.

Another point of importance, which will assist in diagnosis, is the presence of pain. In my remarks on chronic synovitis, I particularly called attention to the frequent *absence of pain*. In pulpy degeneration, the presence of pain, not the jumping intermittent pain of diseased cartilage, but a constant, dull, heavy, gnawing pain, is the rule. Sir W. Fergusson has also noticed an important point; namely, that the elasticity resulting from the great thickening of the synovial membrane is such that, after pressing the bones together, they resume their former position. One other point, which I do not remember to have seen noticed, but which, I am sure, is characteristic of this disease, is this: that whereas, in chronic synovitis, the knee assumes the semiflexed position, owing, as before stated, to the distension of the synovial sac, and, if neglected, becomes stiffened in that position, in pulpy degeneration this is seldom or never

† The accompanying cast not only showed the distension of the synovial membrane from fluid, but was taken from a case in hospital for inherited syphilis, the patient having interstitial cornetitis in both eyes and peg-top teeth. Both knees were affected. A very similar case is reported in the *Ophthalmic Hospital Reports*, vol. iv, page 290.



the case; and in many instances, even when the disease is in an advanced stage, there is considerable mobility about the joint.

The progress of this disease towards complete destruction of the joint is analogous to that before described as arising from acute or chronic inflammation. The cartilages become overlaid with the diseased tissue, soon begin to ulcerate, and finally altogether disappear. Pus is rapidly generated in the joint. The denuded bone soon becomes involved in the disease; sinuses penetrate the periarticular tissue, and lay open the joint; and the constitutional symptoms which accompany these processes compel the surgeon to have recourse to removal of the disease by operative procedure.\*

*Rheumatic Synovitis.* Acute rheumatism is a disease which calls more especially for the physician's treatment. Its local manifestation in the knee-joint is, however, familiar to surgeons, and partakes more or less of those forms of acute or chronic synovitis which have already been considered. It is of rare occurrence for it to run on to total disintegration of the joint; but, as such instances do occur, it is right that we should notice the condition. At the commencement of the attack, a large quantity of synovia is secreted. This shortly becomes milky, and shreds of lymph are found floating on it. The synovial membrane becomes red and thickened, and eventually granular. The cartilages ulcerate, and undergo fibrous degeneration. The tissues round the joint are thickened by infiltration. At an advanced stage, crepitus can often be detected on moving the tibia on the femur. Sometimes, in gouty cases, the fluid in the joint contains gritty matter, consisting of urate of soda.

*Traumatic Synovitis* will be referred to when considering wounds and injuries of the joint.

*Suppuration in the Knee-joint.* This condition has been so frequently referred to as one of the results—the most fatal result, perhaps—of the various inflammations of synovial membrane, that I think it right at this point to refer to it more in detail. It is a matter of extreme difficulty to say whether the effusion in a joint be simple synovia, or whether it be pus. In fact, the mere touch cannot decide the question. The occurrence of a rigor, increased tenderness in the part, constant throbbing pain, a typhoid condition in the patient, all these, especially the first, will lead one gravely to suspect the advent of suppuration in the joint-cavity. If we have reason to think that pyæmic poisoning affects the patient, we can have little difficulty in concluding that pus has been secreted in the joint. The first advent of pus into the joint is a matter of some curiosity. It has been thought that, in the lesser inflammations, pus is never formed; and that, if the inflammatory process be severe enough to produce it, it is seldom absorbed. Dr. R. Volkmann (Langenbeck's *Archiv für Klinische Chirurgie*, vol. i, part ii, p. 408: Berlin, 1861), however, has stated as the result of his researches, that the thick lining of pavement epithelium on the inner surface of the capsular ligament, under the influence of catarrhal inflammation, se-

cretes pus-cells; and he thus accounts for the turbidity of the effused fluid which is often found in synovial inflammation. He moreover asserts that this pus may disappear by disintegration of the pus-cells and absorption. If the deeper parenchymatous tissues be affected, then a severe form of inflammation is produced, and the secreted pus maintains a pyogenic state in the synovial membrane. The cartilages are very soon affected by ulceration; and the bone, denuded of its cartilages, in turn becomes diseased. If the pus be not evacuated by the surgeon, it will soon ulcerate through the synovial membrane, and, burrowing in various directions, open externally. In a case where Mr. Holt, of the Westminster Hospital, amputated a thigh, the pus had burst through the synovial membrane round the tendon of the popliteus muscle, and, finding its way beneath the expansion over it to the inner side of the tibia, pointed at the oblique line. I am not aware that this pathological condition has ever before been noticed; and I am indebted to Mr. Heath, of the Westminster Hospital, for having directed my attention to it in the accompanying preparation of the knee-joint.

#### *Diseases of the Articular Cartilage.*

It is almost certain that disease never commences in the articular cartilage. Originating either in the synovial membrane or in the osseous structures, disease is communicated to the cartilages. It was the generally received notion—one propounded and supported by Sir B. Brodie—that active changes took place in the cartilages of joints by the intervention of vessels permeating their substance. The entire absence both of vessels and nerves has, however, been demonstrated; and this fact has led many into the error of supposing that inflammation cannot take place in articular cartilages. Virchow (*Archiv*) was the first to demonstrate the fact, that changes in cartilage were inflammatory. Goodsir and Redfern demonstrated the changes which took place in the cell-growths; and Barwell has entered minutely into the question in a paper, "On the Nutrition and Inflammation of Articular Cartilages". (*Med.-Chir. Rev.*, October 1859.) He divides ulceration of cartilage into inflammatory and degenerative; the latter being again divided into fatty and granular.

*Inflammation of Cartilage* consists in the rapid generation of cells from those previously existing. If the inflammation be acute, the hyaline substance is absorbed, and an ulcer results; the cells set free falling into the joint, and multiplying as pus-cells. If it be less active, the hyaline substance is converted into fibre.

In *Fatty Degeneration*, the corpuscles are filled with oil; and the hyaline substance becomes fibrous.

In *Granular Degeneration*, the hyaline substance again becomes fibrous, and the corpuscles present opaque spots on them, and ultimately shrivel up and form scales on the free edges.

In certain *Chronic conditions of Inflammation*, the cartilage-cells become fibre-cells, and form a sort of coarse areolar tissue. This tissue, meeting with the granulations on the synovial membrane, forms connections with it, and gives rise to false ankylosis. Mr. Aston Key, who asserted (*Med.-Chir. Trans.*) that cartilage became disintegrated by its contact with the fringed vascular processes of the synovial membrane, was evidently misled by these appearances. It is a condition most frequently found when the

\* In the last edition of Sir Benjamin Brodie's works, I find the following modification of his views respecting this disease. "I formerly had been led to regard the disease as one which does not admit of a cure, and I still see no reason to doubt the correctness of this opinion respecting it in its more advanced stages. My later experience, however, leads me to think more favourably of it, if it be attended to at an earlier period."



disease commences in the synovial membrane. When, however, it arises in the osseous structure, as shown in the accompanying preparation of a knee-joint excised by Mr. Wood of King's College, the following process takes place. A portion of bone becomes inflamed, and over that spot degeneration and separation from the bone takes place, owing to the nutritive supply being cut off; the portion of cartilage being sometimes thrust into the joint-cavity. All round this spot inflammation is set up and eventually ulceration, and thus in a short time the whole joint becomes affected. The pain and starting of the limb which accompany ulcerations of the cartilage of the knee-joint, were at one time referred to the cartilage itself, but are now understood to arise from the exposure of the bony structure by the removal of the cartilage. Sir B. Brodie writes that he is "inclined to the opinion that the increased sensibility in these cases is in the bony plate beneath the cartilage rather than in the cartilage itself: and that the presence of severe pains, with involuntary startings of the limb, is always to be regarded as a sign of the bone partaking in the disease." We may be pretty sure that simple degeneration or ulceration of cartilage will in itself give little or no indication of its presence. When active symptoms show themselves, extensive mischief has already been done in the joints. If the disease have commenced in the bone, and involved the cartilages, we may expect severe symptoms rapidly to supervene; a condition which will be further noticed when treating of the diseased conditions of the osseous structures entering into the joint.

[To be continued.]

**STATISTICS OF IRELAND.** According to the quarterly return of the Registrar-General, the population of Ireland has decreased by 27,000 during three months of this year. The births registered during the quarter were 38,816, and the deaths 24,763; but the number of emigrants was 41,124, of which 24,331 were males. The births registered in the Dublin district during the week ending September 15th last year, were 189. The deaths registered were 181. Fifty-five deaths from cholera were registered, being three more than the number registered during the preceding week; in each of the six preceding weeks, the number of deaths registered from cholera was 2, 5, 13, 15, 41, and 52. Twelve deaths were referred to diarrhoea.

**DEATH IN THE MINE.** In the ten years ending December 1865, 849,615,952 tons of coal were raised from the mines of Great Britain. The number of coal-miners in 1861 was 282,473. There were 9,916 deaths by colliery accidents in the ten years: one-fifth of them from fire-damp explosions; two-fifths from falls of roof and coal; less than a fifth from shaft accidents; more than a fifth from miscellaneous causes in mines and at the surface. During five years (1856-60), 381,067,047 tons of coal were raised, and there were 5,089 deaths from accidents; in the next five years (1861-65), 468,548,905 tons of coal were raised, and if the deaths had increased in the like proportion they would have been 6,257, but they were only 4,827, a reduction of 22.9 per cent. in five years, or at the rate of 4.58 per cent. per annum in the ratio of deaths to the coal raised. Whatever may have been the cause, it is the fact that the reduction in the number of deaths to the quantity of coal raised has been greater since the passing of the Duplicate Shaft Act.

## Addresses and Papers

READ AT

### THE THIRTY-FOURTH ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

[Held in CHESTER, AUGUST 7th, 8th, 9th, and 10th, 1866.]

### THE RESULTS ATTENDING THE RE- MOVAL OF THE FIRST GROWTH OF CANCER.

By JOHN BIRKETT, Esq., Surgeon to Guy's  
Hospital.

In consultation with gentlemen practising in the provinces, I have been frequently told that they regard the operation of the removal of a breast affected with a growth of cancer to be useless. Some, indeed, have advanced the very decided opinion, that such an operation is attended with the worst results, and that in their experience the proceeding had rather hastened the final catastrophe, without mitigating the sufferings of their patient. These opinions prevail very generally. Doubtless, they are founded upon experience; but an experience of a very limited kind, and of a nature to produce a very strong impression upon the memory.

Taking advantage, then, of the opportunity which an assembly of this kind offers for the discussion of the subject, I propose to relate the results attending the removal of the first growth of cancer from patients who have been, all of them, under my own personal observation for longer or shorter periods.

I propose, therefore, in this communication to state, as concisely as possible, the results which have followed the operation of excision of the entire mammary gland, or of a part of it, when involved with a cancerous growth. And I am obliged to do this without taking into consideration many collateral circumstances of very great importance; such as the condition of the integuments, of the axillary lymphatic glands, the duration of the growth, the progress made by the disease in each individual case, the variety of the disease, and other points. The above, singly or collectively, exert much influence on the result; but it would occupy too much time to enter upon these important details at this meeting.

I trust, however, to be able to give a satisfactory answer to the question, What advantage does a patient obtain by submitting to the removal of a cancerous tumour?

The facts upon which to base a reply to this inquiry are derived from the investigation of a hundred and fifty cases carefully recorded by myself; and, although I have not always performed the operation, I have seen the patient and examined the growth after its removal. A majority of the patients are dead; for it should be borne in mind that this collection of cases was commenced eighteen years since, and that not a little difficulty arises in being able to follow out patients who survive several years.

Also, it must be stated that I have not made any selection of the cases with the view to uphold or support any particular statement. The sufferers who succumbed to the disease were placed in the order in which death occurred, and therefore some allowance should be made in those cases in which death ensued



very rapidly after the development of the disease, appearing on the tables in greater numbers than those which survived the same thing many years.

The above consideration, as well as others, render what are termed statistical tables, and deductions therefrom by means of averages, most fallacious guides to treatment.

Table A is arranged to show the length of time during which 150 patients were free from any indications of the local recurrence of the disease after the removal of the first growth.

A.—Table showing the Length of Time during which 150 Patients were Free from Indications of the Local Recurrence of the Disease after operation.

	Cases.
Before the expiration of the first year .....	87
Between expiration of first year and close of second.....	15
Between second and third.....	7
"    third and fourth.....	7
"    fifth and sixth.....	5
"    sixth and seventh.....	2
"    seventh and eighth.....	1
"    eighth and ninth.....	3
"    ninth and tenth.....	1
"    tenth and eleventh.....	3
"    fourteen and fifteenth.....	1
"    fifteenth and sixteenth.....	1
Sixteen years .....	2
Patients died free from local disease in part first affected (see table).....	15
	150

Before the expiration of the first year, eighty-seven patients showed signs of a new development of the growth, either in the portion of the mammary gland not removed, the integuments in the neighbourhood of the cicatrix, in that structure itself, or in the axillary lymphatic glands.

After the expiration of the first year, and before the conclusion of the second, fifteen patients showed that a cancerous growth was again developed in one or other of the regions above mentioned.

Now, this large proportion of the cases in which recurrence occurred, might be taken as a significant fact to demonstrate that the cases submitted to operation were badly selected; that, indeed, an operation was scarcely justifiable. But, in many of the cases, the operation was undertaken in the hope of removing a source of great local pain and mental distress; of alleviating the misery and to abate the annoyance attending an ulcerated and sloughing surface, and at the earnest solicitation of the sufferer.

In some, I confess, little, if any, advantages were gained. In others, although life was not prolonged by many months, the existence of the individual was rendered more tolerable, since the attendant circumstances before described were sometimes absent. Life was decidedly prolonged in a few cases, in which it was rapidly ebbing in consequence of repeated hæmorrhages and deeply sloughing masses.

Further, we may be allowed to suggest that many of the cases in this category might have been operated upon at a much earlier period after the discovery of the first growth, and with every probability of a happier result. But, in hospital cases, and a large majority were of that class, it too often happens that patients apply to such institutions as a last resource only.

We may now turn to a somewhat brighter picture. To be free from such a disease as cancer for periods of time extending between three and sixteen years, is a fact surely sufficient to justify almost any means to accomplish such a desirable end. The risk to life

attending the operation is not great, and now much of the horror of such a proceeding is mitigated by the employment of anæsthetics.

In the wards of a hospital, even where the chances against the recovery of the patient are greater than in private practice, I calculate the death-rate at only seven per cent. During the last seventeen years, two hundred patients have been operated upon by my colleagues and myself in Guy's Hospital. Either the whole or a portion of the breast-gland was removed on account of a carcinomatous growth. All of these recovered from the effects of the operation, with the exception of fourteen, who survived it between three and thirty-six days only. It must be admitted that the operation was more or less the exciting cause of the disease which terminated life. These fatal diseases were erysipelas, followed by bronchitis; inflammation of the pleura, terminating in effusion; pyæmia; hæmoptysis; and vomiting. In fact, the too common causes of fatal complications after operations upon the poorer classes, inhabitants of large cities.

But in private cases the mortality is so trifling that, admitting the risk to which every person submits who undergoes any operation, I am inclined to calculate it at not more than three or four per cent. I have lost only one patient, of forty-one cases operated upon for cancer.

To proceed with the remaining cases. Of the patients, thirty-three in number, who survived the operation without any local recurrence of the cancer for periods varying between two and sixteen years, assuredly many of them must have died of the complaint within those periods; and all of them would certainly have been compelled to endure the mental anguish, if not the local suffering, accompanying the existence of this terrible malady, assuming that they had survived equal periods.

Lastly, fifteen of the patients died without showing external signs of recurrence of cancer in the region first effected.

B.—Cases in which the Cancer did not Re-appear in the part first affected with that growth.

Case.	Survived operation.	Cause of Death.	Condition of local disease at operation.
1	4 months	Hepatic disease	Integuments infiltrated
2	10 months	Thoracic disease	In same condition
3	11 months	Hepatic disease	As above
4	13 months	Carcinoma in calvaria	Mammary gland only infiltrated
5	15 months	Disease of ovary	As above
6	2 years	Cerebral disease	Integuments infiltrated
7	2 yrs. and 2 mos.	Hepatic disease	Integuments infiltrated and ulcerated
8	3 years	Thoracic disease	Mammary gland infiltrated only
9	4 yrs. and 3 mos.	Cerebral disease	Same as above
10	6 years	Thoracic disease	Integuments infiltrated
11	6 years	Cerebral disease	Integuments infiltrated and ulcerated
12	6 yrs. and 6 mos.	Exhaustion	Mammary gland infiltrated
13	8 yrs. and 8 mos.	Thoracic disease	Integuments infiltrated
14	10 yrs. and 6 mos.	Cachexia	Integuments ulcerated
15	11 years	Cachexia	Mammary gland infiltrated

The Table B shows the length of time each individual survived the operation. This was between six months, the shortest time, and eleven years, the longest. In another column is stated the cause of death in each case, which was the development of cancerous growths in the viscera of either the cranium, the thorax, or abdomen, as determined by well marked indications during life or by *post mortem* examinations.

I have introduced, on the same table, as brief a



description as possible of the condition of the local disease at the time of the operation; and it should be noted that it had made considerable progress in some of them. The integuments were infiltrated with cancer; in some ulceration of the surface existed. Under these conditions, we are justified in assuming that some of the patients would speedily have fallen victims to the ravages of the complaint, and that all must have endured more or less of the suffering accompanying its progressive stages.

By the removal of the growth, these fifteen patients were exempt from the misery inseparable from the activity of the local disease.

Let us next inquire if the life of individuals afflicted with cancer of the breast is prolonged by the removal of the part first involved by the disease.

c.—Table to show the Number of Years 150 Patients survived the Discovery of the Disease after the Removal of the First Growth.

Under 1 year .....	8	Above 10 years .....	2
Above 1 " .....	24	" 11 " .....	2
" 2 years .....	38	" 12 " .....	1
" 3 " .....	17	" 13 " .....	1
" 4 " .....	21	" 14 " .....	2
" 5 " .....	7	" 15 " .....	1
" 6 " .....	5	About 23 " .....	1
" 7 " .....	10	" 29 " .....	1
" 8 " .....	4	" 32 " .....	1
" 9 " .....	4		

I have arranged Table c to show the number of years one hundred and fifty patients survived the discovery of the disease after the removal of the first growth. Rather more than one-half died before the expiration of the fourth year, or in the ratio of fifty-eight per cent.; the majority dying before the completion of the third year.

Thirty-three died before the expiration of the seventh year, or in the ratio of twenty-two per cent.

Eighteen died before the conclusion of the tenth year, or in the ratio of twelve per cent.

Twelve survived above ten years, or in the ratio of eight per cent. One person lived about thirty years after the discovery of the disease.

In order to form some comparison between cases subjected to the above treatment, and those in which the disease was allowed to pursue its natural course, with the exception of using local palliatives and constitutional measures, I calculated the average duration of life of a hundred patients.

Fourteen of these patients died within the first year after the observation of the disease; three survived its discovery above ten years, two of them having lingered under its slow progress about twenty-six years.

The average duration of life I believe to be about three and a half years.

Of the cases, then, which have fallen under my own observation, it is quite certain that the longest survivors have been those from whom the first growth was removed.

Whether the duration of life was really essentially due to the removal of the first growth, I would not venture to assert dogmatically; for there are many collateral circumstances which require to be taken into consideration for which the time is insufficient upon the present occasion.

In conclusion, I trust that I have demonstrated to my sceptical professional brethren that a certain proportion of cancer patients can receive benefit by submitting to the removal of the first growth of the disease; and that the benefit derived from the operation is two-fold; viz., 1, prolongation of life; 2, exemption from the disease for a considerable period of time in many instances.

## Illustrations

OF

## HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

### CHESTER GENERAL INFIRMARY.

#### TWO CASES OF OVARIOTOMY.

FOR the following notes of the two patients upon whom Mr. SPENCER WELLS performed ovariectomy on August 10th, during the Chester meeting of the Association, we are indebted to Mr. KARKEEK, House-Surgeon to the Infirmary.

**CASE I. Non-adherent Cyst, never Tapped: Ovariectomy: Recovery.** On August 9th, 1866, Mr. Weaver, Surgeon to the Chester Infirmary, requested Mr. Spencer Wells to see an unmarried barmaid, 22 years of age, one of a healthy family, and who was still engaged in her occupation, although she was as large as a woman in the last month of pregnancy. About six years ago, she had had fainting fits, and then had pain in the left iliac region and over the right side of the pubes, with sensation of bearing down and irritation of the bladder. Even then she felt her stays too tight; but no tumour had been discovered until two years ago. Since then there had been gradual increase. Some pain and numbness of the right leg came on, with pain and swelling of the breasts at the catamenial periods; and for the past twelve months nausea and dyspnoea had both been very troublesome, and there had been frequent attacks of tympanitis. She had been mercurialised, and taken quantities of purgatives and diuretics, but had not been tapped. Emaciation was commencing, but her aspect was healthy and cheerful. The catamenia were regular, and were not expected for a fortnight. Mr. Wells's diagnosis was that an ovarian cyst, nearly unilocular, was free from adhesions, and he said it might be emptied and removed by a small incision. Mr. Weaver put the relative dangers and advantages of tapping or ovariectomy fully before the patient and her friends; and the result was that she was admitted to the Chester Infirmary next morning, in order that Mr. Wells might operate in the afternoon.

Ovariectomy was performed at three o'clock, in the presence of the President and about one hundred and twenty members of the Association. Dr. H. Simpson of Manchester having administered chloroform in an adjoining ward, the patient was carried to the table, and Mr. Wells made an incision midway between the umbilicus and symphysis pubis, four inches long, through the skin, but hardly opening the peritoneum for three inches. A non-adherent cyst was exposed, tapped, emptied, and withdrawn, without any difficulty. A pedicle of the breadth and thickness of two fingers was secured between three and four inches from the left side of the uterus in a small clamp, and the cyst was cut away. The right ovary and uterus were healthy. There was scarcely any blood lost. The wound was closed by deep superficial silk sutures. As there was some prolapse of pedicle behind the clamp, Mr. Wells applied a second clamp behind the first, and cut away the first, with the redundant portion of pedicle, before applying lint, strapping, and bandage.

There is scarcely anything to record in the after-treatment, as recovery was unchecked. Two small opiates were given during the first night, one the



next day, and one on the seventh day, when there was some pain and sickness after catamenial discharge. The bowels acted spontaneously on the fifteenth day. The clamp was removed on the sixteenth day. The stitches had all been removed on the fourth day. The temperature never exceeded  $101^{\circ}$ , the pulse 116, or the respiration 28. The patient was discharged on the twenty-first day, and has been seen since in excellent health and rapidly gaining flesh.

CASE II. *Multilocular Ovarian Cyst: Four Tappings: Suppuration of Cyst: Ovariectomy: Recovery.* This patient completed her sixtieth year within a month after the operation at Chester. She was married nineteen years ago, when forty years of age, and had never been pregnant. Her husband died a year ago. She has worked as a washerwoman and charwoman. She had not been ill, and had not noticed any increase in size, until between four and five years ago, when she began to get large, and consulted Mr. Walsh at Brixton, who asked Mr. Spencer Wells to see her. He tapped her in April 1863, and removed thirteen pints of fluid. She was much relieved, and earned her living for nearly two years after this, when Mr. Bullen, of the Lambeth Infirmary, tapped her in March 1865, removing fifteen pints of fluid. In March 1866, Mr. Wells tapped for the third time, and removed twelve pints of clear fluid. A moveable multilocular cyst was felt, after the largest cyst was empty. She was feverish after this tapping, and fluid accumulated more rapidly than before. She also lost flesh, and became unable to earn her living. On the 8th of July, Dr. Junker tapped for the fourth time, and removed eleven pints of fluid, which contained a great deal of pus. She became very anxious to have the tumour removed, and most willingly accepted the offer of a bed in the Chester Infirmary, where she was admitted early in August, and was put upon a liberal diet, preparatory to the operation, which Mr. Wells performed on the 10th, assisted, as in the former case, by Messrs. Brittain, Weaver, and Karkeek. Chloroform was administered by Dr. H. Simpson of Manchester.

Mr. Wells commenced the operation by an incision five inches long midway between the umbilicus and symphysis pubis. Finding a cyst adhering intimately, he opened it, and pressed out the contents before attempting to separate the adhesions which protected the parietal cavity from the entrance of fluid. The fluid contained a great deal of pus. When the cyst was quite empty, Mr. Wells broke down the adhesions and withdrew the freed cyst, separating from its left side and back part a small piece of omentum and a coil of intestine. A pedicle as broad as three fingers was secured about two inches from the left side of the uterus, in a small clamp, which was kept outside the abdomen, at the lower angle of the wound. There was scarcely any bleeding. One mesenteric vessel was tied, and the ends of the ligature were cut off short. The right ovary was healthy. The wound was closed by silk sutures, which were carried through the whole thickness of the abdominal wall.

This patient passed a restless night. Forty minims of laudanum were given by injection. She vomited six times, and urine was scanty; but the pulse was only 88, and temperature  $100.4^{\circ}$ . The second night was a good one, with only one opiate. The third was much disturbed by a cough which came on in the afternoon. Pulse 100; respiration 36; temperature  $101.4^{\circ}$ . A drop of prussic acid, with ten drops of chloric ether and a sixth of a grain of morphia, were given in syrup and water, as a cough mixture, frequently, and with much relief. On the fourth evening, the pulse was still 100; but the respirations

had fallen to 30, and the temperature to  $101^{\circ}$ . The expectorated mucus was slightly streaked with blood. Next day, the cough was easier, and the stitches were removed. On the sixth day, the highest range of pulse and respiration was noted—namely, 120 and 40; but the temperature was only  $100.2^{\circ}$ . The temperature rose till the tenth day, when the highest point— $102^{\circ}$ —was reached. The pulse was then 112, and respirations 36. The prussic acid was discontinued, and some tincture of squill substituted in the cough mixture; but the cough continued troublesome till the thirteenth day. The clamp was removed on the fourteenth day, and the bowels acted twice. Next day, the pulse was 88, respirations 32, temperature  $99.6^{\circ}$ . A grain of quinine was given three times a day; there was then a steady improvement, and the patient was discharged on the twenty-eighth day after operation.

[We have received a report of the clinical remarks made by Mr. Spencer Wells upon the above cases, and shall publish them in our next number.]

### TAUNTON AND SOMERSET HOSPITAL.

#### REPORT OF A CASE OF AMPUTATION OF THE HIP-JOINT: RECOVERY.

By HENRY J. ALFORD, M.B.Lond., Surgeon to the Hospital.

THOMAS HANCOCK, aged 42, a labourer residing at Batheaston, was admitted into the hospital under my care on June 2nd, 1866.

He was a married man, and had hitherto been strong and healthy. There was nothing in his family history to point to any hereditary taint. About two years ago, he first perceived a swelling, of about the size and shape of an egg, in the upper part of the left popliteal space. It grew very slowly at first, and caused him no pain or inconvenience until twelve months had elapsed, by which time it had reached the size of a man's fist. He then felt pain by night, though not by day. He continued his work until September 24th, 1865, when he became an in-patient of the Taunton Hospital, under my care. Iodine was applied, and iodide of potassium given. The tumour, however, slowly increased in size; the thigh being, on October 3rd, eighteen inches in circumference; and on the 21st of the same month it was eighteen and a quarter inches. On November 3rd, he left at his own request, promising to return in a few weeks. He did not, however, make his appearance until June 2nd, 1866, having been an inmate of the Wellington Workhouse during a portion of the interim.

On admission, he was found to have an enormous swelling of the left thigh, chiefly at the posterior part. It ended abruptly above, somewhere about four inches below the level of the trochanter major, and inferiorly five inches below the level of the lower margin of the patella. Anteriorly, the boundaries of the tumour were by no means well defined, either above or below. The movement of the hip-joint was perfect, and there was some movement of the knee; but it seemed to be retarded more by the size of the tumour than by any disease of the joint itself. The patella was tilted forwards in a peculiar manner; and, owing to the size of the tumour posteriorly, the anterior aspect of the thigh had a somewhat concave appearance. The superficial veins were well marked, especially on the outer side of the limb. The skin, particularly posteriorly, was red and brawny; and in some places it had given way, and small circular unhealthy-looking ulcers were found. The length of the limb, from the antero-superior



spine of the ilium to the lower margin of the patella, was 20 inches. The circumference of the thigh just above the tumour was 19 inches; at the lower third of the thigh, 27½ inches; at the upper margin of the tumour, 21 inches; at the patella, 28 inches; and at the lower margin of the tumour, 19 inches. The length of the tumour behind was 16 inches. The leg and foot were very much enlarged from œdema, which diminished on the application of a bandage and keeping the limb raised. The patient looked pale, emaciated, and cachectic, and evidently suffered great pain. He could hardly be recognised as the same man as was under treatment last October.

On June 7th, 1866, a consultation was held; and it was the unanimous opinion of my colleagues that amputation at the hip-joint gave him the best, if not the only, chance of recovery.

*Operation.* This was delayed until June 12th, in order that a Lister's aorta-compressor might be obtained from London. The precaution of bandaging and raising the limb prior to operating was taken, in order to drain as much blood as possible out of it. He was administered a little brandy, and then put under the influence of chloroform, which was very easily and rapidly done. The aorta-compressor was then applied. I made a long anterior and short posterior flap; the joint being opened, and the limb disarticulated, as soon as the anterior flap was completed. The femoral artery was at once ligatured; scarcely any arterial blood was lost. Seven ligatures were applied in all, which controlled all hæmorrhage. Twelve silver wire sutures were then applied; and, the stump being covered with strips of wet lint, he was removed to his bed. He was ordered thirty minims of liquor opii sedativus, beef-tea, and brandy. His pulse, respiration, and temperature, from June 11th to 29th, are shown in the subjoined table.

Day.	Hour.	Pulse.	Respiration.	Temperature.
June 11	7.30 P.M.	110	15	101.2
" 12	9 A.M.	98	16	99.2
" "	12.30 P.M.	94	20	97.2
" "	8 P.M.	112	20	99.5
" 13	8 A.M.	98	22	99
" "	8 P.M.	108	26	100.6
" 14	9 A.M.	120	28	101
" "	8 P.M.	124	32	101.2
" 15	11 A.M.	114	22	99.6
" "	8.30 P.M.	108	24	101.8
" 16	9.30 A.M.	112	22	101.4
" "	8 P.M.	104	24	99.2
" 17	9.30 A.M.	102	23	99.2
" "	8.30 P.M.	98	24	99
" 18	9 A.M.	102	20	99.2
" "	9.30 P.M.	104	20	99.4
" 19	9.30 A.M.	100	20	98
" "	9 P.M.	104	22	99.8
" 20	9.30 A.M.	110	20	98.4
" "	9 P.M.	110	20	99
" 21	9 A.M.	108	20	98.6
" "	8.30 P.M.	120	24	100.8
" 22	10 A.M.	119	18	98.4
" "	9 P.M.	110	18	99.2
" 23	10 A.M.	106	16	98.6
" 24	10 A.M.	110	24	100
" 25	9 A.M.	104	20	98.4
" 26	10 A.M.	104	20	98.4
" 27	10 A.M.	106	20	98.4
" 28	10 A.M.	110	20	98.4
" 29	10 A.M.	98	18	98

8 P.M. He was slightly sick, and was ordered ice, champagne, and Liebig's extractum carnis; and also a draught containing tincture of opium, aromatic spirit of ammonia, and chloroform. The tongue was moist and clean.

June 13th. He had passed a comfortable night. No hæmorrhage nor oozing. He took his food and

wine. Tongue moist. He passed urine freely. He was ordered to repeat the draught at night.

June 14th. The bandage and lint were removed. The stump looked well. He had sherry instead of champagne, and chicken for his dinner.

June 17th. He took food and slept well; was in no pain; no bad symptom. I removed some sutures.

June 18th. I removed the rest of the sutures, and applied strapping and wet lint. The stump was looking very healthy.

June 23rd. He ate well, and was gaining flesh and strength rapidly.

June 25th. I removed one of the ligatures. He had stout for dinner, as well as sherry.

July 3rd. Two more ligatures were removed. All the outer and lower part of the wound was firmly united.

July 5th. I removed the fifth ligature.

July 8th. All the stump was healed, except at the upper and inner portion, where the ligature on the femoral still remained. He sat up in bed for a good part of the day.

July 14th. The ligature in the femoral came away.

July 12th. I removed the last ligature. He put on his clothes and sat up every day.

July 23rd. He went into the garden daily, but was to remain in the hospital for some time longer, so as to entirely regain his strength, which he was rapidly doing.

REMARKS. I publish this case, as it adds one more to the list of recoveries after amputation of the hip-joint for disease; and also to bear testimony to the great value of Lister's aorta-compressor in an operation of this kind. Hardly a drop of arterial blood was lost, and no ill effects arose in any way from the application of the instrument. Thus one of the great dangers which used formerly to be dreaded in this operation—viz., hæmorrhage—is entirely removed.

CHARGE OF FRAUD AGAINST A MEDICAL ASSISTANT. At the Marlborough Street Police Court, last week, W. A. Hill, a medical assistant, was brought before Mr. Knox charged with offering himself to Mr. Saul, surgeon, of Charlotte Street, Fitzroy Square, pretending that he had served in a capacity in which he had not actually so served. Mr. Saul in November last advertised for an assistant, and in answer received a letter from the prisoner. The prisoner gave him the names of Mr. Capper and Mr. Newington as references. Mr. Saul wrote to them, and in answer received letters speaking in the highest terms of the prisoner; but the letters were written by the prisoner himself. Mr. Saul engaged the prisoner, and the prisoner was not more than two hours in Mr. Saul's service when his conduct became most extraordinary. Mr. Saul, having kept a watch on him, noticed that the stock of spirits of wine in the surgery gradually decreased, and at twelve o'clock at night the prisoner was found to be quite drunk. An attempt was made to eject him from the house, and in doing so he assaulted a lad in Mr. Saul's service, and he was brought to this court and fined 20s. Mr. Knox said: You will escape conviction simply by a nicety in the Act of Parliament. Luckily for you the period of six months mentioned in the Act has expired, and therefore my power of acting, I am sorry to say, is gone. You get into a situation by means of a false character—a part of your duty being to mix drugs—and you then get intoxicated. You are a nice person to be a medical assistant. I shall discharge you, but most reluctantly.



# Transactions of Branches.

## SOUTH-EASTERN BRANCH.

### ON SOME FORMS OF CARDIAC DISEASE.

By JOHN SOUTHEY WARTER, M.D.

[Read June 14th, 1866.]

THE subject of cardiac disease, about which I purpose to speak a few words this afternoon, is one of those which we meet with so constantly, that you may perhaps wonder at my venturing to bring such a common subject before your consideration. But we must remember that, because a disease is common, it does not necessarily follow that none of its symptoms should be overlooked; and it is for this reason that I have ventured to put together the few remarks following on this subject.

I purpose first to speak of basic cardiac murmurs heard to the left of the sternum, for the most part occurring during the course of acute rheumatism; and then, if time permit, I shall give the results, as far as physical signs are concerned, of several cases of adherent pericardium which have fallen under my notice.

Every one knows that in acute rheumatism, especially in the young, the heart should be auscultated daily, in order to detect any abnormal sound which may occur in the course of this disease; but auscultation, as commonly employed, fails to detect the murmurs of which I am about to speak. In the general way, the stethoscope is placed over the heart's actual apex; and if nothing abnormal is there heard, it is moved up to the centre of the sternum at the level of the third ribs; nothing wrong being heard at this spot, the heart is pronounced normal, and the physician goes away perfectly satisfied. Another auscultator, however, perchance by accident, places his stethoscope to the left of the sternum at the level of the second or third ribs, and to his surprise hears a creaking leathery systolic murmur, the second sound of the heart being either clear, or apparently changed from its healthy note to a decided crumple. He finds the area of this murmur limited—perhaps lost half an inch from its loudest spot; and in vain he seeks at the proper cardiac base, in the track of the aorta, and at the right and left apex of the heart, for some other abnormal sound; all elsewhere is natural, and at this limited spot only is the murmur heard.

It is of this class of murmurs, then, that I am about to speak; and about them there are several peculiarities.

1. They always occur to the left of the sternum, and are not usually propagated in the aortic track. (They may generally be heard at some spot in an imaginary vertical oval four inches long by one and a half wide, placed just to the left of the sternum, with its top in the centre of the first intercostal interspace.)

2. They are peculiar in character, being generally rough, creaking, or leathery, and not at all unlike exocardial sounds.

3. They always accompany the heart's systole; but the diastolic sound is often not clear, but of a crumpling or creaking nature.

4. (And perhaps this may account for their being so often overlooked.) Their extent is very limited; for often three-quarters of an inch from their spot of greatest intensity they cease to be heard.

Now the points of interest with regard to these

murmurs seem to be two: 1, in what part do they originate; and 2, what is their cause.

As a general rule, says Dr. Markham, in his excellent book on *Diseases of the Heart*, a murmur heard loudest at the apex proper must be ascribed to the left side of the heart; and in like manner, a murmur heard loudest over the lower part of the sternum must be attributed to the right side. Again, as a rule, murmurs heard loudest about the centre of the sternum, and passing upwards a little to the right of it, belong to the aorta; while those heard to the left of the sternum about the second intercostal space originate in the pulmonary artery. He also adds in another place, "I am inclined to think that one of the characteristics of a systolic murmur of the pulmonary artery, is the very limited space of the thoracic walls over which the murmur is audible." Let us now apply these tests to the point under consideration, and see to what conclusion we are driven as the result.

There is no murmur in the cases to which I allude, either at the heart's apex, the ensiform cartilage, in the axilla, or over the lower part of the two ventricles. Hence, I think, we may exclude from consideration disease of the mitral and tricuspid orifices, and murmurs arising within the ventricles, which are generally heard at these points.

Again, at the centre of the sternum at the level of the third ribs, and upwards in the aortic track, the sounds of the heart are normal and the second sound is clear, neither is there any murmur heard down the right of the sternum. Thus, then, these murmurs differ greatly in character from those usually generated in the aorta.

It has been suggested, however, by some, that many murmurs of this class are really generated in the aorta, and then conducted in other directions by the state of the lungs. This seems rational at first sight; but then, in many of these cases, one day the murmur is heard, the next it is gone, and perhaps the day after it reappears again; and it requires considerable imagination to believe that the lungs in this one spot just about the aorta, have such a power of varying in density and in being able to conduct sounds, when all our knowledge of their properties elsewhere goes entirely against such a supposition.

By the process of exclusion, we have now arrived at the pulmonary artery, and this, according to the teaching of the present day, must be the part in which the sounds originate. Another fact in support of this theory is that, in addition to there being a murmur with the first sound of the heart in these cases, the second sound is often heard to be abnormal at the left and normal at the right side of the sternum, which could hardly be the case if the murmur were situated in the aorta and conducted to the left side of the sternum through the walls of the pulmonary artery, as suggested by Dr. Walshe. In spite of all these arguments, however, owing to mixed cases which I have observed where these murmurs are heard to the right as well as to the left of the sternum, and owing to the exceeding rarity of disease of the pulmonary artery, I am inclined to believe that the point of origin of most of these bruits is at or about the aortic valves; though why the sounds heard in the aortic track should be normal under these circumstances, I am at a loss to determine. That some few of these murmurs do have their origin in the pulmonary artery, I think there can be no doubt; but I suspect they are certainly of much rarer occurrence than those which are generated at the aortic flood-gates.

Next, as to the cause of the abnormal murmurs to which I am referring; as a preliminary, let me state that certainly the majority of them are not caused by



stethoscopic pressure; for they still exist, however lightly the instrument may be placed on the chest, and when every care is taken to avoid such a fallacy.

One of the first sounds of incipient pericarditis is often a leathery creak accompanying the heart's systole at or about the second left cartilage. This can, however, be generally differentiated from endocardial murmurs, by the friction varying in quantity and quality even during the short period its sounds are being listened to; or by its becoming more diffused, or dulness to percussion taking its place, in the course of a few days or hours, as the case may be. As, then, the harsh variety of murmur that I allude to remains often unchanged in extent and character for three, four, or even many days, I think we may fairly put it down as an endocardial and not an exocardial one.

It may, perhaps, be interesting to give short notes of a case in which both the harsh murmurs now treated of and exocardial sounds existed together, though the case was not a very typical one. It was that of a woman, aged 29, suffering from a second attack of acute rheumatism, who had an old systolic murmur at the heart's apex. The note of the auscultation states that on February 1st the end of the first sound of the heart at the junction of the third left rib with the sternum was accompanied by a rough systolic murmur, and the second sound was rough and crumpling; at the midsternal base and in the aortic track, the cardiac sounds were normal. On February 3rd, it is stated, the end of the first, and the second sound were more crumpling, and were heard loudest over the second left cartilage. These murmurs then remained for several days loudest just below the second left rib, close to the sternum; and the auscultation then altered a little, for, in the next note, the systole is only reported to be a little rough and the second sound sharp, at the second intercostal interspace. Four days afterwards, a limited pericardial friction-sound was superadded about the heart's proper base; but the old second sound, at the second left cartilage, had again regained its crumpling character with even increased intensity, and was perfectly distinct from the superadded pericardial sound. Two days from this, the friction-sound had vanished; and in seven days more, the note of the auscultation states that there was more of a rough systolic murmur again at the second left cartilage, and that the second sound of the heart there was rough and crumpling. Now, in this case, I think the pericardial friction-sound coming on and then vanishing, the old rough murmur remaining distinct close to it, proves that the murmur could not be exocardial; for we can hardly imagine two distinct spots of pericarditis going on at the same time, only about an inch apart, and yet not involving the small space of healthy tissue enclosed between them.

Again, these murmurs may be supposed to arise from vegetations or swollen valves; but here we are met with the objections that, in the first place, as regards the aorta, these murmurs may be present where the aortic valves are normal; and secondly, as regards the pulmonary artery, that any disease of this vessel is a pathological curiosity, and hence unlikely to give rise to murmurs which are so commonly met with.

The next supposition that we must take up is the so-called "hæmic" origin of murmurs. Are these murmurs caused by abnormal states of the blood, or by some temporary atonic condition of the vessels carrying it? A case has lately fallen under my notice, which proves at any rate that harsh murmurs may be present to the left of the sternum in chlorosis, apparently arising from blood-vibrations, no sign of real cardiac mischief being present.

The case was that of E. H., aged 16, suffering from chlorosis and some oedema of the legs. Cardiac auscultation disclosed a loud superficial friction-like systolic murmur, heard loudest about the third left rib half an inch to the left of the sternum; the second sound was scarcely heard, but did not seem to be abnormal in character. There was no murmur in the track of the aorta; but a soft systolic murmur was audible at the heart's apex.

Another instance of hæmic murmur is, I think, worthy of being mentioned in this place. The case was that of a woman suffering from a cirrhotic liver and enlarged spleen, who had, besides an apex murmur, the loudest superficial friction-like murmur under the top of the sternum and to the left of this point that I ever heard; indeed, so much did it resemble friction, that the majority of auscultators who listened to it thought it must be exocardial. In this case, we afterwards had an opportunity of examining the chest; but nothing could be found in the heart itself, or in its surroundings, sufficient to explain the sounds heard during life. Now, certainly, this latter instance conclusively proves, that a harsh friction-like murmur can arise precisely similar in character to those I have been describing, without any sufficient morbid change being discovered after death to account for its having arisen; in fact, it must have been of that variety styled "functional" rather than organic. Looking, then, at the frequency with which these harsh friction-like murmurs are met with without any cardiac symptoms in other diseases as well as in acute rheumatism, seeing how changeable and varying they are both in their character and time of duration, and seeing that no evil result, as from embolism, follows their sudden disappearance, I think we cannot but conclude that they must arise, in the majority of cases, from some functional disturbance, rather than from any serious organic lesion.

The conclusion having been arrived at that many of these murmurs are simply functional ones, the next question that arises is, Can they all be classed under this head? To this I answer, Certainly not; and I propose now to relate short notes of a case that is full of interest to us in many ways, and which also, it seems to me, decides the question definitely, that all murmurs to the left of the sternum are not of hæmic origin. I may also state that, in this case, owing to the direction in which the murmur was heard, I consider it must have been one of those rare instances where the seat of lesion was situated in the pulmonary artery.

The case was that of a woman who was suffering from a second attack of acute rheumatism, and had evidently an old regurgitant mitral murmur, with some cardiac dilatation and hypertrophy, and possibly an adherent pericardium. The notes of the physical examination run thus. On November 28th, the impulse of the heart was short, sharp, and forcible. On auscultation, the systole was found to be short and accompanied with a metallic ring all over the præcordial region; and, at a circumscribed spot about the junction of the third left costal cartilage with the sternum, a rough, leathery, creaking, systolic murmur was to be heard. On December 2nd, four days afterwards, the systole of the heart was still heard to be short, sharp, ringing, and forcible, all over, but the creaking murmur had vanished. On December 4th, the systole is said (though less loud than at first) to be rough and friction-like at the second left intercostal space, about half an inch from the sternum, and the second sound is said to be crumpling; all elsewhere in the cardiac region, even in the aortic track, the systole was heard to be ringing. For the next seven days, the auscultation remained much the



same; and the next note is on December 14th, thirteen days from the first auscultation. It is then stated, that about the third left rib, half an inch from the sternum, in addition to the rough, creaking, leathery systole, a faint diastolic murmur was to be heard. This murmur could be traced downwards in a straight line for about two inches; and, also starting from the same point, it descended in a curved line across the sternum in the direction of the right nipple. All this time the patient was in bed; but on the next day, as she was sitting up, I auscultated her standing. To my astonishment, all that could be heard over the præcordial region was the old ringing metallic systole, and no murmur at the heart's base anywhere or to the right or left of the sternum. The next morning, I auscultated her in bed after a night's rest, and now the diastolic murmur had reappeared in much about the same spot where it was before. Wondering whether position made this difference, I auscultated on the next day standing up, and no diastolic murmur was to be heard. Then I made her lie down on the bed, but still no murmur was detectable, probably from the heart's action being excited. Finally, next morning, after a night's rest, and while she was still in bed, I again listened to her chest, and found, as I expected, that the diastolic murmur was again to be heard in its old spot to the left of the sternum.

Now, surely the study of such cases as this ought to teach us many points, a few of which may be shortly stated. Firstly: that all murmurs heard to the left of the sternum are not functional; for I think it will be allowed that a long hæmic blowing diastolic murmur at the base of the heart is an impossibility. Again, it ought to teach us that a murmur which may point to a serious lesion can be lost one day, and heard on the next, as on December 2nd in this case; showing us the value of constant auscultation in all cases of acute cardiac mischief. Thirdly, and lastly, it teaches us that position, and probably the amount of rapidity and force with which a heart is acting, may so influence cardiac murmurs as to cause them to be heard or lost when we least expect it; for surely, according to most experience, diastolic basic murmurs ought to be heard loudest when the patient assumes the erect posture. My own idea as to the explanation of this case is, that the pulmonary valves were either swollen or had vegetations on them; and that when the heart was acting quietly, as we know it does when a patient is at rest, the blood was not forced back with sufficient impetus by the stored-up elasticity of the pulmonary artery to cause their perfect closure. When, however, the heart acted more forcibly, as after the patient had been sitting up, the pulmonary artery, on the principle of reaction, forced the blood back with sufficient impetus to hold the valves together, in spite of any slight irregularity which existed on their surface.

In the remarks which I have made on this subject, I do not profess to have put forward any new views; my only object having been to call attention to the more careful examination of the region to the left and upper part of the sternum, as I feel sure that many a valvular lesion is overlooked at its commencement, from this spot not having been carefully auscultated.

I now pass on to speak of those cases of adherent pericardium that have fallen under my notice; and of these I subjoin a table of eight, which are all I can just now lay my hand upon. All these patients had general pericarditis while under observation; and the final records of them were taken when all symptoms of that disease had vanished, and when they were just about to resume their daily occupations.

The points observed in these cases are collated under four heads: 1. The amount of visible impulse, and whether any abnormal sinking in of the intercostal spaces took place during the heart's action. 2. The amount of impulse that could be felt, and the point of the chest where the heart's apex was felt to be beating; 3. The amount of cardiac dullness; and 4. Any abnormality detected in the sounds of the heart by the employment of ordinary auscultation.

Visible impulse and movement of intercostal spaces.	Tangible impulse and point of apex-beat.	Area of cardiac dullness.	Auscultation.*
Visible impulse slight, if any; no sinking in of intercostal spaces.	Fangible impulse not extended; apex-beat a little too much to the left.	Slightly extended.	Substernal systole loud at level of 3rd ribs and 2nd sound sharp; a doubtful apex systolic murmur.
Visible impulse extended; intercostal spaces sink in during the heart's systole.	Fangible impulse diffused not very heaving; apex-beat between 5th and 6th ribs an inch to the left of the nipple.	Extended upwards and transversely 3X3 in.	Sounds at base normal, except second sound a little unnatural at p.c.; a loud apex systolic murmur.
No abnormal sinking in of intercostal interspaces.	Tangible impulse diffused.	Extended upwards not much transversely.	At p.c. a loud diastolic murmur, less loud at a.c.; a loud apex systolic murmur.
No visible impulse; no sinking in of intercostal interspaces.	No impulse felt; apex not detectable.	Extended upwards and towards sternum.	Substernal systolic murmur at the level of the 3rd ribs; 2nd sound a little long at a.c., normal at p.c.
No visible impulse; no sinking in of intercostal interspaces.	Feeble, not much extended; apex-beat too high and too much to the left.	Extended vertical 3½ in. transverse?	Sounds very feeble at base, systole almost double, and second sound sharp; pause nil, or next to nil; (sounds as if the heart started from the second sound); a loud apex systolic murmur.
Visible impulse faint; no sinking in of intercostal interspaces.	Impulse not extended; apex only felt beating feebly just under the nipple between the 4th and 5th ribs 4 inches from the sternum.	Extended vertical 4 in. transverse?	Systole feeble all over; second sound rather loud and distinct, loudest at p.c.; apex systole prolonged, and rather double.
No visible impulse; no sinking in of intercostal interspaces.	No impulse felt; apex-beat not detected.	Extended in all directions, but most transversely.	Action very feeble and irregular, but no murmur; systole seems composed of four sounds, and then the diastole follows.
No visible impulse; no sinking in of intercostal interspaces.	No impulse felt; apex not detected.	Extended vertical 2½ in., transverse about 3 in.	In the third intercostal space close to the sternum the first sound is a little long, and the second sound is accentuated and liquid; at the apex there is a faint systolic murmur, and the second sound is not natural.

Now, in proceeding to analyse this table, under the first head—*visible impulse and movement of intercostal spaces*—we find that in four cases no impulse was visible; in two, it was faintly noticed; in one, it was seen over an extended space; and in one, no note is given of this point. Then, as to the *sinking in of the intercostal spaces*, this only occurred in one case, the subject being a male. (I notice this, as the

\* In this table, p.c. is used to signify the second left or pulmonary cartilage; and in like manner a.c. as an abbreviation of the second right or aortic cartilage.



development of the mamma in the female interferes considerably with any observations of this kind, and may account for these movements not being observed in the weaker sex.) Under the second head—*tangible impulse and point of apex beat*—we find that the impulse was diffused in two cases, feeble and not much extended in one case, and not extended or not felt in the other five. As to the apex-beat, there is no mention of it in one case; in three it could not be felt; while in the other four it was displaced to the left, and in two of these beat in a higher spot than its normal situation. Under the third head—*area of cardiac dullness*—we find that extended dullness to percussion existed in all eight cases; in all it occurred upwards; and probably in all also transversely, but this point could not in many cases be ascertained well, because of the size of the mammae. Under the fourth head—*auscultation*—we find that in four the systole at the base of the heart was unnatural, and that in seven out of eight there was some change in the diastolic sound, either at the aortic or pulmonary cartilages; in seven also out of the eight cases recorded, there was some abnormality of the systole of the heart heard at the heart's apex.

Can we now, from the study of these cases, fix upon any signs by which we can diagnose an adherent pericardium? I fear not with any degree of certainty. Valvular disease and hypertrophy, etc., of the heart give rise to so many signs in common with an adherent pericardium, that one hardly knows to which to ascribe any abnormality that is detected in any given case. Besides, it must be remembered that most cases come under our notice years after the lesion has occurred, and not directly after, as in these instances. Hence, to argue alike for the two, without taking other things into consideration, must involve a fallacy. Still I think their study gives us some hints that ought not to be neglected. In all, for instance, the dullness was extended, and in all extended upwards, as well as transversely. Coupled with this, the visible impulse was only very slight, if any, in half of the cases; and the tangible impulse was only slightly if at all diffused in rather less than that number. In half of the cases, the apex was displaced to the left; and in a quarter it was also displaced upwards; and finally, in all there was considerable evidence of endocardial mischief; the mitral valve, as usual, being the one chiefly affected. Should we, then, meet with such a correlation of symptoms in any case, we may, I think, make a guess at an adherent pericardium, not entirely without grounds for such a conclusion. For my part, I am most inclined to attach importance to the combination: increased vertical and transverse dullness; comparative feebleness of impulse, even if extended; apex displaced to the left, and especially upwards; and signs of considerable endocardial mischief. Of course, if we have reason to suspect that the pericardium has been adherent some time, we must add to these signs those also of hypertrophy of the heart.

I regret, in conclusion, that in most of these cases no special note of the condition of the pulse was taken, as this, perhaps, might have added one more sign, even if a slight one, for the better detection of the morbid state which we have been considering.

**PREPARATIONS FOR CHOLERA.** A French prefect wrote to one of the mayors of his department, advising him, as the cholera had broken out in the district, to take all the necessary precautions. After some time, the mayor wrote to say that he had taken all the proper steps; and upon the prefect sending to see that they were effectual, he found that the only preparation the mayor made consisted in having a large number of graves dug in the churchyard.

## Progress of Medical Science.

### SURGERY.

**REDUCTION OF DISLOCATIONS OF THE SHOULDER.** Professor Dummreicher has had several occasions of proving the efficacy of Schinzinger's method of reducing dislocations of the shoulder. Its simplicity and the small amount of force required for its execution are its chief recommendations as compared with other methods. An assistant having fixed the shoulder by crossing his hands over it, the operator takes hold of the upper arm and rotates it outwards to such an extent, that its inner surface is brought round in front, also pressing the elbow against the trunk as much as possible. A second assistant having placed his forefinger on the inner side of the head of the bone, pressing it somewhat outwards, the operator now presses the humerus against the acetabulum, rotating it slowly inwards, and the head of the bone slips into its cavity with a loud noise. In three cases which had recently occurred in his practice, Professor Dummreicher, the reduction, performed without anaesthetics, was effected by the exertion of very little force, and without inducing any pain. Professors Roser and Bardeleben have objected to this method, that the strong rotation outwards might easily, in the case of adhesions existing, give rise to fracture of the humerus. There might certainly be some danger of such an occurrence if this rotation were performed in a very old dislocation, unless the adhesions had first been loosened by traction. In the discussion which followed, Professor Von Pitha directed attention to Richet's method, which is of easy accomplishment by the exertion of little force, providing the muscles can be kept in a relaxed condition, and the patient's attention so occupied that he does not offer any resistance. The hand is passed into the axilla, and an endeavour is made to surround the dislocated head by the fingers, which can be easily done unless the patient offers resistance. Indeed, the whole of the head need not be surrounded, for if the fingers can be planted into its larger circumference, and slight traction be made on the head, the reduction may be accomplished. The force employed is so very slight, that if the head is seized even by the left hand, it may be reduced, and neither preparations nor assistants are required. It is only necessary that the arm should be kept abducted in an easy position. This method succeeds even in very muscular subjects. As to Schinzinger's method, Von Pitha recommends that it should be confined to recent dislocations; for, employing external rotation in a case of old dislocation, but to a less extent than here recommended, a cracking was produced, not from fracture of the bone, but from rupture of the tendon of the triceps. Dr. Dummreicher quite agreed that this plan must be resorted to only with great prudence for old dislocations. With respect to fractures occurring during reduction of old dislocations, he is opinion that these are often the consequence of periostitis, to which repeated attempts at reduction have given rise. Such cases have repeatedly occurred at his Klinik. Professor Von Pitha added that Richet's method was especially indicated in cases in which fracture complicated the dislocation. (*Brit. and For. Med.-Chir. Rev.*)

**FRACTURE OF THYROID AND CRICOID CARTILAGES.** At the Pathological Society of New York, Dr. Hamilton presented a specimen of fracture of the thyroid and cricoid cartilages, taken from a man who had



received a violent blow across the neck, and who had died in two or three hours after the receipt of the injury, under symptoms of severe dyspnoea. The *post mortem* examination revealed extensive infiltration of blood under the mucous membrane of the larynx and trachea. The larynx was nearly closed by infiltration of blood and serum, just below the right ventricle, and there was similar effusion below the glottis. Tracheotomy, which might, perhaps, have saved life, was not resorted to. The patient died of suffocation. The cases of fracture of both the thyroid and cricoid cartilages are not very numerous.

### MEDICINE.

**HYPODERMIC INJECTION OF MORPHIA.** At a meeting of the Academy, Dr. Clark of New York related two cases which he had recently observed, illustrating the good and ill effects of the hypodermic injection of morphia. In the first case, the patient was apparently moribund, almost pulseless, frequent alvine evacuations, livid, etc., presenting the appearances of poisoning; and it was, on examination, discovered that the patient had, about a year ago, been advised by a medical practitioner to use aconite-root. She had, however, neglected to follow his precautionary advice of stopping the medicine when certain symptoms would occur, and the result was cumulative poisoning. Stimulants and the hypodermic use of morphia appeared to be the only means which would promise hope, and were consequently resorted to. Fifteen drops of Magendie's solution were injected. In about a quarter of an hour, the urgent symptoms commenced to be relieved; the pulse became stronger; the alvine discharges ceased; she became more lifelike, and went into a sleep for two hours. She then awoke, when the symptoms returned. Another injection of the same quantity was practised, upon which the symptoms again subsided; she again fell into a sound sleep, and the next day was perfectly recovered.

The second case was that of a woman who was brought to Bellevue Hospital with symptoms of incipient tetanus. She had been delivered with forceps some days before—the operation having resulted in laceration of the uterus and vagina. Her jaws were firmly closed, and rigid. Hypodermic injections of morphia were resorted to, at intervals of two to two and a half hours; but the opiate treatment was followed by but slight effect, no considerable amelioration taking place. Soon after the last injection, she became suddenly and profoundly narcotised, and died in spite of all that could be done. The *post mortem* examination showed the vagina and uterus lacerated, with some pus in the pelvic cavity, but no general peritonitis. It was also discovered that, in the last injection, the instrument had passed into a small vein. This probably accounts for the suddenness and profundity of the narcotism following.

**PULSATIONS OF THE AORTA.** Pulsation of the abdominal aorta, sensible to the patient, often attended with uneasiness, and sometimes with positive pain, constitute a group of symptoms which must be familiar to the practical physician as a source of doubt and difficulty in diagnosis, and of much anxiety in regard to prognosis. This condition, Dr. Lyons observes (*Medical Press and Circular*), is common to the male and female, occurs in middle life, is liable to be confounded with aneurism, and denotes, in his experience, a condition of the aortic tube in which there is present much irritation of its coats, with a tendency to atheromatous deposit, temporary dilatation of the vessel in a more or less

limited portion of its extent, and a liability, if the morbid state be not checked, to the ultimate formation of some form of true or false aneurism. While in this condition, sudden exertion or local injury by blows, crushing weights, etc., or over-distension of the vessel, readily leads to rupture of the internal and middle coats, and so conduces to the occurrence of false aneurism in any of its forms. Absolute rest, therefore, in the horizontal position, so as to remove the distensible force of the superincumbent column of blood, is a necessary part of the process of cure. The diagnosis between this state of partial dilatation and temporary irritation of the aorta and any of the forms of actual aneurism is to be based on the condition of the vessel as determined by the most careful digital exploration (after the bowels have been well evacuated); by the absence of bruit except on pressure; by the mobility of the aorta and the very elongated fusiform shape it assumes; by the absence of true diastolic throb; and, lastly, by the effect of horizontal rest in decidedly diminishing, not alone the pain, distress, and suffering experienced by the patient, but in sensibly reducing the force and volume of the aortic pulsation. The great care in diagnosis and prognosis is demanded by cases like those under consideration is obvious. An aneurism overlooked will lead to all the misery and appalling fatality of sudden, unexpected, and unprovided-for death. An aneurism assumed when it does not exist leads to unnecessary alarm, and ultimately recoils on the reputation of the practitioner concerned. Amongst the singular instances of abdominal pulsations, the source of some doubt and much anxiety, with which he has met, Dr. Lyons instanced the case of a very powerful pulsation sensible to a patient low down and far to the right in the right hypochondriac region. On applying the stethoscope in this situation a distinct double sound was audible. The phenomena were traceable to an aggravated form of temporarily enlarged and highly congested liver, which touched the heart on the left side and the parietes of the abdomen on the other, and, like the bark of timber conveying the ticking of a watch from one end to the other, transmitted the cardiac sounds and impulse in full intensity. Under treatment, the liver returned to its normal volume, and the pulsation and sounds ceased in the right hypochondriac.

**CHLORATE OF QUINIA.** This newly discovered salt, which the profession owes to Dr. Lyons, continues to be employed in his clinique and in his private practice, we are informed, with most satisfactory results. In cases of scarlatina, typhus, all low pyrexial states, local inflammations, etc., the use of this drug is indicated; and, so far as opportunities have yet been afforded for testing its efficacy, the results are reported to be highly favourable. From its chemical constitution, and the large amount of available oxygen which is thrown into the system when this medicine is ordered, according to the formula recently furnished, in solution with perchloric acid, valuable therapeutic effects may be anticipated *a priori*. The tonic alkaloid conveyed into the economy at the same time is a very important substitute for the potash in the ordinary salt hitherto employed (chlorate of potash). Dr. Lyons awaits an opportunity of testing the value of the chlorate of quinia in that malady in which, above all others, chlorate of potash has attained, according to Trousseau and Pidoux, its most important and indisputable triumph—namely, gangrenous stomatitis. Meanwhile, he invites the co-operation of his professional brethren in testing the value of this hitherto unused salt. (*Medical Press and Circular*.)



*We are requested to remind members of the Association that the Annual Subscriptions became due on the 1st of January. They can be paid either to the Secretaries of the Branches; or to the General Secretary, T. Watkin Williams, Esq., 13, Newhall Street, Birmingham.*

## British Medical Journal.

SATURDAY, SEPTEMBER 29TH, 1866.

### THE INTERNATIONAL SANITARY CONFERENCE.

HAVING cleared the way by a reference to the notices of the Asiatic cholera—some of them singularly clear and graphic—that have been gleaned from the medical literature of the three centuries ending in 1816, let us now glance, with the Sanitary Commission, at the memorable outbreak in 1817. The scene of operation is changed. Previously, the disease had expended its strength chiefly in the Madras Presidency; and only once do we hear of its spreading, in an epidemic form, from Ganjam in Orissa northwards to Calcutta. After twenty-five years of comparative quiescence, it suddenly begins to make a stir, not at Jessore, in the neighbourhood of Calcutta, as is commonly stated, but at Nuddea and Kishnagur, on the Hooghly, near the end of May, and at Mymensing, on the Brahmaputra (about two hundred miles north-east of Calcutta), early in June. Patna, on the Ganges, about three hundred miles in the opposite direction, was attacked in July, all the intermediate towns and villages escaping for a time; Jessore not till the middle of August; and Calcutta in the first week of September. In all these places the mortality was very great, and the consternation of all classes was so intense as almost to baffle description. From a threefold centre, if we may so speak—for it seemed to arise from three foci, and not from one—it gradually spread in all directions; from Nuddea over the Gangetic delta; from Mymensing eastward over the province of Silhet, southward to Dacca, and thence along the left bank of the Brahmaputra to Chittagong; and finally from Patna both down and up the Ganges, reaching Bundelkund early in November, and working frightful havoc in the central division of the army, encamped, under the personal command of the Marquis of Hastings, on the banks of the Sind. By easy stages it proceeded hence in a south-westerly direction to Bombay, which it did not reach till August 1818; and southwards from Lower Bengal to Madras, where it arrived in the following October. Now, then, for the first time in its history, we see this scourge of India becoming steadily aggressive,

spreading step by step over the whole Peninsula, from which it has never, during these forty-eight years, been entirely absent, while its epidemic outbreaks have been frequent and severe, and from which, as a centre, it has radiated in all directions. The Commission, therefore, unanimously and without hesitation conclude, that "*the Asiatic cholera, which on several occasions has overrun the world, has its origin in India, which is its birthplace, and where it exists permanently in an endemic state.*"

The Commission next inquired whether, beyond the limits of India, the cholera now exists anywhere endemically. Here it is necessary to draw a distinction between the countries bordering upon Hindustan and European countries. As regards the former group, including Indo-China, China proper, the Indian Archipelago, Afghanistan, Beloochistan, Persia, and the south-eastern shores of the Arabian peninsula, while *very probable*, it is not conclusively proved, that the frequently recurring epidemics of which they have been the theatre during the last fifty years have been imported from India. The case of Persia is so peculiar, that the Commission have thought it right to make special mention of it in a note added on the 14th of June. It appears that in *eleven* years (1851 to 1862), Persia suffered from cholera epidemics during *nine*—viz., 1851, 52, 53, 55, 56, 57, 58, 60, and 61. Of these nine, *one* (that of 1851) seems to have been imported by Bassorah and other points in the Turkish province of Bagdad; but, as regards the other *eight*, it existed in Persia before its invasion of the Ottoman territory. This, however, does not, in the opinion of the Conference, prove the cholera to be endemic in Persia; because, from 1862 to 1865, there was an interval of three years and a half without any outbreak.

As regards European countries, again, the Caucasian provinces, Asiatic Turkey, the whole north of Africa, and the two Americas, there seems to be no doubt that "*the aggressive Asiatic cholera has never developed itself spontaneously in any of them.*" And, though the long duration in some places (*e.g.*, St. Petersburg) of the epidemic of 1847, and of the secondary outbreaks to which it gave rise, would seem to indicate the possibility of its becoming acclimatised in Europe, such an event must be regarded as very problematical, seeing it has not been proved even as regards the countries adjoining Hindustan.

The Conference, having next examined the question, whether there exists in the Hedjaz (in Arabia) an original source of cholera, either permanent or periodic, conclude, from the silence both of Niebuhr and Burckhardt as to its existence, though they speak explicitly of the diseases prevailing before 1821; and also from the fact that the epidemics in 1831, 35, 46, 47, 48, 59, and the following years till the great



epidemic of 1865, were *always* coincident with the arrival of the pilgrims, "*that the Asiatic cholera does not appear to have originated in the Hedjaz, but that it seems hitherto to have been always imported from without.*"

Next arose the important question, "Whether the cholera is endemic in every part of India, or only in certain districts (*régions*) which it might be possible to circumscribe?" From a careful consideration of the facts adduced, the following distinctions seem to be established. The cholera is *endemic*, with a tendency from time to time to become epidemic, generally in Bengal, but more especially in Calcutta, and, with less intensity, in Cawnpore and Allahabad and their environs; also at Arcot, in the Madras Presidency, and at Bombay. It is *epidemic every, or almost every, year*, with more or less violence, at Madras, Conjeveram, Pooreor Juggernath, Tripetty, Mahadio, Trivellore, and other places where there are great assemblages of Hindu pilgrims. It is *epidemic at uncertain intervals*, but generally not longer than four or five years, in the North-West Provinces of Hindustan, also in every part of the presidencies of Madras and Bombay, and in Pegu.

It follows, then, that cholera is *endemic* only in a comparatively limited portion of India, above all in the Gangetic valley; and that all the other parts of this vast country appear to be, as regards cholera, in much the same condition as extra-Indian countries; *i. e.*, that the disease only appears accidentally as an epidemic, under conditions more or less appreciable. The want, however, of positive data as to the precise spots of the Gangetic valley and the delta of the Brahmaputra, where this endemic character is observed, deprives this distinction of much of its value. It would not even suffice to know precisely the places where the cholera *now* prevails permanently; but also those where it has never been absent since the careful observation of it was commenced; those where it has disappeared, and reappeared after an interval; and those where its endemic character is comparatively new. Still further, is it quite certain that it is endemic only in the specified districts, and not also in some of those places of pilgrimage where it yearly assumes an epidemic character? It would also be very important to know whether the principal epidemics that have prevailed in India since 1817 have originated in an endemic focus, or in consequence of departures (*provenances parties*) from such a focus. Lastly, what places or regions have hitherto proved refractory to the propagation of cholera?

It may be possible, with the help of such information as has not yet been forthcoming, but which the Indian records may be able to furnish, to establish that there exists in India but a small number of endemic foci, principally in the valley of the Ganges, whence have spread those epidemics which have ravaged first that country and then the world.

We have before us an able paper drawn up, in answer to queries issued by the French Government, by Dr. John Murray, the distinguished Inspector-General of Hospitals in the Upper Provinces, and dated "Simla, 15th May, 1866"; but the many interesting and important facts which it contains do not materially affect the conclusion arrived at by the Commission.

If, in the issue we have just been considering, the Indian Medical Department was placed on its trial, in the next the Commission flies at higher game, and places at its bar the Indian Government itself. The question for discussion and decision is as follows, "Do we know the causes by the concurrence of which the cholera arises spontaneously in India, and the circumstances which cause it to assume the epidemic form?"

The oozy alluvium of the deltas of the Ganges and Brahmaputra, exhaling, under a burning sun, the products of animal and vegetable decomposition; the Hindu custom of casting into the rivers multitudes of half-burned corpses; and the alleged neglect and consequent decay, since the end of last century, and especially since 1817, of the great hydraulic works executed by the ancient lords of the country; are all passed in review as possible clues to the solution of the problem thus clearly propounded. Dr. Goodeve, whom his colleagues justly consider a high authority, quickly disposes of the two first hypotheses, to the satisfaction of the Commission, by a reference to the delta of the Irawaddy in the immediately adjoining country of Burmah, which, though placed in exactly the same circumstances, exhibits no such cholera-producing peculiarities as that of the Ganges; and by the simple statement that the practice of committing the dead to the Ganges has existed from time immemorial, while the permanent prevalence of cholera on its banks is a fact of recent occurrence.

Then, as to the alleged neglect and decay of the canals for irrigation, Dr. Goodeve showed that the charge is entirely contradicted by facts. In the first place, these canals had ceased to work long before the commencement of English rule in India; and next, they existed chiefly in the Carnatic, in the south of the peninsula, and not in the delta of the Ganges and Brahmaputra, where, in fact, such works not only have never been executed, but are quite inapplicable. Much more likely to be productive of good are those hygienic measures which, having reference to the mode of life of the populations, engage the special attention of the permanent sanitary commissions in the three presidencies. He showed further, from an article in the *Edinburgh Review* for January 1864, based on official returns, that the canals in the Carnatic and Delhi had fallen into a state of complete inefficiency in the middle of last century, and that the latter had been restored and



greatly extended by works commenced in 1808 and finished in 1822. And if, absorbed by frequent wars and political complications, they have carried out more slowly than is desirable the great works which have been projected and commenced in every province, the Government of India can point to the Eastern Jumna Canal, 150 miles in length, and with 500 miles of drains, which irrigate 58,287 acres; the Western Jumna Canal, 445 miles long, which has clothed with fertility and life a previously sterile and depopulated region; above all, the gigantic and exclusively British work of the great canal of the Ganges; and in the Madras Presidency, the Godavery Canal—undertakings which have contributed enormously to the health, the wealth, and the comfort of the native population. In consequence of these representations, of which they acknowledged the conclusiveness, the Commission unanimously found that, while the endemic character of the cholera in certain places must depend on some inherent peculiarity in these places, it cannot be attributed to any of the causes which have commonly been adduced in explanation of it.

At last we breathe more freely! "Perfidious Allion" is acquitted—and, let us say it, handsomely acquitted—of having caused the cholera, and the wholesale devastation which has followed in its train, not only in India, but throughout the world.

EVERY one who has read the report of the charge last week brought against Dr. Part will rejoice at the verdict of the jury, that Mr. Golding died of natural causes. The charge of suspected poisoning was clearly occasioned by the anger and disappointment of those with whom Mr. Golding had lived before his death. There was not the slightest ground for any charge of the kind against Dr. Part. One fact, however, turned up in the inquiry, which will have surprised most people, and which we think requires, in a medico-jurisprudential point of view, some attention. We must hope that we shall have a full explanation of the fact to which we allude from professors who deal especially with matters of this kind. Mr. Rodgers, it appears, found in the stomach of Mr. Golding both morphia and arsenic—mere traces of them, it is true, but still enough to swear by. He also found a trace of arsenic in the intestines, but none of it in the liver. He was perfectly satisfied, from the absence of arsenic in the liver, that the arsenic had nothing to do with the cause of death. He suggested that the arsenic might have entered the stomach with the food, and stated his belief that the deceased died of bronchitis. Now, medico-legal chemists—we say it with the greatest respect—are not infallible; and, as may be well remembered in a very serious case of suspected poisoning, even arsenic was found in a fluid where no

arsenic really existed, except what was introduced into it by the copper wire of the operator himself. We must say this finding of traces of poison cannot be regarded as satisfactory, unless corroborated by more than one capable witness. In so delicate an affair as this, where a chance of error besets the operator in so many directions, and where the life or reputation of an individual may depend upon a shade of colour, it seems to us not satisfactory that the testing should be left solely in the hands of one operator. Happily, in the present case, no ill results have ensued from the finding of these traces. But the discovery of a trace of arsenic in a person's stomach might, under certain circumstances, cause a suspected person to be unjustly convicted of murder. We, therefore, should like competent persons to tell us, first, Is it sure and positive that traces of arsenic may be infallibly detected, *without chance of error*, in the way followed by Mr. Rodgers? And is it a fact that arsenic not unfrequently finds its way into our stomachs, carried there with food cooked in tin pots, etc.? Is this a common occurrence? Mr. Rodgers, we believe, admits that he never before found arsenic in the stomach of a person where there was not suspicion of poisoning, or where it had not been taken as medicine; and it is probable that no other chemist has done so. Here, then, is a new fact, if such it be, in jurisprudence. How will it act in future cases of suspected poisoning? Will not the accused say, "Why, arsenic may be found in the stomach of any one, taken with food, and derived from the pots or pans in which it was cooked"? The presence of arsenic in the stomach, therefore, is no longer a ground for suspicion even of the crime of poisoning, unless it be also found in the liver. But, if the arsenic may get from cookery pots and pans into the stomach, why may it not from the same source find its way into the liver? The pots may have for many days yielded up a quantum of arsenic to the food, and so as to have at last impregnated the system of the man. Reflections of this kind may possibly bring to the memory of some of our readers the case of Madame Lafarge, who narrowly escaped the guillotine, and was sent to prison for life for the murder (as asserted) of her husband. In her case, a mere trace of arsenic was found by Orfila; and we well remember the words of the well known expert chemist who was employed on the side of the accused. "I could," he said to the President of the Court, "get more arsenic out of the old chair you are sitting on, than has been found in the body of that man."

THE Report of the second annual meeting of the Edinburgh University Club tells of its continued prosperity. It has only been in existence two years, and numbers two hundred and sixty-eight members. During the past year, thirty-eight new members



have joined; none have resigned; one member, Dr. D. King of Eltham, has died. Of the total number, one hundred and thirty-four reside in London or its neighbourhood, while one hundred and thirty-four reside in the provinces of England, in Scotland, or abroad. The Council have elected the following noblemen and gentlemen as honorary members. The Duke of Argyll; T. Graham, F.R.S.; Sir F. Grant; The Right Hon. John Inglis; Dr. C. Mackay, LL.D.; the Rev. Norman McLeod, D.D.; Professor Masson; the Right Hon. James Moncrieff; Sir Roderick I. Murchison, Bart., K.C.B., F.R.S.; Dr. Sharpey, Sec. R.S. The majority of the members are still medical graduates; but this circumstance is due to the greater facilities for making the existence of the club known to them than to graduates of other Faculties. During the late session of Parliament, the Council of the Club exerted themselves to obtain a member of Parliament for the University of Edinburgh.

"Nothing," says the Report, "seemed more preposterous than that, in a redistribution of seats, as proposed by the late Government in their Reform Bill, Ireland should have three university seats, and Scotland only one; or that Trinity College, Dublin, should retain two members, while Edinburgh University had only one-fourth of a member, so to speak. The constituency of Edinburgh University, in 1863, was 2300; of Glasgow, 950; of Aberdeen, 502; and of St. Andrews, 377. That of Edinburgh, indeed, might be easily doubled, if not trebled, by the registration of other graduates; but taking the number as it stands, Edinburgh has more than all the three others by a large difference. It follows that, setting aside its higher position in present and old reputation, and its metropolitan claim, Edinburgh University has a right, by the mere amount of its constituency, to a member for itself, and ought not to be reduced to a level with Glasgow, Aberdeen, and St. Andrews, as proposed by the late Government."

DR. HIBBERT TAYLOR offers, in a pamphlet, to the profession, the address which he delivered at Chester at the meeting of the British Medical Association on the subject of "Medical Missions, in their Foreign and Home Aspects."

Dr. Lihartzik of Vienna, Dr. J. Weidinger of Neubau (a suburb of Vienna), and Dr. Friese, Emeritus Professor of Zoology in the Vienna University, have died of cholera.

Dr. von Dietl, who was last year unaccountably removed from his professorship in the University of Cracow, has been chosen burgomaster of that city.

M. Le Sauvage has left to the University of Caen 6000 francs for founding an annual prize in descriptive, general, and comparative anatomy, and physiology. It is open to students of the second and third year, and will consist of a medal, or, if the essays be not of sufficient merit, "encouragement" in the shape of books.

## Association Intelligence.

### COMMITTEE OF COUNCIL: NOTICE OF MEETING.

THE Committee of Council will meet at the Queen's Hotel, Birmingham, on THURSDAY, the 4th day of October, 1866, at 3 o'clock P.M. *precisely*.

To receive the resignation of the Editor of the JOURNAL, and to devise what steps shall be taken relative thereto; and other very important business.

T. WATKIN WILLIAMS, *General Secretary*.

13, Newhall Street, Birmingham, September 6th, 1866.

### SHROPSHIRE ETHICAL BRANCH.

The next annual meeting of the above Branch will be held at the Raven Hotel, Shrewsbury, on Monday, October 1st, at 1 P.M.

Dinner at 3.30 P.M. Dr. W. Slyman, of Newtown, in the chair.

Members intending to read papers, or to be present at the dinner, are requested to communicate with the Honorary Secretaries without delay.

JUKES STYRAP, L.K.Q.C.P. } *Hon.*  
EDWYN ANDREW, M.D. } *Secs.*

Shrewsbury, September 11th, 1866.

### SOUTH MIDLAND BRANCH.

THE autumnal meeting of the South Midland Branch will be held at the Corn Exchange, Leighton Buzzard on Wednesday, October 17th; E. Lawford, Esq., President, in the Chair.

Gentlemen intending to read papers or cases are requested to send their titles to Dr. Bryan, Northampton, before October 4th.

J. M. BRYAN, M.D., Northampton. } *Hon.*  
G. P. GOLDSMITH, Bedford. } *Secs.*

September 21st, 1866.

### SOUTH EASTERN BRANCH: EAST SURREY DISTRICT MEDICAL MEETINGS.

THE next meeting is appointed to be held at the White Hart Inn, Reigate, on Thursday, October 11th, at 4 P.M.; Dr. Holman in the chair.

Papers are promised by Mr. Sargent, "Report of Cases"; by Dr. Anstie, "On the Sphygmograph"; by Dr. Down, of Earlswood; and by Mr. Napper.

Dinner will be provided at 6 P.M.

HENRY T. LANCHESTER, M.D., *Hon. Sec.*

Croydon, September 26th, 1866.

STRONG DRINKS AS CURE FOR FEVER. The famous "Albert Nyanza" Baker thus describes his experience of alcohol whilst suffering under African fever. "I found an extraordinary change in my health from the time that I commenced drinking the potato-whiskey. Every day I drank hot toddy. I became strong; and from that time to the present day my fever left me, occurring only once or twice during the first six months, and then quitting me entirely. Not having tasted either wine or spirits for nearly two years, the sudden change from total abstinence to a moderate allowance of stimulant produced a marvellous effect."



## EXCISION OF PART OF THE SPINAL ACCESSORY NERVE.

MR. CAMPBELL DE MORGAN describes a Case of Excision of a part of the Spinal Accessory Nerve, for Spasmodic Wry Neck.

A healthy man, aged 32, was crushed by a heavy ladder, in October 1860, but no particular injury appeared to have been done, and he does not seem to have noticed anything until December, when he became affected with twitchings in the neck. These spasmodic attacks became powerful and continuous, so as to unfit him for work. On January 29th, 1861, he was admitted into the Middlesex Hospital. There was an anxious worn look in the countenance, and occasional spasm of the facial muscles. The eyes were constantly twitched towards the right. The head was spasmodically drawn to the right side, and the right shoulder was at the same time raised towards it. There was with this a movement of rotation of the head, the chin being turned towards the point of the right shoulder, with the face looking directly over it. The spasms were at times so violent as to draw the chin behind the line of the shoulder. The sterno-mastoid and trapezius muscles were thrown into strong relief during the more violent spasms. The right shoulder was always on a higher level than the left, and this gave an appearance of distortion to the body, but the spine was quite straight. The great pain which the patient suffered and the spasmodic contractions were due, probably, to the antagonistic action of several muscles, the splenius, and the inferior oblique and the greater posterior rectus, dragging the face round in opposition to the actions of the trapezius and sterno-cleido-mastoid. There was no affection of the muscles of mastication.

By a very strong effort, and aided by the pressure of his hands, he could nearly, but not quite, bring the head into its natural position; but this was in a few seconds followed by more severe spasms. Any attempt by others to restore the head to its position by external force gave rise to such violent muscular action in the neck as to make it insupportable. When the paroxysms were severe he suffered very great pain, and he was never altogether free from discomfort.

During sleep the head was sometimes, though rarely, quiet, and lay in a natural position; but generally it was twisted round, and at times the spasms came on so as to awaken him. Some times he was altogether prevented from sleeping by them. There was no appearance of disease or injury about the spine; the examination would bring on more powerful action, and thus produce pain; but the same would occur if any part of the right side of the neck were handled. He complained of pain down the back; but there was no particular tenderness in any part of it. His general health was impaired by the constant pain and loss of rest.

The most careful examination failed to reveal any special point of irritation which might by reflex action give rise to these spasms. For many months he was subjected to treatment, but with no benefit. The sterno-cleido-mastoid muscle was then divided. The extreme tension and spasm were at once markedly relaxed, but by no means entirely overcome. The muscle united quickly, and the spasms recurred with as much violence as before. The man's health was giving way under the constant pain and irritation, so that division of the external branch of the spinal accessory and the removal of a part of the

nerve seemed alone to promise the desired effect, and this operation was performed in February 1862.

An incision two inches long was made along the posterior border of the muscle, the centre of the incision corresponding to about the centre of its edge. The fascia being slit up to the same extent, the trapezial branch of the nerve was sought for as it emerges from the sterno-cleido-mastoid to cross the posterior triangle of the neck. It would be found generally a little above the centre of the incision. When found, the nerve was traced through the fibres of the muscle, the fibres being cut through much as is done in an ordinary anatomical dissection, until the common trunk above the division into the trapezial and sterno-mastoid branches was reached, and here a piece about a quarter of an inch in length was cut out. As the operation was, of course, done under chloroform, no effect was observable when the nerve was divided, the muscles were already thoroughly relaxed from its influence. On his recovery from the effects of the chloroform the trapezius and sterno-cleido-mastoid were found to be completely paralysed, and although there was still an occasional and slight convulsive movement of rotation of the head, it lay on the pillow in almost a natural position. There was no tendency whatever to undue action of the corresponding muscles on the opposite side. The respiration was not in any way affected, nor did he experience any peculiar sensation. All he did feel was relief from the extreme tension of the neck. The countenance was more tranquil than it had been for months. The wound healed without any trouble; and the man recovered.

He was discharged in May 1862, having been in the hospital upwards of sixteen months. On leaving the hospital he went down to the country, where he was soon able to resume his work.

In January 1865, Mr. De Morgan examined his condition. He was looking healthy, the countenance was tranquil, the face turned directly forward with the forehead and chin in a perpendicular line. Occasionally and for a few seconds there was a trifling twitch of the head. Any sudden touch or excitement would bring this on. The right arm hung listlessly against the side. The body was a little deflected from the perpendicular. The right sterno-cleido-mastoid muscle was completely wasted, except at its upper and posterior part; here for about the breadth of half an inch, and extending from behind the mastoid process to the middle of the posterior border of the muscle, it was nearly as large as on the opposite side. Towards its lower end this band of fibres, which contracted strongly on his moving his head, tapered off to a point. The trapezius was wasted: a lamina not thicker than a shilling, and quite flaccid, could be felt in the neck. No contraction could be discovered in any part on his moving his head or shoulders. The rhomboid muscles could be seen in action below its dorsal part. These muscles were apparently larger than natural. On the opposite side the trapezius was largely developed. The right arm and forearm were as powerfully developed as the left. His respiration was natural. No alteration of sensibility was to be discovered in the neck and back.

Mr. De Morgan believes this to be the only instance of resection, in man, of the trunk of the external branch of the spinal accessory, and it is consequently interesting in a physiological as well as in a surgical point of view.

The fact of the upper and posterior part of the sterno-cleido-mastoid muscle retaining its activity may be accounted for by the existence of some twigs given off from the nerve to the muscle before its division into its two main branches.

In a surgical point of view, the case is of interest



as one of unusual severity and involving a large class of muscles. The pathology of wry neck from muscular action is but imperfectly understood. Mr. De Morgan believes that the complaint is due to an irritation of the nerves in every instance in which inflammation or some disease of the muscles themselves has not preceded it. He doubts much whether, as is often alleged to be the case, it is ever caused by paralysis of the muscles of the opposite side.

### THE CHOLERA.

FROM the daily "cholera" return for Sunday and Monday last, we find that there is once more a marked decrease in the deaths as compared with those on the previous day. Since the outbreak of the pestilence it has been remarked that there have always been fewer deaths on these days than on any other in the week—a fact for which no reasonable explanation has yet been given. The deaths in the last seven days were:—Cholera: Tuesday, 19; Wednesday, 28; Thursday, 20; Friday, 26; Saturday, 26; and Sunday and Monday, 43, or  $2\frac{1}{2}$  for each day. Diarrhoea: 27, 11, 9, 13, 17, and 12, or 6 for each of the two last days.

The good derived from house-to-house visitation in the metropolis is palpable. None can tell to what extent the epidemic has been checked by this means; but assuredly, if we have cured little, we have prevented much cholera. During the past two months, on the Thames, from London Bridge to Woolwich, a regular ship-to-ship visitation has been, and is still, going on. Above 400 vessels are visited daily, and medicines given in all cases of diarrhoea. The above number of vessels represents at least 1,800 persons of both sexes and all ages. In the epidemics of 1840 and of 1854 respectively, 250 cases of cholera were received by the *Dreadnought* authorities. During the present epidemic, 73 cases have been entered on the books of the *Belleisle* hospital-ship. What has been in this way effected shows a glaring sanitary defect in the governance of our own port of London. The arrangements of the Board of Health enjoin that the medical officer in each district is to be deemed responsible for the supervision of that portion of the river flowing through such district, and to inspect all floating habitations moored thereon. But such an arrangement is utterly impossible of performance when an epidemic is raging. The Thames is ruled by a Conservancy Board, and no interference with the administrative management of that great highway for commerce is permitted to the authorities of the parishes through which it flows. This body have an inspector of nuisances, whose exertions are confined to preventing the Thames being used as a convenient dustbin by its floating denizens; and his work has no reference whatever to the sanitary condition of the shipping. The Conservators are, as a body, rightly endowed by the legislature with great powers, having charge of most important commercial interests. In due support of those interests, it is right that they should possess and use the power to appoint a medical staff of their own. Among our many sanitary sins of omission, few at present are more patent than the non-existence of a medical officer of health for the port of London.

In Glasgow, we learn from the *Daily Herald*, the sanitary inspection of the city by the citizens themselves, which was approved of by a public meeting in the City Hall a few weeks ago, has now become an all but accomplished fact. The meeting in the City Hall resulted in the appointment of an influential committee to see to the carrying out of the proposed

object. That committee divided the city into nine sections, and then appointed a separate committee for each of these sections. An appeal was made by the clergymen to the male members of their congregations to act as visitors; first, to inform the authorities if anything of the nature of a nuisance was observed within the tour of their inspection outside the houses; and, secondly, to call upon the occupants in the character of friends as well as of fellow-citizens, and to use every kind of influence to remove the domestic causes of epidemic disease, and especially to secure attention to personal cleanliness. It was explained that, while it would be entirely optional to the occupant of a house to admit the visitors or not, and would be also optional to him to adopt or not any advice they might give, it would also be their duty where they detected a nuisance in any private house, which was not removed upon their pointing it out to the occupant, to report this to the authorities who had the legal power to deal with it. About 3000 persons volunteered their services, a considerable number being working men. Every house in the city, with but one or two exceptions, has nominally been taken charge of; but it is feared that many of the visitors have had too large a district given them. It is thought that two or three hours a week is as much time, and the inspection of twenty to twenty-five houses (such being visited twice a week more or less thoroughly, according to the state they appear to be in), is as great a labour as can reasonably be asked from visitors. In no case is it proposed to send visitors into any place where cholera is already known to exist, the medical staff being quite prepared in such case to supplant the non-official district visitors. The alacrity with which the clergy entered into the scheme, the harmony with which they have met and deliberated together, and the labour and pains they have bestowed upon it, are beyond all praise. Dr. Gairdner has literally been the mainspring of the movement, attending all the meetings of the several committees, and giving most invaluable information and advice. Dr. McGill and the other medical officers of the city have also rendered most efficient assistance.

The *Wiener Med. Wochenschr.* says (21st September) that, although the cholera is becoming milder and the cases less numerous, there are still more than 100 fresh cases and 50 deaths daily in Vienna and the suburbs. Throughout Lower Austria, the epidemic is diminishing. Up to September 7th, in 264 localities in Lower Austria with a population of 174,000, there were 12,590 cases of cholera, of which 6624 recovered, 4327 died, and 1939 remained under treatment.

The week ending September 8th was marked by a decided subsidence of this disease in all parts of the United States. It had prevailed with the greatest severity in some of the western cities, as Cincinnati, St. Louis, Chicago, and Memphis, but the reports had dwindled down to but a few cases daily, and scarcely any deaths. But very few cases were reported in New York and Brooklyn. The cities of Boston, Baltimore, and Washington seemed to be remarkably exempt from the disease; and indeed south of Philadelphia only a few cases were reported from Richmond and New Orleans—the other southern cities being almost entirely exempt from the disease. In Philadelphia the epidemic did not attain much power. The total number of deaths there to July 28th was 33. The following had been the mortality since that time:—week ending August 4th, 47; August 11th, 52; August 18th, 56; August 25th, 91; September 1st, 58. The sexes, etc., of the deceased were as follows:—Male 157, female 178; adult 283, children 52.



## COD-LIVER OIL.

MESSEES. J. and A. BEDFORD of Leadenhall Street have just issued a little work in which they describe, under the name of "Crystal Cod-Liver Oleine", a very fine specimen of cod-liver oil of which they announce a new importation, and which they are desirous of introducing to the notice of the medical profession. They disclaim for it any special curative virtues over other first-rate specimens of the oil; but assert that it has certain peculiarly advantageous properties.

"1. In the first place the oil is a pure oleine: it is more purely oleine than specimens specially prepared in this country. Thus we offer for the first time, *on an extensive scale*, a pure oleine derived from the liver of the cod.

"2. The oil being expressed and refined from the fresh liver of the fish, there is in it no trace of decomposing organic matter, nor of volatile product of decomposition; hence it is free from fishy or other disagreeable odour. The sense of smell of the most delicate person would not be affected by it in the least degree.

"3. The oil is entirely free from rancidity, and consequently from those fatty acids to which we have directed attention as common to inferior specimens of cod-liver oil. It is less liable, therefore, to produce symptoms of indigestion—viz., heartburn, nausea, eructation, irritability of the bowels, or diarrhoea.

"4. The oil is almost tasteless, and with many, if not all, it is considered quite tasteless; it drinks as blandly as new milk, and leaves no unpleasant flavour behind."

A specimen which has been forwarded to us is a clear oily fluid, having—to our senses—only a slight and not disagreeable amount of the smell and taste of cod-liver oil.

## VEGETABLE CHARCOAL.

THE antiseptic properties of vegetable charcoal have led to its internal use in dyspepsia, in which it has been found to be productive in many cases of much relief. Mr. Bragg of Wigmore Street is well known as the manufacturer of charcoal of a very pure quality, which he supplies both in the form of powder and of biscuits. The biscuits we have found to be, although rather unsightly, pleasant to the taste. The charcoal in powder is perfectly free from grittiness, and may be readily taken mixed with water.

ELEPHANTIASIS OF THE CLITORIS. Dr. Lyman reported, at a recent meeting of the Chicago Medical Society, a specimen of elephantiasis of the clitoris, removed by Dr. McClure. The patient was a woman, aged about 25, mother of several children, and had suffered with constitutional syphilis. The clitoris commenced to enlarge about three years previously. It formed a pendulous, bifid tumour, dangling between the thighs, and reaching half way to the knees. Its surface was nodulated, and ulcerated at several points, exuding a most offensive discharge. The tumour was easily removed by amputation after the application of a whip-cord ligature around its pedicle. The stump cicatrised in eight days after the operation. Microscopical examination showed fibrous and connective tissue as the principal elements of the mass.

## Reports of Societies.

## ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JUNE 26TH, 1866.

JAMES ALDERSON, M.D., F.R.S., President, in the Chair.

REMARKS ON CHRONIC ALBUMINURIA, ORIGINATING DURING THE CONVALESCENCE FROM SCARLET FEVER AND OTHER ERUPTIVE DISEASES. BY HERMANN WEBER, M.D., F.R.C.P.

THESE remarks did not refer to the well-known and easily recognised acute scarlatinal dropsy or desquamative nephritis of scarlet fever, but to a chronic form of albuminuria originating occasionally at a much later period, when recovery had apparently been established already for several weeks. The author related three cases of scarlet fever, unattended with albumen in the urine or any other symptoms of renal complication during the first four weeks from the commencement. The subjects of the cases appeared quite well at the end of about a month, when they returned to their usual mode of living; but about three or four weeks later the general health became disturbed (loss of appetite and strength, headache, glandular swellings, boils, anemia, and occasional sickness), and the urine, as soon as the patients came under treatment, was found highly albuminous. Perfect recovery took place in one case; while in another the general health became much improved, but a slight degree of albuminuria has remained; and in the third case death occurred seven years after the commencement from broncho-pneumonia, with uræmic symptoms, the *post mortem* examination exhibiting waxy degeneration (amyloid) of the kidneys. The author maintained that the connexion between the scarlet fever and the renal disease in this class of cases was not the same as in the acute scarlatinal dropsy: while the latter might be considered as a part of the scarlet fever process, the former, originating at a much later period, was probably only so far connected with the scarlet fever as through it a greater susceptibility to the development of chronic renal disease was effected, in the same way as there resulted a tendency to other chronic affections, like glandular swellings, and eruption of boils. The author believed that the same tendency might be caused also by other acute diseases, especially those of exanthematous nature, and gave two cases in which chronic albuminuria took its origin in persons who had lately recovered from erysipelas of the head and typhoid fever respectively, in both of which cases, during the febrile state and during the convalescence, the urine had been quite free from albumen. He referred also to a similar case occurring after typhus fever, and described by Dr. Johnson in his work on *Diseases of the Kidneys*. (London, 1852, p. 408.) The author was inclined to infer from such cases that amongst the many cases of Bright's disease the origin of which is uncertain, a not inconsiderable proportion may have been developed during the later stages of convalescence from exanthematous diseases; that, therefore, as urged already by Dr. Johnson with regard to fever, particular care ought to be taken during these stages with regard to diet, clothing, habitation, avoidance of over-exertion and exposure to cold and damp air. Dr. WEBER further pointed out that the insidiousness of the commencement of this chronic albuminuria, as in four cases out of the five related, anasarca and admixture of blood



with the urine were altogether absent. Lassitude, loss of strength, anorexia, swelling of the lymphatic glands, and eruptions of boils, being the principal symptoms, ought, therefore, always to lead to an examination of the urine the more so as by an early discovery of the renal disease the chance of a perfect cure was much increased, as seen in two of the five cases reported.

The treatment consisted in attention to skin and diet; in the administration of iron with acidulated acetate of ammonia, and occasional doses of elaterium to relieve the kidneys, and in the use of the hot vapour bath or the warm wet sheet.

ON THE DETECTION OF LUNG-TISSUE IN THE EXPECTORATION OF PERSONS AFFECTED WITH PHTHISIS. BY SAMUEL FENWICK, M.D.

The author stated that he had included in his paper the results obtained from the examination by the microscope of the expectoration of one hundred real or suspected cases of phthisis. The plan hitherto recommended of searching for pulmonary tissue in sputum had been to spread it on a flat surface, and to pick out of it with needles any portions that might appear likely to contain elastic fibre. He had, on the contrary, been in the habit of liquefying the expectoration by boiling it with a solution of pure soda, and then placing the fluid in a conical-shaped glass, when every particle of elastic tissue fell to the bottom, and could be removed and placed under the microscope, as in the examination of urinary deposits. In this way he had easily found one hundredth part of a grain of pulmonary structure after it had been mixed in bronchial mucus; and he calculated that one-thousandth to one six-thousandth part of a grain might be detected in any expectoration that may contain it.

In thirteen out of twenty-three cases in which tubercle was suspected to be in the first stage, lung-tissue was found in the sputum. In seven of the twenty-three cases, there was no physical sign of tubercle, but its existence in the lung was suspected from general symptoms only; and in the expectoration from these there was no pulmonary tissue. In sixteen cases there were stethoscopic signs leading to the belief that tubercle was present; and in thirteen of them elastic fibre was found in the mucus coughed up.

There were twenty-four cases in which auscultation and percussion indicated softening of tubercle in the lungs, and in all pulmonary tissue was present in the sputa. In fifteen the physical signs were of a doubtful nature, and seven of these presented microscopic evidence of ulceration of the lungs.

In thirty-five cases the stethoscope indicated cavities, and in all these there were fragments of lung-tissue in the expectoration. In two cases the author had diagnosed enlarged bronchial tubes, and in neither of them was there any appearance of elastic fibre in the sputum. In sixty-nine cases he counted the numbers and size of the fragments of lung expelled. In one specimen, coughed up in twelve hours, eight hundred fragments were found; and often fifty or sixty fragments were detected, where, from the stethoscopic signs alone, no great destruction of lung could have been anticipated.

The proportion of bronchial tubes the author found to be least in the stage of softening, and greatest where the stethoscope indicated cavities. The greatest proportion of fragments of single air-cells was found in the first stage, and the largest proportion of large fragments of lung where cavities existed.

The author concluded his paper by giving a number of practical directions as to the best method

of conducting the examination of the expectoration, in order to find with quickness and certainty any pulmonary tissue that may be present.

HYDATID OF THE LIVER, TREATED SUCCESSFULLY BY THE INJECTION OF THE EXTRACT OF MALE FERN INTO THE CYST. BY F. W. PAVY, M.D., F.R.S.

Harriet V., a woman of pretty healthy appearance, aged 21, was admitted into Mary ward, under the care of Dr. PAVY, Oct. 4th, 1865. When three years old she was squeezed against a wall by a cart-wheel, which struck her somewhere on the right side of the chest. No rib was fractured, and she soon recovered from the accident. About six years ago the patient noticed a slight swelling in her right side, which has since continued gradually increasing in size.

On examination, a large deep-seated tumour was to be noticed occupying the right hypochondriac region, and extending considerably beyond, both above and below. Its boundary could be clearly defined inferiorly. It caused a considerable bulging of the ribs on the right side, and the right mammary gland was raised about three quarters of an inch above the level of the left. Fluctuation was apparent. Dulness extended as high as the lower border of the second rib on the right side.

The case was diagnosed to be one of hydatid tumour of the liver. The relationship that is agreed upon by helminthologists to exist between the hydatid and the tania, and the known effect of the extract of male fern upon the latter, suggested to the author the treatment adopted. The extract is not miscible with alcohol or water, but it was ascertained that a liquid sufficiently thin for passing through a fine cannula was to be obtained by admixture with a little potash.

Nov. 6th. A fine trocar and cannula were introduced into the tumour by Mr. Durham, and about four ounces of a limpid colourless fluid allowed to escape, in order to diminish the tension of the cyst. A liquid consisting of half a drachm (by measure) of the purified semi-fluid extract of male fern, half a drachm of liquor potassæ, and six drachms of water, was then injected into the sac, care being taken throughout to prevent the entrance of air. The fluid removed was examined, and found to be non-albuminous, charged with a large quantity of the chloride of sodium, and to contain hooklets of the echinococcus. At the introduction of the trocar the patient complained of experiencing a considerable amount of pain, which she referred to the lower part of the abdomen. Some febrile excitement, vomiting, and purging followed, but there was no evidence of peritonitis.

Nov. 10th. On percussion, it was found that dulness did not extend so high in the chest on the right side by one rib as previous to the operation.

Nov. 16th. The patient was allowed to get up.

Nov. 20th. The tumour was found to be much diminished in size. It was much softer, did not extend so low down in the abdomen, and was much less distinctly circumscribed. The chest was resonant on percussion as low as the space between the fourth and fifth ribs.

Nov. 29th. The circumference over the most projecting part of the tumour before the operation was 34½ inches: to-day it was 31½ inches: showing a reduction of 2½ inches. The tumour was very soft, and its lower border not so defined as formerly. The patient, being well, was allowed to leave the hospital.

A fortnight and again a month afterwards she was seen, and found to be progressing satisfactorily.

May 10th, 1866. Since she was last seen the patient had suffered from an attack of rheumatic fever with heart-complication, and bronchitis. She



had been in no way troubled with her side, and her circumference now was thirty inches. No swelling was perceptible to the eye, but a hardness remained in the hypochondriac region.

The inference to be drawn from the result in this case was, that the injection of the extract of male fern caused an immediate destruction of the life of the hydatid without the production of suppuration, and that a rapid absorption of the fluid element of the cyst afterwards took place.

## Correspondence.

### ON THE THEORY OF CHOLERA, AND THE TREATMENT.

LETTER FROM GEORGE BODINGTON, L.R.C.P.E.

SIR,—I certainly could say more on the subject of cholera treatment, if permitted, and especially of a practical character; and, after the earnest appeal made to the profession by Dr. Handfield Jones, feel almost encouraged to "make an effort".

The late Dr. Samuel Parr, when a boy, was employed as a compounder of medicines in his father's apothecary's shop; but Sam, like Cardinal Wolsey, "was a scholar from his cradle, and a ripe and good one too", and would be for ever criticising the ungrammatical construction of the Latinity of the prescriptions. The old man, wearied with Sam's importunities, at last petulantly exclaimed, "Damn the Latin of the prescription, Sam; make the mixture." Are we not in like fashion rather wearying of these eternal squabbles on cholera theories, and eagerly desirous of passing upon them the sentence of condemnation, and ready to exclaim, "Make the mixture"? So far as our theoretical inferences are founded on facts, we cannot help reverting to them on such a subject; but then we should be sure of our facts.

There would seem to be two great principles affecting life, which are disturbed and deranged by this cholera invasion. The one is the subject of animal mechanics; that is, mechanics modified by vital actions. The hydraulic system of the circulation is here intended to be considered. The other is the chemical principle, as modified by life, and usually termed organic chemistry.

And, first, the heart, with its appendages the blood-vessels, is essentially a hydraulic machine, with vital modifications. The fulness and rotundity of the vessels are maintained by a certain amount of fluid—the blood; and if, by some sudden change induced by disease or by any means, one-half or two-thirds of this fluid be suddenly abstracted, then the vessels cannot maintain their rotundity; the mechanism gives way; they become flattened; or, as we say, they collapse. This much would appear to be quite intelligible on the simplest mechanical principles. The facts are obvious. More or less suddenly, the morbid invasion of cholera causes the discharge of the serous portion of the blood, which I on a former occasion termed the "vehicle of the circulation", inasmuch as the more vital elements of that fluid cannot be circulated in the absence of that vehicle, and all the facts of the case prove that they cannot. Moreover, the white or colourless portion—the serum—is the cause of the complexion; and so soon as it is withdrawn, we have the dark complexion, which is just what the *crassamentum* would give, the serum being withdrawn. We have then collapse of the vessels and the dark complexion accounted for on the simplest mechanical principles and altered phy-

sical arrangements. Now, to my mind it is easy to understand, these things being allowed so far—why we have a suppressed pulse and a suppressed respiration—why, in truth, vital actions of all kinds are nearly brought to a standstill, and too often quite extinguished. As to what blood there may be remaining after death being found on the right side of the heart, and not on the aortic side, that I presume to be accounted for on the ground that the pulmonary is the primary part of the circulation, the aortic the secondary. In case of death from cholera, the blood remaining would necessarily be found in the primary rather than in the secondary portion of the machine. The last effort would be made, and would fail there. I will not pretend to say what part *spasm* may perform in producing such result. To me there appear to be other causes sufficient to account for it. If there be spasm of the pulmonary arteries, that would be consequent and the effect of collapse, not the cause of it. The pulmonary capillaries may refuse, or be incapable of circulating the mere thick elements of the blood, the serum having been withdrawn; but that is the effect, not the cause, of cholera collapse. The sudden and large abstraction of blood, whether white or coloured, is productive of violent muscular convulsions or spasms, as is seen every day in the slaughter of animals by the butcher. There may be spasm; but it would appear physically impossible, on simply mechanical principles, that the elaborate and finely extended pulmonary circulating system should be capable of completing its function when presented with only thick and almost solid blood. The practical question is, How is the serous hæmorrhage to be stayed, or the fluid restored? By patience and perseverance, and the expectant method in part, restraining the flow by acid astringents in moderate doses, and by repeated draughts of easily digestible nourishing drinks, such as thin gruel, barley-water, etc.; moderate quantities of stimulants, diluted, and not given in excess, but apportioned in accordance with the amount of vitality left in the system.

According to all analogy, there should be no heroic doses of medicines of any kind in this disease, nor any large quantities of stimulants or nourishment, but only such as the reduced, collapsed, and low vitality of the stomach can bear. Just as we treat a man who has been without food for several days: we restore him by cautious and gradual steps, and so avoid the danger of killing him outright. In cholera collapse, the vitality of the stomach is as much reduced as is the power of the heart and the respiratory organs. I am venturing to speak of the treatment of cholera in the stage of collapse.

The indications appear to be, to check the serous discharge, to restore it to the system, to allay nervous irritability along the course of the alimentary canal, and to gently stimulate the vital organs into renewed action. Whey or milk have the closest resemblance to the serum of the blood, as they come directly from the blood through the udder of the cow. The diluted sulphuric acid can be given either in whey or in milk and water. The object is to restrain the further flow of serum from the blood, and to restore that which has been lost; by the absorption of whey or the serous portion of milk. This may be aided by a little sherry and water, or weak brandy and water, given at frequent intervals. When whey or milk cannot be obtained, thin cool oatmeal-gruel, with a little salt, may be substituted. By these means, fluidity may be again given to the blood; and that means the restoration of the circulation, and, of course, of all the functions of life which had been held in suspense. When this can be done by absorption through the natural channels, the result



may fairly be expected to be favourable. I cannot say I have much faith in any method by transfusion or injection into the vessels: there seems to be an impracticability in the general adoption of such a course, irrespectively of the uncertainty of its action. To allay nervous excitement, my plan is to give from ten to twenty drops of liquor opii sedativus in a little sherry and water, once or twice in the space of twenty-four hours. This medicine and the morphines have a tendency to produce syncope in many constitutions, unless combined with a moderate amount of stimulus. With this precaution, they are much preferable to laudanum as sedatives. In cholera collapse, there is coldness of the surface; but I cannot but deprecate the smothering and parboiling system. Patience and a moderate amount of blanketing are best. When the disease prevailed so fatally at Bilston many years since, some of the patients who underwent the heating and smothering system, and apparently died under it, on being "laid out" in a cold chamber, with the windows open all night, were found to have rallied in the morning, although coffins had been ordered for them, preparatory to a hasty funeral. This was a most serious and important fact, not to be lost sight of, for very obvious reasons.

As to the chemical nature of the cholera poison, judging *à priori* and from analogy, it appertains to alkalinity. It flourishes amongst corrupting matters, animal or vegetable. There are facts indicative of its non-presence as an epidemic in neighbourhoods where sulphurous acid gases are constantly prevalent in the atmosphere. It has been ascertained by an eminent chemist, that the blood of animals affected by Rinderpest is unhealthily alkaline. The diseases cholera and Rinderpest, if not identically the same, bear a strong resemblance to each other, and would seem to be due to a common malaria, modified as to the symptoms by two distinct classes of animal life.

Assuming the poison to be an alkaloid of some kind, then the absorption into the system of a mineral acid would be the antidote and neutraliser, so far as such can be applied by medical art. It has been assumed that the rice-water evacuations contain the poison which is eliminated by those discharges; but chemical examination and research has failed to discover in them any poisonous quality whatever; and it may be fair to infer that they are the mere effect and result of the operation of the poison within the system, and are not eliminative in any respect. Therefore the practice would be sound to conserve that serum, and to transmit with it and through it, into the system, a chemically counteractive agent; and a mineral acid fulfils both these indications, astringent and conserving the serum, and, travelling with it into the system, accomplishes the other object.

It is thought by some that the poison operates through the nervous system, effecting its deadly purposes by some untoward electric or magnetic influences, disturbing the nervous currents in such a way as to work the destructive changes which take place in the blood. If this theory were true, it would appear that, as far as the nervous affection was concerned, the practical object would be to allay the excitement by sedatives judiciously administered, to reach the whole course of nervous expansion along the alimentary canal. I have never advocated the "opium and brandy treatment", nor do I consider it as well calculated to effect the object of allaying nervous excitement. I should rely on the more direct sedatives, such as the liquor opii sedativus or the morphines, given in moderate doses, with the sole object of soothing nervous irritation.

My objection to chalk as an astringent is, that it is an alkaline earth, and may possibly, *pro tanto*, enter into an alliance with the enemy; *ergo*, I would not employ it; and, moreover, it is in antagonism with the sulphuric acid.

I must now conclude abruptly, fearing I have already occupied too much of your valuable columns.

I am, etc., G. BODINGTON.

August 15th, 1866.

## THE MEDICAL PROVIDENT SOCIETY.

LETTER FROM A. B. STEELE, ESQ.

SIR,—The letter of Dr. Stephens on this subject is, I think, worthy of special attention.

To all that Dr. Stephens has to say in favour of affording "mutual help and comfort when sickness and disease attack those dependent on their daily labour for their daily bread," I give my most cordial assent, reminding him at the same time that this commendable principle is fully recognised in the Benevolent Fund of the Association, originated many years ago by the late Mr. Newnham, and in behalf of which, a few years before his death, he made a powerful appeal to his fellow-associates—an appeal which has scarcely, I fear, made so lasting an impression upon our feelings of benevolence as he perhaps anticipated.

I likewise concur in the sentiment, that to "assure against sickness is no more disgraceful . . . than to assure one's life, or to assure against accident or fire." "The principle," adds Dr. Stephens, "is the same." Precisely so; and it is on this very ground that much of my objection rests. *Non quo sed quomodo* is the point at issue between us. As in life-assurance, so in assurance against sickness, whilst a sound and successful company is a great boon, an unsuccessful undertaking of that nature ultimately involves serious disappointment and loss.

For the successful working of any such scheme, it is essential that there should be a wide field for operation, ample financial resources in the way of paid up capital and profitable investments, together with commercial experience and ability in the management. Without these, no system of assurance in sickness, commensurate with the position and wants of professional men, could be safely organised. (It is absurd to call a mere fixed allowance of £2 a week assurance against sickness applicable to medical practitioners.) These requirements can scarcely be found within the limits of a medical corporation, perhaps not even in the profession at large. They must be sought for in the commercial section of the community.

If the British Medical Association contemplated the establishment of a life or fire assurance, I suspect that the most sanguine would scarcely expect it to succeed; and for the same reason, and I believe even with greater certainty, the attempt to carry out assurance against sickness would sooner or later terminate in disastrous failure; for the contingencies and difficulties in detail are greater and more complicated in this than in the other ordinary forms of assurance, which probably is the reason why, in this age of commercial enterprise, no public company of repute has adopted it.

In appealing to the experience of other societies, Dr. Stephens has unconsciously given an illustration of one of the chief difficulties to be anticipated in organising such a scheme as that which we are discussing. The history of the Sussex Medical Friendly Society shows clearly that, whatever may be the merits of these societies, they are not supported by the profession in any significant numbers. The so-



ciety in question has existed for nine years; it has the countenance of "some of the leading medical men of the county"; and yet not more than twenty-seven have been tempted to join it, out of a medical population of probably from two to three hundred. The want of sympathy with the movement in Sussex can scarcely be attributed to my having "touched the pride of the profession", but is, no doubt, just what would happen elsewhere under similar circumstances.

I do hope that, on reflection, Dr. Stephens will see that, while he vastly over-estimates my humble influence, he is doing but scant justice to the judgment and common sense of his fellow-associates in supposing that they would reject a proposition at the mere dictation of an individual, or that they would accept his *veto*, unless, indeed, his arguments carried conviction to their own minds.

I am, etc., A. B. STEELE.

Liverpool, September 1866.

## Medical News.

**APOTHECARIES' HALL.** On September 20th, 1866, the following Licentiates were admitted:—

Green, Frederick King, Stoke Newington  
Smith, Robert Harman, St. Andrew's Road, S.E.

At the same Court, the following passed the first examination:—

De Morgan, Edward, Guy's Hospital  
Orton, John, Sydenham College, Birmingham

### APPOINTMENTS.

\*SIMPSON, Henry, M.D.Lond., elected Physician to the Manchester Royal Infirmary.

### ARMY.

BARRY, Staff-Surgeon D. P., to be Surgeon-Major, having completed twenty years' full-pay service.

CLIFFORD, Surgeon J. J., M.D., 9th Lancers, to be Surgeon-Major, having completed twenty years' full-pay service.

HARDING, Surgeon W. T., 19th Foot, to be Staff-Surgeon, *vice* E. L. Hiffernan.

HIFFERNAN, Staff-Surgeon E. L., to be Surgeon 19th Foot, *vice* W. T. Harding.

HOME, Staff-Surgeon A. D., C.B., to be Surgeon-Major, for ability and zeal during the late operations in New Zealand.

LAPSELEY, Staff-Surgeon W., to be Surgeon-Major, having completed twenty years' full-pay service.

LYONS, Staff-Assistant-Surgeon P. P., M.B., to be Assistant-Surgeon Rifle Brigade, *vice* R. J. B. Cunynghame, M.D.

MACKINNON, Surgeon W. A., C.B., 67th Foot, to be Surgeon-Major, for ability and zeal during the late operations in New Zealand.

REYNOLDS, Surgeon F., Military Train, to be Surgeon-Major, having completed twenty years' full-pay service.

SMITH, Surgeon A., M.D., Royal Artillery, to be Surgeon-Major, having completed twenty years' full-pay service.

TARRANT, Staff-Surgeon T. M.D., to be Surgeon Cape Mounted Riflemen, *vice* J. K. Leet, M.D.

TITTERTON, Staff-Assistant-Surgeon H., M.D., to be Staff-Surgeon, *vice* T. Tarrant, M.D.

### ROYAL NAVY.

BABINGTON, A. W. W., Esq., Surgeon, to be Staff-Surgeon.

BENNETT, W. R., M.D., Assistant-Surgeon, to be Surgeon.

BROWNING, Benjamin, Esq., Surgeon (additional), to the *Victory*, in lieu of an Assistant-Surgeon.

BURTON, Matthew, M.D., Staff-Surgeon, to the *Zealous*.

CROWDY, Alfred S., Esq., Acting Assistant-Surgeon, to the *Zealous*.

FERGUSON, R., M.D., Assistant-Surgeon, to be Surgeon.

M'CARTHY, Dennis, Esq., Acting Assistant-Surgeon (additional), to the *Fisgard*, for service in the Woolwich Marine Infirmary.

REID, J. W. (b), M.D., Surgeon, to be Staff-Surgeon.

RIDINGS, W. G., Esq., Assistant-Surgeon, to be Surgeon.

SIMPSON, John, Esq., Assistant-Surgeon, to the *Zealous*.

SKENE, J. A., Esq., Assistant-Surgeon, to be Surgeon.

**VOLUNTEERS.** (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

GRIGOR, C. R. M'Leod, Esq., to be Assistant-Surgeon 2nd Newcastle-on-Tyne A.V.

STEWART, J., M.D., to be Honorary Assistant-Surgeon 2nd Fife-shire A.V.

### DEATH.

CRIBB. On September 20th, at Bishops Stortford, aged 67, Henry Cribb, Esq., Surgeon.

BEQUEST. Mr. W. U. Crocker, late of Blackheath, has left by will £100 to the Bath United Hospital.

DEATH IN THE STREET. On the 23rd instant, as Dr. E. Warren, residing at Sidmouth, South Devon, was proceeding to church, he fell, and in a few moments expired. He was 64 years of age. The cause of death was disease of the heart.

ALLEGED ILL-TREATMENT OF A LUNATIC. One of the attendants at the Surrey County Lunatic Asylum is charged with ill-treating one of the patients in that institution. The case was based upon the evidence of three painters, who were at work in one of the wards; and who state that the lunatic was knocked down, beaten, and ill-treated. The matter is adjourned.

THE SOCIAL SCIENCE ASSOCIATION. The Earl of Shaftesbury, the President, has consented to take the chair at the dinner, on October 9th. All the arrangements for the meeting are progressing satisfactorily, except one. The single exception is, that not enough funds for the expenses have yet been provided. The total sum required is only £2,500, of which £1,700 has been subscribed. (*Manchester Guardian*.)

HOSPITAL FOR CONSUMPTION, BROMPTON. At the Quarterly Court of Governors, on Thursday week, the following legacies were announced:—Miss A. Bailey, £500; Mrs. Sheldon, £100; Mr. W. H. Powell, half of residue; W. C. Grove, Esq., £100; Mrs. Story, £500; R. Churchward, Esq., £100; Mrs. H. Wilson, £100. This source of income afforded a means of making up the difference between the annual subscriptions and the year's expenses, the amount of the latter being still about double that of the former. The Bishop of Lichfield was elected a vice-president of the hospital.

THE MEDICAL SCHOOLS. In London the inaugural addresses will be delivered as follows. King's College, Sir William Fergusson; Guy's, Sir Lawrence Peel (president); Charing Cross, Mr. R. Barwell, F.R.C.S.; London, Dr. Head; St. George's, Dr. J. W. Ogle; University, Professor Ringer, M.D.; Westminster, Dr. Fincham; Middlesex, Mr. Hulke; St. Thomas's, Dr. Barker; St. Bartholomew's, Mr. Savory; St. Mary's, Mr. Haynes Walton. The following are the arrangements at some of the provincial schools. Manchester Royal School of Medicine, Dr. Browne; Liverpool Royal School, Mr. Reginald Harrison; Leeds School of Medicine, Mr. Samuel Hey; Queen's College, Birmingham, Mr. David Nelson; Sheffield School of Medicine, Dr. Aveling; College of Medicine, Newcastle-on-Tyne, Dr. C. J. Gibb.

ASYLUM FOR IDIOTS. We believe that to Dr. Seguin, of New York, belongs the high credit of first undertaking the education and training of idiots. This was several years previous to 1839, when Dr. Guggenbühl began to study Cretinism; and when the latter opened his School on the Abenberg, in 1842, simultaneously with that of M. Saegart at Berlin. Dr. Seguin had been for several years actively engaged in conducting a school for idiots, and had already published as many as four successive pamphlets on their treatment and education. In 1846, Dr. Kern established a school at Leipzig; soon after, another was opened at Bath, in England; and in 1848, Sir M. Peto devoted his own elegant mansion, Essex Hall, Colchester, to the same noble purpose. Scotland opened her first institution in 1852; and in June, 1853, was laid by Prince Albert the corner-stone of the school of Earlswood,



Surrey. Nearly all the nations of Europe have since followed these examples. In 1842 the first movement was set on foot for improving the condition of idiots in the United States. Massachusetts men made the first move; but the Legislature of New York was the first public body that undertook to legislate on the subject. Dr. Backus, of Rochester, introduced a bill to the Senate, at Albany, on the 13th of January, 1846, for the purchase of a site and the erection of suitable buildings for an asylum for idiots; which was not, however, carried out till 1854, when the New York State School for Idiots was permanently established at Syracuse, and Dr. H. B. Wilbur chosen superintendent. In the meantime, October, 1846, the State of Massachusetts opened her experimental school for idiots, under the charge of Dr. S. G. Howe, which has been in successful operation ever since. Dr. Wilbur had already opened his private institution at Barre in the preceding July. In July, 1851, his school was transferred to Albany, under the patronage of the State of New York; which finally became the present State Institution. In 1852, a private school was opened by Mr. Richards, at Germantown, which soon after was transferred to Media, where it became the "Pennsylvania Training-School for Idiots." Connecticut and Ohio opened their institutions respectively in 1855 and 1857; Kentucky in 1860; and Illinois in 1865. Thus the United States has eight of these schools, in which nearly one thousand children are constantly in training. This is only a beginning; all the Western and Southern States will probably soon possess similar establishments; and sooner or later, they must be supplied to all our large cities. (*New York Medical Record.*)

**NURSING CHILDREN IN FRANCE.** The French Government is beginning to learn how it comes to pass that people in the middle and upper middle classes in France seldom rear large families. The custom in France among those classes is to put their young children out to nurse in the country, where the air is supposed to be better than in the towns. In all the principal cities there are Bureaux des Nourrices, under the especial superintendence of the police, at which countrywomen desirous of devoting themselves to the nurture of other people's children register themselves. Speculators, whose trade it is to act as middlemen between these professional nurses and parents, bring the former to Paris in omnibuses chartered for the purpose, provide them with nurslings whose parents have applied for nurses at the various bureaux there, and reconvey them back to their homes. Startling evidence has been laid before the Academy of Medicine of the horrors that take place in these vehicles on the return journey. The nurses swap the children away with each other, or sublet them, "I have seen," said M. Chevalier, addressing the Academy, "one woman undertake to nurse seven infants, who had neither milk herself, nor the means of procuring cow's milk." Badly fed and badly cared for, the mortality among the wretched children is frightful. Out of 20,000 babies who are annually sent out of Paris *en nourrice*, not more than 5,000 survive; 15,000 die of cold, hunger, and neglect. There are two communes of the Eure-et-Loire especially notorious for the mortality among the infants sent to them; and nurses from that quarter are much sought after by the keepers of houses of ill-fame, and by women of loose life, who find that species of infanticide as certain and far less dangerous than drowning or strangulation. We are now told, however, the French police have taken the matter in hand; and it is probable that the evil will be abated. (*Pall Mall Gazette.*)

## OPERATION DAYS AT THE HOSPITALS.

MONDAY.....	Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY....	Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.
WEDNESDAY...	St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.
THURSDAY.....	St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.
FRIDAY.....	Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
SATURDAY.....	St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

## MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

WEDNESDAY. Obstetrical Society of London. 7 P.M., Council Meeting. 8 P.M., Dr. W. S. Playfair, "On the Mechanism and Management of Delivery in Cases of Double Monstrosity"; Dr. Routh, "On a New Mode of Treating Epithelial Cancer of the Cervix Uteri and its Cavity."

## TO CORRESPONDENTS.

\*. \* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

COMMUNICATIONS have been received from:—Mr. JONATHAN HUTCHINSON; JUSTITIA; THE SECRETARY OF THE WESTMINSTER HOSPITAL SCHOOL OF MEDICINE; DR. G. BODINGTON; MR. JOHN BIRKETT; MR. W. P. SWAIN; DR. J. R. WARDELL; MR. T. SPENCER WELLS; MR. H. CRIBB; DR. LANCHESTER; DR. GREENHILL; MR. C. LEONARD; MR. H. C. B. STEELE; and THE HONORARY SECRETARIES OF THE OBSTETRICAL SOCIETY.

## BOOKS RECEIVED.

1. Brief Sanitary Notes from Practical Experience, more especially in Reference to Cholera. By Assistant-Surgeon J. J. Pope. London: 1866.
2. On the Successes and Failures of Medicine. President's Address. By A. T. H. Waters, M.D. London: 1866.

## ADVERTISEMENTS.

### Periodicals for Sale.—A Member

of the British Medical Association is desirous of disposing of the undermentioned volumes and numbers of British and Foreign Periodicals, at the prices annexed:—

Medico-Chirurgical Review, edited by the late Dr. James Johnson, 1825 to 1847, 43 half-yearly volumes, strongly half-bound, £3.

British and Foreign Medical Review, edited by the late Sir John Forbes, 1841, 1842, 1843, 1844, 4 yearly volumes, strongly half-bound; also, unbound, the entire numbers for 1845, those for January and April 1846, and the General Index to the entire series, £1.

British and Foreign Medico-Chirurgical Review, for 1849, 1850, 1851, 1852, and 1853, complete but not bound; also the numbers for April and October 1854, and January, April, and October 1855, £1 5s.

London Medical Gazette, 1849 and 1850, 3 volumes; Medical Times, vol. xix, 1849; and Edinburgh Journal of Medical Science, 1846-57, 3 volumes, 10s.

American Journal of Medical Science, 1841, 1842, 1843, 3 yearly volumes, half-bound; also, unbound (wanting October 1852 and October 1855), the numbers from 1850 to 1855, both included, £1.

Apply to "Member," care of Mr. Honeyman, 37, Great Queen Street, Lincoln's Inn Fields, W.C.



## General Medical Council, 32,

Soho Square, London, W., September 1866.  
REGISTRATION AT THE COMMENCEMENT OF  
PROFESSIONAL STUDY.

Notice is hereby given, that Regulations for the Registration of Medical Students have been sent to all the recognised Schools of Medicine in England. Students commencing their studies are directed to apply to the Registrar for England, according to the Form with which they will be supplied on application to the several Qualifying Bodies, or at the Schools of Medicine and Hospitals.

## University of Edinburgh.

—The SESSION will COMMENCE THURSDAY, FIRST NOVEMBER, 1866.

Full details as to Classes, Examinations, Degrees, etc., in the Faculties of Arts, Divinity, Law, and Medicine, together with a List of the General Council, will be found in the "EDINBURGH UNIVERSITY CALENDAR," 1866-7, published by Messrs. Macalachlan & Stewart, South Bridge, Edinburgh. Price 2s. 6d.; per post, 2s. 9d.

By order of the Senatus,  
September, 1866. ALEXA. SMITH, Secretary of the University.

## Evening Demonstrations with THE OPHTHALMOSCOPE.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.

A FIFTH COURSE OF OPHTHALMOSCOPIC DEMONSTRATIONS will commence on FRIDAY, OCTOBER 12th, 1866, at half-past Seven in the Evening, under the Superintendence of Mr. Streetfield and Mr. Hutchinson, and will be continued weekly at the same hour until Christmas.

Certificates will be given.  
Terms—For a Single Course, One Guinea. Pupils of the Hospital, free.

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Attendance every morning at Nine.  
Operations daily at Eleven.

## St. Mary's Hospital Medical

SCHOOL.—The SESSION commences October 1st, at 8 P.M. The Introductory Address by Mr. HAYNES WALTON.

At this Hospital the Medical Appointments, including five House-Surgeons, the annual value of which exceeds as many Scholarships of £50 each, and a Resident Registrarship at £100 per annum, are open to the pupils without fee. It has Obstetric and Ophthalmic Departments, and a Children's Ward (in the new wing). The Clinical and Pathological Instruction is carefully organised.

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ERNEST HART, Dean of the School.

## The Medical Club.

—A Club is being formed in London for the convenience of Members of the Medical Profession and gentlemen engaged in the pursuit of those sciences allied to Medicine.

The following Terms of Admission are applicable only to Members joining during the present year—viz.: Residents within the London Postal District, five guineas entrance and three guineas annual subscription; those beyond the London Postal District, three guineas entrance and one guinea annual subscription. Entrances and Subscriptions to be paid to the Bankers of the Club, the London and Westminster, 1, St. James's Square, S.W.

JOHN PROPERT, Esq., Treasurer,  
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September, 1866.

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## St. George's Hospital Medical SCHOOL.

LECTURER ON MIDWIFERY.

The Medical School Committee give notice that on the 8th day of October next they will proceed to the selection of a LECTURER on MIDWIFERY at St. George's Hospital Medical School.

Candidates who have not yet sent in their applications for this Appointment are requested to forward their names to the Secretary of the Medical School on or before the 6th of October.

The office of Obstetric Physician (now vacant) is only tenable by the Lecturer on Midwifery.

## University of Aberdeen.

Chancellor—His Grace the DUKE OF RICHMOND.

Vice-Chancellor and Principal—The Very Rev. P. C. CAMPBELL, D.D.  
Lord Rector—The Right Hon. EARL RUSSELL, K.G., LL.D.

## FACULTY OF MEDICINE—SESSION 1866-67.

WINTER SESSION, commencing on the first Tuesday of November.

Anatomy—Professor Struthers, M.D. 11 a.m. £3 3s.

Practical Anatomy and Demonstrations—Professor Struthers and the Demonstrator. 9 to 4, and 2 p.m. £2 2s.

Chemistry—Professor Brazier. 3 p.m. £3 3s.

Institutes of Medicine—Professor Ogilvie, M.D. 4 p.m. £3 3s.

Surgery—Professor Pirrie, C.M., F.R.S.E. 10 a.m. £3 3s.

Practice of Medicine—Professor Macrobin, M.D. 3 p.m. £3 3s.

Midwifery and Diseases of Women and Children—Professor Dyce, M.D. 4 p.m. £3 3s.

Zoology, with Comparative Anatomy—Professor Nicol, F.G.S. 2 p.m. £3 3s.

Medical Logic and Medical Jurisprudence—Professor Ogston, M.D. 9 a.m. £3 3s.

SUMMER SESSION, commencing on the First Monday of May.

Botany—Professor Dickie, M.D. 6 a.m. £3 3s.

Materia Medica (100 Lectures)—Professor Harvey, M.D. 10 and 3. £3 3s.

Zoology, with Comparative Anatomy—Professor Nicol. 11 a.m. £3 3s.

Practical Anatomy and Demonstrations—Professor Struthers and the Demonstrator. 9 to 4, and 2 p.m. £2 2s.

Practical Chemistry—Professor Brazier. 9 a.m. £3 3s.

Matriculation fee (including all dues) for the Winter and Summer Sessions, £1. For the Summer Session alone, 10s.

Instruction in Histology and the Use of the Microscope is delivered during the Summer Session.

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Eye Institution: Three days in the week. Royal Lunatic Asylum: Clinical Instruction is given for three months in the year.

The Regulations relative to the Registration of Students of Medicine, and the Granting of Degrees in Medicine and Surgery, may be had of Dr. Macrobin, Dean of the Faculty of Medicine.

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THE  
**Jacksonian Prize Essay**  
 FOR 1865.

ON DISEASED CONDITIONS OF THE  
 KNEE-JOINT

WHICH REQUIRE AMPUTATION OF THE LIMB, AND THOSE CONDITIONS WHICH ARE FAVOURABLE FOR EXCISION OF THE JOINT; WITH AN EXPLANATION OF THE RELATIVE ADVANTAGES OF BOTH OPERATIONS, AS FAR AS CAN BE ASCERTAINED BY CASES PROPERLY AUTHENTICATED.

BY

WILLIAM PAUL SWAIN, M.R.C.S.,  
 SURGEON TO THE ROYAL ALBERT HOSPITAL, DEVONPORT, ETC.

SECTION II.—MORBID CONDITIONS OF THE  
 KNEE-JOINT. (*Continued.*)

*Diseased Conditions of the Bones forming the  
 Knee-Joint.*

*Acute Inflammation* may attack the articular extremities of the femur or tibia, and may either involve their entire substance, or be confined to a small locality. It may arise in previously healthy tissue, or supervene on old and long standing disease. If acute inflammation attack the entire spongy portion of either of the bones, the symptoms are most urgent, and the results most disastrous. The disease commences with severe rigors, rapid pulse, hot dry skin and furred tongue, intense pain in the parts, with great swelling and hardness. Soon the swelling begins to soften, and suppuration takes place. Delirium sets in at an early period, and coma rapidly supervenes. The periosteum is found separated from the bone by a large deposit of pus; and the bone itself is soft, and infiltrated with pus. The muscular attachments are separated. The symptoms are so rapid, that it is difficult to determine at what exact period the joint becomes affected. That it is very soon involved and destroyed, there can be no doubt. Stromeyer states that he has frequently seen it arise in a joint affected with chronic inflammation, in which some accident had given rise to this frightful disease.

"The capsule of the joint is destroyed, the soft parts in the neighbourhood gangrenous; the ligaments, muscles, and cartilages have all detached from the bone; and the large cavity thus left is filled with brown putrid pus." (*Handbuch der Chirurgie*, 1en Band, s. 477.)

Dr. Klose gives seven cases occurring in young persons, where the lower epiphysis of the femur was separated during the course of this disease. Happily, so urgent a form of disease is of rare occurrence; but that, when it does happen, it requires the prompt and decided interference of the surgeon, there can be but one opinion. Acute inflammation is limited to a portion of the cancellous structure. It may arise from direct violence, exposure to cold, etc. If it take place in the centre of the bone, it may result only in a circumscribed ne-

crosis, which becomes surrounded by a vascular membrane, and remains harmless for a very long period. In case this local lesion takes place near the joint, a process of *elimination* may be set up, terminating eventually in the discharge of the necrosed portion of the bone into the joint, with all the usual accompaniments of suppuration and fistulous openings.

*Chronic Inflammation.* Under this heading it appears to me convenient to class all hyperæmic conditions of the spongy textures of the bones entering into the joints which produce thickening of the bone or effusion of serum, and eventually may lead to suppuration and granular degeneration. Like the analogous disease in the synovial membrane, this chronic inflammation may assume different phases when under the influence of various constitutional disturbances. Thus syphilis, although it rarely attacks the joint-ends, and rheumatism, may each give to chronic inflammation its own peculiar tinge; whilst the strumous habit of body produces a condition of the parts so frequently met with, as almost to tempt one to place it apart from chronic inflammations, and assign to it a specific origin and place. Thus Barwell (*On Diseases of the Joints*) treats only of "Strumous Articular Osteitis", whilst Price (*On the Knee-Joint*) devotes considerable space to the consideration of "Tuberculous Disease" of the joint-ends. Bryant writes:

"I cannot for one moment doubt that the majority of cases which are described by surgeons as strumous or scrofulous disease of a joint, and of the articular extremities of the bones, depend upon a chronic inflammation in the bone." (*Diseases and Injuries of the Joints*, p. 72.)

I find that Price quotes this passage, but does not seem to me in any way to controvert it. In fact, Barwell, in his chapter on "Strumous Articular Osteitis", really admits that the disease to which he has given this name is simply a modification of chronic inflammation of the bone. Having pointed out that hyperæmia may arise in the joint-ends of young children, without inflammation being either present or following, owing to the nutritive activity of ossifying cartilage, he goes on to say:

"It is, however, certain that, in a given number of cases, the congestion predisposes to inflammation, and the merely passive is followed by an active condition. Thus inflammation may be set up in an epiphysal end which was previously in an abnormal state; and such, in the great number of cases, is the mode in which the disease now under consideration (strumous articular osteitis) commences." (Barwell, *Diseases of the Joints*, p. 224.)

In chronic inflammation, there is increased vascularity, not of the bone itself, but of the membrane lining the cancelli. On making a section of a bone thus affected, the entire surface presents an uniform dark purple hue, or, it may be, a mottled appearance. The plates of the cancelli become thickened; and an effusion of serum of a pinkish colour takes place into their cavities. As the disease progresses, this serous effusion is followed by diffuse suppuration; and at this stage the cut surface of the bone presents a dirty yellow aspect. The lining membrane of the cancelli now begins to granulate; the osseous walls become carious, and eventually are altogether absorbed, their place being occupied by a granular



mass, surrounded by the external shell of bone. During this period, the periosteum becomes thicker than usual, and, in the early stage of the disease, deposits new bone around the joint-end. Soon, however, pus is formed between it and the bone; it separates from the bone, sometimes dragging away with it flakes of osseous tissue, and leaving the surface rough and of a worm-eaten appearance. These cavities are filled with pus; the outer shell of bone is softened and broken down, and communications established with the interior. The articular cartilages, in the earlier periods of this disease, are intact; but, as it approaches the articular lamella, they become affected with fatty degeneration, are detached from the bone, and thrown into the joint-cavity. The synovial membrane soon participates; and if, as sometimes happens, a necrosed portion of bone be shed into the joint, violent suppuration and total disorganisation rapidly follow. The commencement of the disease is more insidious: there is a slight limping, hardly noticed; little or no swelling at first, and, if any, situated on one side of the bone only; very slight tenderness. Soon the enlargement of the joint by effusion takes place, and painful startings of the limb occur at night. Spasmodic contraction of the flexor muscles takes place; and the hamstring tendons draw the tibia upwards against the femur, causing acute agony, until, at a more advanced period, dislocation of the tibia backwards is the result.\* Profuse suppuration is set up in the periarticular tissues; sinuses run in all directions; and pain, purulent discharge, hectic, and night-sweats reduce the patient to the last extremity.

In strumous children, this inflammatory condition of the knee-joint is very common, commencing frequently after scarlet-fever or measles.† Amongst the lower classes, who have neither the discernment to detect the early inroads of disease, nor the means successfully to combat it when it is discovered, we unfortunately constantly meet with knee-joints entirely destroyed; and the surgeon is frequently obliged to have recourse to some operative procedure, in order to save his little patient's life. It is to this particular class of disease that Price has alluded in his section on "Tuberculous Disease of the Articular Ends of the Tibia and Femur". He writes:

"Morbid deposits of true tuberculous material in the cancellous structure of the expanded ends of bone is, so far as my own experience goes, an affection of common occurrence."

Price's extended study of knee-joint disease, and the intelligence he brought to bear upon the subject, demand extreme deference to any opinions he may have enunciated; but I cannot help feeling that in this matter he was mistaken. I have never seen a case of pure tuberculous deposit in a joint-end; and I believe that the "gelatinous material" which Price describes as "*in every respect analogous to*

pulmonary tubercle," is nothing more than the granulations filling the cancelli which I have before described. The hyperæmic condition dependent upon ossification of cartilage becomes exaggerated occasionally, in strumous subjects, into an inflammation; and the weakened constitution is unable to arrest the mischief once set a-going. It is not needful here to describe the various symptoms attending the progress of this long and wearisome disease. We have to do only with the symptoms and treatment of its last and most fatal condition, and to this we shall recur in the proper place. In a case the particulars of which are given below, a cast of the joint being also sent in, I had lately occasion to amputate a knee-joint presenting all the features of so-called strumous osteitis. I regret that this preparation, together with another (the excised ends of a femur and tibia), has been lost; but it presented an admirable example of general inflammation of the articular end of the femur, with entire destruction of the joint-apparatus. I looked in vain for any deposit of tuberculous matter; but the microscopic appearance of the bone indicated profuse granular deposit, with absorption of the osseous walls of the canaliculi. In adults, the more usual course is to find this disease circumscribed to a spot in the centre of the bone, surrounded by condensed tissue. If the inflammation be more severe, necrosis of the bone takes the place of caries; and the necrosed portion is, as before remarked, sometimes extruded into the joint.

CASE. Margaret Bolt, aged 6, admitted under the care of the author, August 4th, 1864, with strumous disease of the knee-joint. One year and a half previously, the left knee-joint began to enlarge. In four or five months afterwards, an abscess formed and burst, leaving sinuses. Since then, wounds in various parts of the body had kept up a continuous drain.

On admission, she was seen to be a pale, badly nourished, strumous child, in a very cachectic state. There were two open wounds over the left elbow-joint. The bones of the third finger of the left hand were necrosed and destroyed. There was a wound on the back of the left hand, and four wounds on the right leg. The left leg was permanently bent upon the thigh at right angles; the knee-joint was greatly enlarged; and above and below were sinuses leading down to bare bone. On the left leg were several wounds.

Oct. 8th. Since admission, the child had improved in health. The third finger of the left hand had been amputated, and most of the wounds had healed. The left knee remained in the same condition. At a consultation of surgeons, it was determined to amputate the left thigh. Accordingly, to-day, the child being under the influence of chloroform, the author amputated the left thigh in the lower third by antero-posterior flaps. Several vessels were ligatured. Five silver wire sutures were inserted. The stump was dressed with wet lint only.

Oct. 16th. Since the operation, the patient had been very quiet. A morphia draught was given. She slept at snatches during the night. Her expression was natural; skin cool; pulse 160, feeble; tongue moist, slightly furred, with enlarged papillæ. Last evening, she was sick after the chloroform, and had no appetite. She took some bread and butter and tea for breakfast this morning. There was no oozing from the stump. The dressing was not removed to-day.

October 17th. She slept very fairly. Face flushed;

\* A cast, showing partial dislocation of the tibia and enlargement of the end of the femur, accompanied the essay.

† Two coloured drawings illustrating this disease accompanied the essay. The first was from a specimen in the Westminster Hospital of the left knee-joint. A vertical section having been made through the outer condyle, patella, and tibia, showed the cancellous structure filled with cheesy matter and a large cavity produced by the breaking down of cancellous structure in the condyle. The second was from a preparation in the same museum, showing serofulous disease of the right knee. A vertical section of the inner condyle showed the cancellous structure to be filled with cheesy matter.



skin hot; pulse 130, very feeble; tongue furred, with enlarged papillae, red at the edges. The patient slept at intervals, and started up screaming. The bowels had not been open since the operation. There was a discharge of offensive sero-sanguineous matter from the wound. The thigh and left labium were much swollen, red, and very painful. She was ordered to have sponges, wrung out of hot water, applied to the thigh; and water-dressing, soaked in Condy's solution, to the stump. She took three ounces of wine, milk, and strong beef-tea as much as she could make use of; and was ordered—

R. Ammonia sesquicarb. gr. i; aether. chlor. ℥v;  
tinct. cinchonae comp. ʒss. M. Fiat haustus  
4tis horis sumendus.

Oct. 18th. She slept at intervals during the night. Expression anxious; face pallid; skin hot; pulse irregular, so quick and feeble as to render it hard to count accurately; bowels not acting; tongue furred. She took her wine and beef-tea. The edges of the wound were distended; there was free and very offensive sero-sanguineous discharge. The thigh was much swollen, but less so than the previous day; the redness had subsided. She was ordered to have a senna draught immediately.

Oct. 20th. She slept well, without a morphia draught. Skin cool; pulse 130, very feeble; bowels acting. There was less swelling of the thigh.

Oct. 21st. The silver wire sutures, owing to tension of the flaps, were cutting through; accordingly, they were removed to-day. The flaps separated in consequence, and a large quantity of offensive purulent discharge made its escape.

Oct. 23rd. The expression was more natural. She slept well. Skin cool; pulse 140; tongue moist, slightly furred; bowels acting. The outer third of the flap was opened abroad, and suppurating freely. The inner third of the extent of the wound was uniting. The wound was looking more healthy. The suppuration was healthier. She took her wine, milk, and beef-tea; and, in addition, had two eggs a day.

Oct. 26th. She slept much. Skin very perspiring; face rather pallid; pulse 120, stronger; tongue moist, clean. The stump was granulating very healthily; the discharge was less, and more healthy. She took her food and wine.

Oct. 31st. Her expression was natural; skin cool; bowels acting. The wound was closing in; the granulations were healthy; and the discharge was greatly decreased. Two ligatures had come away. Pulse 120. She was in better health. The wound was dressed with two crown-pieces of strapping.

Nov. 9th. The wound had healed, except in the track of the ligature of the femoral artery, which still remains open. The remaining ligatures had escaped. She was much improved in health, and took a drachm of syrup of superphosphate of iron three times a day.

Nov. 19th. The ligature had not yet escaped. There was some considerable swelling and hardness, with great tenderness of the glands in the groin—possibly from irritation of the ligature.

Nov. 20th. The last ligature had made its escape.

Nov. 26th. An abscess had formed and burst in the thigh, at the upper margin of the wound. There was free discharge from the openings. The glands in and below the groin were enlarged and painful. A poultice was applied to the wound and over the hardness in the groin. She was taking bark and ammonia again.

Nov. 30th. The abscess had healed up, and the sinus was healed.

This patient has since died.

### *Tumours involving the Articular Extremities.*

These may be either innocent or malignant. If the former, the joint is interfered with simply mechanically; if the latter, the disease of course extends to the tissues of the entire joint, and destroys it. The innocent tumours consist of exostoses, or of cartilaginous growths. These tumours frequently set up repeated attacks of synovitis in the joint, leaving the synovial membrane thickened and dilated; so that, if the removal of the exostosis be attempted, the joint is very likely to be laid open, and serious mischief ensue. The most usual form of malignant disease is the medullary, which is stated never to begin as a primary disease on the synovial membrane, nor upon the cartilaginous structures. When the entire joint else has been destroyed by this disease, the cartilage has been found intact. (Virchow, *Cell. Pathol.*, Lect. xix.) Cysts sometimes occupy the articular ends of the bones. Mr. Stanley amputated a thigh on account of the existence of a cyst in the condyles of the femur, involving also the tibia.

### *Diseases arising in Tissues around the Knee-Joint.*

We have seen how frequently all the periarticular tissues become involved when disease commences within the joint. It does, however, sometimes happen, that the mischief commences externally to the joint, which becomes secondarily affected. Sometimes, particularly in rheumatic or syphilitic cases, thick layers of fibrous material are deposited in and around the ligaments of the joint, forming a very firm ankylosis. The muscular tissue sometimes undergoes degeneration after the limb has been long confined in a splint for fracture of the thigh, and effusion of blood and serum may take place into the joint, and affect the cartilages and synovial membrane. (Holmes's *System of Surgery*, vol. iii, p. 763.) The areolar tissue may become inflamed, and acute abscesses form in close proximity to the joint. In delicate children, this sometimes takes place, and is very apt to involve the joint, bursting into the synovial cavity, and setting up acute suppuration. Erysipelatous inflammation, too, may involve the joint in the surrounding destruction of tissue.

*The various Bursæ* around the joint may become diseased. The one under the tendon of the quadriceps sometimes involves the joint in mischief. Henry Smith, in a note to Price's essay (*On the Knee-Joint*, p. 40), quotes a case which occurred at King's College Hospital, where a seton having been passed through this bursa, violent inflammation ensued, and destruction of the joint took place. The bursa beneath the inner head of the gastrocnemius sometimes communicates with the synovial membrane of the joint, and inflammation arising in this bursa may be communicated to the joint-cavity.

### *Wounds and Injuries of the Knee-Joint.*

The knee-joint, from its exposed position, is peculiarly liable to wounds and various injuries. If a wound opening the joint be inflicted, its gravity will, of course, depend very much on the character of the incision and the instrument with which it is made. If it be a small puncture-wound, especially if it be made in an oblique direction and with a sharp instrument, appropriate treatment will generally avoid much damage. If, however, the wound



be lacerated, contused, and extensive, the inflammatory condition set up within the joint-cavity is of a most severe character. The inflammation is attended with a great deal of constitutional disturbance and excruciating pain. The entire joint becomes enormously swollen, hot, and painful. Profuse suppuration soon sets in; the cartilages disappear; the joint-ends of the bones are involved; and all the periarticular tissues sympathise with the derangement, dislocation of the tibia outwards and backwards sometimes taking place. Free incision into the joint, as pointed out by Gay (*Med. Times and Gazette*, vol. xxiv, p. 546), perfect rest, and the continuous application of ice, as advocated by Hilton (*Lectures on Rest and Pain*, Lec. xviii), may do much to save the limb; but at best the joint must remain a damaged one; and it is too frequently the case, that the removal of the joint or of the limb becomes a necessity. It will depend much on the constitution and habits of the patient, whether the extreme measure will be required; and, although the joint may be disorganised as a result of a wound, the surgeon should wait to the utmost before he operates, inasmuch as there is such a great chance of ankylosis occurring, if the general condition have previously been good. Two cases of disorganisation of this joint, as the result of wounds, have been lately under the care of Mr. Henry Smith at King's College Hospital, illustrating this. In the one, the patient was a healthy young man; and, although the joint was so disorganised that amputation was urgently pressed upon him, he would not consent, and ultimately bony ankylosis took place. In the other, a drunken middle-aged woman had her joint disorganised from a wound. Her habits, and the circumstance of her having suffered from delirium tremens, induced Mr. Henry Smith to amputate. In this case, even although every vestige of cartilage was gone. Mr. Henry Smith thought ankylosis would have occurred, had the woman's condition and habits allowed him to wait longer.

*The various Dislocations and Fractures* involving the knee-joint set up more or less serious disturbance. The most serious accident of this kind that can happen, although it is rarely met with, is compound dislocation. It is universally agreed that amputation is in this case the only chance of saving the patient. The lower end of the femur may sustain a fracture running into the joint; and it is possible that this injury may give rise to inflammation and suppuration, with entire destruction of the joint, of such a character as to necessitate its removal. Price draws particular attention to an accident which seems to have escaped the attention of most surgeons; viz., separation of the lower epiphysis of the femur from direct violence. Mr. Canton twice excised the joint for this accident, once successfully, and once with subsequent amputation. These cases will be again referred to.

*Dislocation of the Tibia* is frequently one of the results of long standing disease, where the ligaments are relaxed or destroyed, and the joint is extensively disorganised. As a general rule, the tibia is dislocated outwards and backwards, although Price quotes an extraordinary case in which it was dislocated forwards at right angles to the femur.\* The

biceps and popliteus muscles are the two muscles more immediately concerned, although, of course, all the hamstring tendons assist. We have before noticed how the pain produced by the pressure of the exposed bone-surfaces together is relieved when dislocation takes place. The resulting distortion to the limb, even although all other disease be arrested, is one which calls for, in many cases, surgical assistance of a nature that will be afterwards discussed.

*Ankylosis of the Joint* is a very frequent, and in many cases a very satisfactory, result of disease. It may be true or false. It is true, if there be osseous union between the opposed ends of the bone. The character of the bone thrown out varies with the constitutional conditions of the patient. Thus, in weak strumous habits of body, the bony material is scanty, and firm union does not take place. False ankylosis is that which connects the bones together simply by soft membranous tissue. Unfortunately, the position in which the bones become ankylosed is frequently such as to render the limb useless to its owner. Sometimes ankylosis partaking of the true and false character is found; and Price states his opinion that the fibrous tissue between the bones acts as a sort of matrix, in which bone is deposited. This point is well illustrated by a preparation in the Westminster Hospital, from a case of Mr. Heath's, which is narrated below; a coloured drawing from this specimen, accompanying the essay, being one of the unpublished illustrations of the late Mr. Price's essay, kindly given by his representatives for the purpose. The fact that in many cases, after excision, osseous union is delayed for a considerable period, and then takes the place of fibrous ankylosis, seems to bear out this opinion.

Mr. Heath's case was that of a boy aged 11½, who had had scarlet fever, with swelling of the knee, six years before he came under that gentleman's care in 1858. Three years after this, an abscess formed on the outer side of the left knee-joint, which was opened, and the boy was confined to bed for three months. A year before he came under Mr. Heath's care, another abscess burst on the inner side of the knee, and he was in a hospital for eight months. On admission under Mr. Heath, the knee was firmly fixed at a right angle, and was slightly swollen. There was an open sore on each side of the knee-joint, and one over the centre of it, which discharged freely. (Fig. 1.) The boy suffered pain at night,

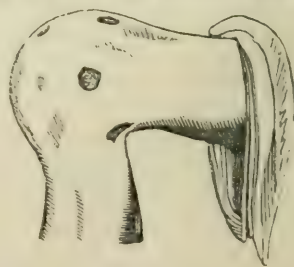


Fig. 1.

but was otherwise in good health. Mr. Heath excised the knee in a block on June 29th, 1858; and the boy made a good recovery. The portion of bone removed included the articular surfaces of the femur

\* A coloured drawing accompanied the essay, made from a preparation in the Westminster Hospital Museum, showing a dislocation of the tibia backwards in a knee-joint affection, with ulceration of the ligaments and cartilages, the femur riding over the tibia three inches.



and tibia, and the patella, which was firmly fixed to the external condyle. (Fig. 2.) The bones showed



Fig. 2.

erosion of the articular cartilages where the bones were not already ankylosed, and also some remnants of thickened synovial membrane. (Fig. 3.) On ma-



Fig. 3.

ceration for a short time, it appeared that the ankylosis between the patella and the outer condyle, and also on the inner side between the femur and tibia, was only fibrous; but, on the outer side, bone had been developed, as was seen on section. A second slice of the femur, which was removed in order to allow the bones to come readily together, was found to have included the whole of the epiphysis. (*Lancet*, July 7th, 1860.)

I have thus, in a very cursory manner, passed in review the many diseases and injuries which affect the knee-joint. I have purposely, as each was noticed, refrained from considering the various modes of treatment which are employed, often successfully, to arrest it, and to effect a cure with the smallest possible injury to the mechanism of the joint. The diseases have been traced from their commencement, through their various stages, to that complete destruction of the tissues of the joint which not only precludes the possibility of cure, but which places the patient's life in such imminent danger as to call for the entire and immediate removal of the whole diseased mass.

Having thus described the diseased conditions of the knee-joint, it remains for me to endeavour to show under what circumstances it is best to have recourse to amputation of the thigh or excision of the joint for their relief.

[To be continued.]

**AMERICAN ARMY MEDICAL SERVICE.** An Act of Congress, approved in July last, orders that the Medical Department of the Army shall hereafter consist of one surgeon-general; one assistant surgeon-general; one chief medical purveyor; four assistant medical purveyors; sixty surgeons, with the rank, pay, and emoluments of majors of cavalry; one hundred and fifty assistant-surgeons, with the rank, pay, and emoluments of first lieutenants of cavalry for the first three years' service, and with the rank, pay, and emoluments of captains of cavalry after three years' service. All the original vacancies in the grade of assistant-surgeons shall be filled by selection by examination.

## Addresses and Papers

READ AT

### THE THIRTY-FOURTH ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

[Held in CHESTER, AUGUST 7th, 8th, 9th, and 10th, 1866.]

#### CLINICAL REMARKS ON DIFFERENT MODES OF DEALING WITH THE PEDICLE IN OVARIOTOMY.

By T. SPENCER WELLS, F.R.C.S., Surgeon to Her Majesty's Household, etc.

[Delivered at the General Infirmary, Chester, August 10th, 1866.\*]

MR. PRESIDENT AND GENTLEMEN,—I am now about to perform ovariectomy before you in two very different cases. One patient is a young unmarried woman, who has a large non-adherent cyst which has never been tapped, and whom I saw yesterday for the first time in consultation with Mr. Weaver. The other patient is a widow, and only one month less than 60 years of age. She has suffered between four and five years under her disease, has been tapped four times, and is much broken down in general health after suppuration of the cyst which followed the third tapping. When first I saw her, she was naturally anxious to avoid a dangerous operation, and preferred tapping, by which she gained some two years of tolerable comfort. But latterly she has suffered so much, that she eagerly accepted the offer of a bed here kindly placed at my disposal by our President, Dr. Waters. In her case I know we shall find a suppurating and inflamed cyst, from the general symptoms, and from the fact that the fluid at the last tapping contained a great deal of pus. I am also pretty sure that there are extensive adhesions to the abdominal wall on the right side; and on the left side a coil of intestine, giving a distinctly circumscribed resonance on percussion, in all probability will have to be separated from the cyst. If I find more extensive attachments below the brim of the pelvis than I anticipate, I shall content myself with simply laying the cyst open and emptying it; doing little more, indeed, than tap, because an unusually serious proceeding in so old and emaciated a subject would be almost certainly fatal. But I trust that, beyond the adhesions to the abdominal wall and to the intestine, there will be no great difficulty to contend with. In the case of the young woman, I have ventured to assure her, and so has Mr. Weaver, that the operation will be extremely simple—probably little, if at all, more dangerous than a first tapping—because I am very confident that an unattached cyst will be exposed, emptied, and drawn out of the abdomen through a very small opening.

[The patients were successively introduced, having been previously placed under the influence of chloroform in an adjoining ward by Dr. H. Simpson of Manchester. The operations proved to be exactly what the operator had anticipated by the foregoing introductory observations. The cases have been fully detailed in our Hospital Reports. (See page 352.)

\* About one hundred and twenty members of the Association were present and witnessed the two operations which led to these remarks.



After the termination of the second operation, Mr. Wells added the following remarks.]

There are so many subjects, gentlemen, suggested by the two operations which you have just witnessed, and your time is so valuable, that I will only detain you by a few remarks upon the different modes of dealing with the pedicle. You saw that in both cases I used the clamp and fixed it, with the end of the pedicle it secured, outside the closed wound. I might have tied the pedicle, or its vessels only. And in either case I might have cut off the ends of the ligatures short, and closed the wound entirely; or I might have left the ends of the ligatures hanging out through an unclosed portion of the wound. Or I might have compressed the pedicle by a needle or wire, or applied the *écraseur*, or used the actual cautery, or that combination of compression or crushing by a clamp and searing by the actual cautery, for which we are indebted to Mr. Clay of Birmingham, and which has been adopted of late with much success by Mr. Baker Brown. But I preferred the clamp, because it is the method which in my practice has been the most successful of any. I have tried the others, and have sometimes been well pleased with the result. But in other cases I have been grievously disappointed, and have felt pretty certain that if I had been able to use the clamp the result would have been different. If a pedicle be small enough to be securely held in a clamp of moderate size, and long enough to permit of the clamp being fixed outside the closed wound without much pull on the uterus or broad ligament, I wish for no readier or more successful method. The objections to it are either groundless or trivial. It is said to be very painful; but I have seen a good deal of pull with very little pain, and much more severe pain in cases where the ligature was used than I ever saw in clamp cases. So with sickness: I have seen as much, or more, after the ligature or cautery, as I ever saw after the clamp. It is said to set up fetid discharge and poison the wound or the patient; and so it does if proper care be not taken. But if the strangulated part of the pedicle which projects beyond the clamp be well saturated with perchloride of iron, as you saw me use it just now, the slough is tanned; it becomes as hard and dry as a piece of leather, and there is an end to that objection. It is said to cause suppurative about the wound; but this, again, I have seen quite as frequently, in proportion, after the ligature or cautery. I never saw more profuse suppuration of the stitches than in one case where I divided the pedicle with the *écraseur*, and closed the wound with platinum wire sutures. Then, after the wound is closed, it is said to lead to a re-opening each month, and an escape of some menstrual fluid. And this is true in some—perhaps in nearly a third—of the cases. But if the patient be prepared for it, it is not of the slightest consequence. The Fallopian tube contracts completely after a few months, and there is no further escape. The fact that it does escape sometimes is to my mind an argument in favour of the clamp; for if menstrual fluid can escape through the partially closed Fallopian tube fixed in the cicatrised wound, so it may escape if the tube be left within the peritoneal cavity, and the result may be a fatal hæmatocele. I have known this to occur in cases where the ligature was used and cut off short; and I believe it to be one of the strongest objections to this method, or any intraperitoneal method of dealing with the pedicle. As to any fancied impediment to the increase of the uterus in pregnancy, and to its contraction during labour, from the adhesion of the tube to the cicatrix, I can only say that nine of my patients have had children after ovariectomy—two of them two children—and there was no such complaint

in any one case. One *real* objection to the clamp is that it may possibly pull on intestine, or a tense pedicle may strangulate intestine (and I have seen one such case). But this objection is of little weight if the use of the clamp be restricted to cases where the pedicle is so long that there is not much drag on the clamp. In such cases, I repeat, I desire no better method. But where we have a broad, thick, short pedicle, or a broad connection between uterus and cyst rather than a distinct pedicle, we want something better than the clamp. And we have the choice between wire or needle pressure, the ligature, the *écraseur*, and the combination of crushing and cauterisation, to which I have before alluded as an improvement due to Mr. Clay, for which he has certainly not received due credit.

I say nothing about acupressure or the wire compress, because I have never tried them. Sir James Simpson was successful in one case, and the plan is certainly worthy of trial.

The *ligature* of the pedicle can always be effected by transfixing it, and tying in two or more portions, before the cyst is cut away. Or a clamp may first be applied, the cyst cut away, and the pedicle then transfixed and tied below the clamp. But, if this be done, the clamp must be loosened before the ligatures are tightened, or the compressed tissues are so held that the knot cannot be tied so tight that it will not slip off as soon as the clamp is removed. If it be desired only to tie the vessels, it may be done by feeling the arteries, and carrying a ligature round them through the pedicle before the cyst is cut away; or, after the application of a clamp and removal of the cyst, holding the pedicle carefully with forceps as the clamp is loosened, and tying any vessel which bleeds. The great objection to this plan is, that there is often much loose cellular tissue, rich in small veins, which go on oozing after all the larger vessels have been tied. Whichever may be the plan preferred, the important question arises, Shall the ends of the ligatures be cut off, and the wound closed? or shall they be left hanging out through a part of the wound, purposely left open for their passage, and that of the slough they embrace when it separates? Dr. Clay of Manchester still advocates this latter practice. I have tried it, and with success in about a fifth of the cases only; and I shall not willingly adopt it again. In its favour, it may be said, that it is a method applicable in all cases; that it secures an outlet for serum from the peritoneal cavity; and that, after the separation of the ligature and slough, no foreign body is left within the patient. But it seems to me better to have a choice of methods, and adopt each in its appropriate case, than to strive after one method applicable to all cases. I think the ligature-threads act as a sort of seton in the peritoneal cavity, set up inflammation, and excite the formation of the serum for which they are said to provide the outlet. Then, if the patient recover (and I have very great doubt whether very many subjected to this plan do really recover), there is a great liability to ventral hernia. The cicatrix remains weak at the spot where the ligatures passed out, and it yields before the pressure outwards of the viscera. I have seen this in nearly every case where I followed this plan; but I do not remember more than two cases where it followed the clamp. Therefore, if we use one or more ligatures, I am inclined to cut off the ends short, and close up the wound completely. Wire has been used for this purpose; but it seems an irrational practice. Silk, if pure, is an animal substance; and experiment proves that it may be absorbed. Wire cannot be absorbed, and must be more or less of a mechanical irritant. I tried wire on one side and silk on the other side of a sheep on



which Professor Gamgee operated for me at the Albert Veterinary College, and the superiority of the silk was manifest. But what we have to look to is the effect on the tissues strangulated, rather than the material by which the strangulation is effected. If anything like what goes on outside the body when the clamp is used, or inside when the wound is left open for ligatures, were to go on when the wound is closed, it is difficult to understand how any patient could possibly survive the process. She would almost infallibly be poisoned by absorption of the fetid products of the decomposing stump. But a very different series of changes must go on when the wound is closed and access of air is shut off. At any rate, experience proves that patients do survive the process; and *post mortem* examination has shown that ligature and pedicle have been coated by a sort of capsule of lymph. In my own hands, this practice has been much less successful than the clamp; and, even when patients have recovered, some of them have long remained in a state of semi-invalidism, very different from the robust health which is the rule after successful clamp-cases. This plan is that always followed by Dr. Tyler Smith. It was originated in 1821, by Dr. Nathan Smith of Baltimore, who used *leather* ligatures. Dr. Rogers of New York, in 1830, also cut off his ligatures "close to the knot, and left them to absorption." If I use the ligature, I feel disposed to cut off the ends whenever the patient is in pretty good condition, and sthenic peritonitis with effusion of lymph may be expected; but if low diffuse peritonitis and effusion of serum may be feared, then I suspect it would be better to leave the ends of the ligatures, and secure a drain through the wound for the serum. But we should still search for a better method than the ligature.

The *écraseur* I used once, and successfully. But I have not ventured on it again; for, if it should prove untrustworthy, and internal bleeding occur in any case, one's self-reproach would be very painful.

The *cautery* alone would almost certainly fail to stop such large vessels as are frequently met with in a pedicle. So might the *écraseur* alone, or the crushing which precedes division by the *écraseur*. But the combination of crushing and the *cautery* is certainly efficacious in a considerable proportion of cases. Mr. Clay of Birmingham, as I said just now, introduced the practice, and carried it out by his "adhesive clam" and hot irons. I wrote to him at the time, that, if it answered for adhesions and omentum, it ought to answer for the pedicle. And I might have tried it; but my first trial on a piece of omentum was unsuccessful, and I did not repeat it. But latterly Mr. Baker Brown has published so many cases in which he has successfully secured the pedicle on Mr. Clay's principle of combining pressure with the *cautery*, that I have tried it in five cases. Three of the patients recovered, and two died. In three, the *cautery* was alone sufficient to stop all bleeding. Two of these patients recovered, and one died. In two others, on opening the clamp, considerable vessels bled, and ligatures had to be applied. One of them recovered, and the other died. I shew you here Mr. Clay's "clam", and the instrument as modified by Mr. Brown. It will be for further experience to determine whether, in cases of short pedicle, the ligature with the ends cut off short, or the *écraseur*, or the combination of crushing and cauterisation, is the more successful practice. For a long pedicle, I still prefer the clamp. It has been used before you in two cases, and you will hear the result. I feel very hopeful that it will be favourable in both cases; for Dr. Waters, as well as the surgeons, Messrs. Brittain and Weaver, to whom you are indebted for the opportunity of witnessing this operation, still new in

many of our hospitals, have done everything in their power to insure success—have placed separate rooms at the disposal of the house-surgeon, Mr. Karkeek, who will add his earnest and hearty endeavours in a good cause; and, with such pure air to assist us as we sadly want in smoky London, and which comes here direct from the Welsh hills which you see from the windows, I trust the attempt to save the lives of the two women will prove creditable to surgery.

[ERRATUM. In last week's number, page 353, column 1, line 49, for "*parietal cavity*", read "*peritoneal cavity*".]

## Transactions of Branches.

### SOUTH-EASTERN BRANCH.

#### CASES IN THE PRACTICE OF MEDICINE.

By JOHN RICHARD WARDELL, M.D., M.R.C.P., Physician to the Tunbridge Wells Infirmary.

[Read June 14th, 1866.]

BEING aware that the general business of this our annual meeting must necessarily consume much of the short time at our disposal, and as other gentlemen will read communications, I shall not trespass upon your patience by reading a prolix paper. I have therefore selected three examples of disease from my case-book, which are of a practical character, and the chief features of which I shall detail as concisely as possible. The first of these is one of very uncommon description; it is that of

*Acute Peritonitis and Displacement of the Cæcum.* J. E., aged 37, a muscular, well made man, who was employed as a driver of railway wagons, in the construction of the Brighton and Tunbridge Wells Railway, was admitted into the Infirmary on Saturday evening, April 8th, 1865. On admission, he was in a state of great prostration. The abdomen was distended; and he complained, as he expressed himself, of much pain in the bowels. He had been under the care of Mr. Wallis at Hartfield; and that gentleman believed that from some cause there was obstruction in the bowels. Purgatives had been given without effect; and the bowels had not been moved since the previous Wednesday. He reported that sickness and vomiting had followed the administration of the purgatives; but from the man's account the ejected matters had been merely of the ordinary bilious character.

I saw him for the first time on Monday morning, April 10th. He then lay on his back, with his knees slightly elevated, in a state of great prostration; the features were sharp and sunken; the surface bedewed with a clammy sweat; the extremities were of low temperature; the breathing thoracic; the pulse was small, compressible, and 130; the tongue was moist, and he complained of thirst. The physical signs of the thorax, so far as could be ascertained from anterior examination, were normal. The abdomen was distended and tympanitic; and there was diffused tenderness on moderate pressure, but palpation discovered most pain at the left hypogastric and left iliac regions. A few red suspicious puncta were seen on the abdomen. He said he had been at work up to April 4th, but for some days prior to that date had felt "weary and weak." On the 3rd and 4th, he had pains in the limbs, shivering, and headache; and diarrhoea then came on, the stools being of ochrey colour. He attributed his illness to indulgence in bad porter. During the two nights of his residence



in the institution, he had at intervals been delirious, and attempted to get out of bed.

He was treated with opiates, injections, terebinthinate epithems, hot applications to the extremities, ammoniacal and ethereal stimulants, and wine and brandy. The pulse became smaller and more compressible; the facial collapse more pronounced; and he died at noon on the 11th, the mental faculties remaining clear to the last.

**SECTIO CADAVERIS**, twenty-seven hours after death. *Thorax.* The lungs were healthy. There were no pleural adhesions. The heart was normal, but filled with dark coagula. *Abdomen.* On opening the abdomen, the ileum lay in large inflated coils, which were injected and not so smooth and polished as in health. The serous effusion was inconsiderable. The stomach was thrust high up under the diaphragmatic arch. The left lobe of the liver was pushed towards the right side. The cæcum was very large, and lay in the *left hypochondrio-iliac region*; and it was united to the great omentum, colon, and ileum, by masses of organised and more recent lymph. On being removed, it seemed as large as a stomach; and on being cut open, contained a large quantity of pulsatious biliary matter. Its mucous lining was dark and vascular, imparting a stained port wine hue to the villous coat; and this staining extended for six inches into the ileum, when it gradually shaded off. At the colonic side, this colouring abruptly terminated. The ileo-cæcal valve was greatly dilated. When examined between the fingers, the cæcal parietes were very tender and readily lacerated. Superimposed on the mucous surface was a semiorganised deposit of lymph. The submucous areolar tissue was intensely injected. This part of the bowel had an indurated, coriaceous feel, and the entire morbid appearances were those of long standing disease. There were no ulcerated patches in the lower third of the ileum, the solitary and agminate glands being quite healthy. The remainder of the digestive tube and all the other organs were normal.

This case presented features of great interest. Symptoms of a contradictory character were exemplified, which rendered the diagnosis difficult. That he was labouring under acute peritonitis was, from my first visit, indisputable. But was it from perforation, and that the complication of enteric fever? or was it inflammation of the peritoneum referrible to some other cause? Some dozen days before his death he had laboured under *malaise*. He had had rigors, muscular pains, and headache; also loose ochre-coloured stools; and there were three or four red lenticular spots, which I fancied became somewhat fainter under pressure. Again, he had been slightly delirious, and attempted to get out of bed—a symptom, I need hardly stop to observe, common in enteric fever. A review of all these facts threw much weight into the scale of the supposition of fever. But there were other circumstances which opposed this theory. He had been at work only seven days before; the spots were not such as to render their evidence conclusive; the diarrhoea had continued only for two days; constipation had followed; there was no gurgling in the right iliac fossa; his slight delirium might be referrible to symptomatic fever, and perforation of the intestines very rarely comes on in enteric fever at so early a date. Peacock mentions a case so soon as the eighth, and Louis one on the twelfth day; but, according to Tweedie, Jenner, Bristowe, and Murchison, this accident generally occurs after the second week—mostly much later. Again, in typhus and enteric fever, death does not, as the rule, occur so soon. In typhus, the critical day is on the fourteenth; in

enteric fever, on the 22nd. The *post mortem* examination showed death by peritonitis, but not as the complication of fever; Peyer's patches being healthy. The displacement of the cæcum was such as I had never seen; and no statement elicited from the patient, threw any real light upon the disease. Copland says, when the cæcum is much enlarged or otherwise diseased it may also be *displaced*. Salzmänn (*Plurium Pedis Musculorum Defectus*, 4to, 1734) and Annesley (*Diseases of India*) give instances in which its attachment to the internal iliac muscle had yielded so far that it had passed over the *left* side, and others in which it had descended into the middle of the pelvis.

**CASE II. Enteric Fever: Spontaneous Gangrene.** A. R., a young woman, aged 17, of light complexion, and volume of flesh not much reduced. The initiatory symptoms were ushered in with rigors, lumbar pains, and frontal headache on Oct. 3rd, 1865. She was attended by our House-Surgeon, Dr. Davey, during the first ten or twelve days of her illness; and at the expiration of that time, I first saw the patient with him. She was then lying on her back, and answered questions perfectly. There had been but little delirium, no diarrhoea, nor any notable degree of tympanitis. She did not complain on pressure at the right iliac fossa, nor was there any gurgling. Two rose-red lenticular spots, which faded on pressure, were seen at the epigastric region. Tongue brown and fissured in centre, moist at edges; and sordes on the lips. Bowels open once or twice during twenty-four hours. Pulse 130. The right foot and leg were inflamed and swollen, and boggy on manipulation. From knee to ankle, on the postero-lateral aspect, was a large reddish-brown configurated discoloration. The pulp of all the toes was black; the blackness shading off into claret-coloured margins. She had excessive pain when the limb was moved. Dr. Davey had, very properly, placed the limb in cotton-wool; had given her bark and ammonia; and had ordered port wine, brandy, and jellies and strong soups.

Oct. 24th. The skin broke about three inches above the ankle, when half a pint of chocolate-coloured sanguino-purulent matter escaped. A lotion with Condy's fluid and charcoal poultices were applied.

Nov. 1st. The leg presented a fearful aspect. A large open ragged cavity, from five to six inches long and three inches wide, had been produced, and the tibia and fibula were distinctly exposed; and from this cavity purulent matter was constantly poured. Pieces of pale muscular tissue hung from its margins in depending strips. Pulse 124, feeble.

Nov. 4th. A large slough came away.

Nov. 5th. She was much worse. The gangrenous discoloration had extended to the upper third of the thigh. The cavity was still wider and deeper. The heel of the left leg began to assume a gangrenous condition. The stimulants were increased in quantity, and nourishment was given at shorter intervals; but she gradually declined, and died Nov. 8th.

Spontaneous gangrene in fever is not common, and it is more rare in enteric than in typhus. When it comes on in this manner, the legs and feet are most prone to be affected, which is perhaps to be accounted for by their remoteness from the central organs of circulation. Murchison says three of these cases are given by Trousseau, and that Trousseau ascribes this condition to the obliteration of the arterial trunks. This conclusion is, however, not so certain, because scarcely any proofs have been given substantiative of Trousseau's assertion. I believe that general contamination of the blood and languor of the circulation are rather the conditions constituting this cause; because sloughing of the integuments,



the corneæ, and other parts, takes place, which are not supplied by the larger arterial branches. It begins by loss of temperature in the limbs, with pain and aching in the feet and toes. Huss, Jenner, Lyons, and Murchison, give examples of this complication in typhus.

**CASE III. Apoplexy: Softening of Cerebral Tissue.** I was hastily summoned at noon on December 13th, 1865, to a lady who was reported to be in a fit. This lady had previously been under my care, was married, 58 years of age, and had had one child. She was a person of florid complexion, muscular, and well built. She had had two paralytic seizures during the previous two years. From a prior knowledge of her case, I felt convinced that for a long time organic changes had been going on in the head. The pupils were often contracted; she frequently complained of frontal pain; her memory had latterly become defective; she forgot the names of persons and things; she would ask the same question in repetition, stop in conversation for the needed words, and forget the terminal syllable of compound words. Her natural disposition had altered, little trifles rendered her irritable, and her nearest friends had marked this change in her character. The appetite had at times been capricious; the bowels were apt to be confined; and she was liable to attacks of biliousness, which generally succumbed to the ordinary treatment. Her pulse was always regular, but felt jarring under the finger. She had travelled much on the Continent; and when journeying from place to place she always fancied her health improved.

On my arrival, she had been placed in a chair, and at the first moment recognised me. She had taken her breakfast as usual, and was seized in the grounds adjacent to the house whither she had gone for a walk. There was when I saw her great strabismus; the thumb of the right hand was spasmodically contracted upon the palm. The left angle of the mouth was drawn up; and the left cheek contracted. The right arm had dropped by the side, and the right leg was powerless. She was treated by diffusible stimulants, cathartics, and counterirritation. Calomel, croton-oil, terebinthinate injections, and sinapisms, were employed. The head was cool. A blister was applied to the vertex, which produced considerable vesication.

Soon after I saw her, she passed into coma. She lay on her back, with eyes closed, breathing heavily, and never again became conscious. The bowels were freely opened. On the following day, Dr. Jenner saw her with me. This gentleman concurred with the opinion I had given that she would not recover. Dr. Jenner suggested a continuance of the stimulant and counterirritant treatment. I had not bled her. I believed that it was a case of breaking up of the cerebral tissues; and, if so, blood-letting would be of no avail. Dr. Jenner thought that, if she had been bled, she would have sunk rapidly. On the morning of the 15th, she opened her eyes and attempted to articulate, but could do so only imperfectly. She continued to lose ground. She had stimulant and nutritive enemata. The breathing became more stertorous; the legs were becoming colder, and the pulse was intermittent. She took a few teaspoonfuls of soup, but there was so little power of deglutition that these attempts were discontinued. On the 16th, the end was approaching. The breathing became still more stertorous; the bronchi were surcharged with mucus; the countenance assumed a venoid, leaden hue; the surface became bedewed with a clammy sweat; the sphincters relaxed; and she gradually sank at 5 P.M.—seventy-six hours after the time of seizure.

Being requested to examine the body, I made the autopsy seventy hours after death.

**Thorax.** The left lung was adherent by old bands of adhesion; the parenchyma was normal. The right lung was dark and congested; and, on section being made into its substance, much dark fluid gore followed the knife. The right ventricle of the heart was throughout its extent firmly grown to the pericardium, and it was with difficulty that it could be detached. The intervening concretion was whitish grey, albuminoid, and like some of the non-vascular white textures. Both ventricles were of natural thickness, did not feel soft, and were but a shade paler than normal. **Abdomen.** All the organs, the renal excepted, were healthy. The capsules of both kidneys stripped off with morbid facility. Both kidneys were slightly granular, dark, and somewhat congested. The pyramids were not frayed out. There was no deposit of fat in the pelvis or calyces. The cortical substance was of normal thickness. **Head.** On the removal of the calvaria, it was found adherent to the dura mater. The encephalic mass was red and injected. The convolutions and sulci of both hemispheres were large and deep. There was no subarachnoid effusion; but six drachms of reddish serum were obtained from the lateral ventricles. The centrum ovale majus exhibited numerous bloody puncta. The base of the brain was vascular; no depositions of lymph. A large black clot, of the size of a prune, was found in the left corpus striatum; and it was enveloped in an exceedingly delicate transparent membrane. The white substance in the neighbourhood of the clot broke down readily under pressure; in some parts it was semi-diffuent. The optic thalami were soft; the velum interpositum and choroid plexus vascular.

**Microscopical Examination. Heart.** The fibres of both ventricles were not broken, nor cloven. Numerous shining dots, with shady margins—oil-molecules—lay scattered, and also in contact with the inner surface of the sarcolemma. **Kidneys.** The cortical substance of both organs showed resplendent granules. **Brain.** The cerebral substance in the vicinity of the clot was broken up; there was abundance of the *débris* of broken-down cells. Resplendent molecules were interspersed, and orange-coloured pigment was apparent. Two small arterial twigs were distinctly seen to have undergone the fatty change.

As usual, the lesion was on one side of the brain; the hemiplegia on the opposite side of the body. The marked rigidity of the voluntary muscles on the right side was an indication of softening. The inspection confirmed the diagnosis. Blood-letting could have been of no service in this case; it could not have arrested the arterial decay. The fatty waste was the remote cause of fatal lesion. The destruction of brain-tissue was from the supply of nutrient—arterial blood—being cut off; the effusion, and pressure, and death, from arterial degeneration and arterial rupture. Though I do not hold with that sweeping abandonment of the lancet which is the fashion of the time, and which the servile, who are always ready to travel in a groove, blindly follow, as all axiomatic rules in physic are bad; but, in cerebral softening, blood-letting can only be harmful; and when there is sanguineous effusion, it in the majority of instances hastens the fatal issue. I may briefly remark, that the hæmorrhagic clot is found most frequently in the corpora striata. Physiologists at one time asserted that the disruption of the corpus striatum was *always* followed by paralysis of the arm, and hæmorrhage into the optic thalamus by paralysis of the leg; but the accumulation of facts has disproved these statements. I ascertained



that this lady had had but one attack of acute rheumatism during her life, which was at the age of eighteen; and then it doubtless was when the pericardial adhesion took place. If so, the heart for the long period of thirty-eight years had, over a large extent of its surface, been morbidly adherent; yet its functions had been efficiently performed.

In conclusion, I would for a moment remark, that I believe, from cases which I can call to mind, that brain-change of this kind is often a very slow process. I know instances in which ten or a dozen years elapsed after the exemplification of mental peculiarity. It is more common in advanced than middle life. It may depend upon some idiosyncrasy not cognisable. I feel certain that it is more or less hereditary; and doubtless the organ may be so worked as to induce this, the condition of a premature decay.

## Reviews and Notices.

CLINICAL SURGERY IN INDIA. By J. FAYRER, M.D., F.R.C.S., and F.R.S. Edin., Surgeon Bengal Army; Professor of Surgery in the Calcutta Medical College; etc. Pp. 774. London: 1866.

THIS volume consists of, first, an excellent address on Surgery in Bengal, which was delivered by Dr. FAYRER at the annual meeting of the Bengal Branch of the British Medical Association in 1865; and secondly, of a series of reports of and comments on numerous interesting cases which have fallen within the author's experience.

In the address referred to, Dr. Fayrer, *inter alia*, gives the statistics of operations performed during the last six months of 1863 in one hundred and eighty stations in the Bengal Presidency. Some points in these statistics are very interesting. Thus, in regard to amputations, the following results are obtained.

	Cases.	Deaths.	Per ct.
Bengal .....	30.....	3.....	10
Calcutta.....	22.....	11.....	50
North-West and Central Provinces	40.....	6.....	15
Punjab .....	22.....	6.....	27

Again, of lithotomy, we find that there were in

	Cases.	Deaths.	Per ct.
Bengal .....	43.....	4.....	9.3
Calcutta.....	25.....	4.....	16
North-West and Central Provinces	330.....	25.....	7.6
Punjab .....	224.....	31.....	13.8

Lithotomy was performed once in the North-Western and Central Division; the patient died. Two hundred and eighty-five tumours are reported as having been removed (one hundred and thirteen in Calcutta) without any deaths. This apparently does not include scrotal tumours, of which a separate return is given, showing that forty-five were removed in Bengal and Calcutta and one in the North-Western Provinces; two deaths only occurring, both in Calcutta patients.

The remarkable difference between the mortality of patients operated on in Calcutta and those operated on in the country stations is mainly attributed by Dr. Fayrer to the faulty construction of the Calcutta hospitals. All three of these institutions—the Chandney Hospital, the General Hospital, and the Medical College Hospital—are very defective in the essentials of hospital construction. One great defect

in them is the intercommunication of the wards, whereby "the miasm of the patients at one end must be blown, according to the prevailing winds, down to the patients at the other (*viresque acquirit eundo*). In the stations, the hospitals, however defective, have the advantage of country air and freedom from city miasmata; and the patients operated on in them are more vigorous and healthy than those in Calcutta.

"However far it may be true that the healthy simple-living native in the Mofussil is peculiarly tolerant of surgical operation and injuries, and capable of the most marvellous recoveries from severe and dangerous wounds, I must demur to the extension of this theory to the inhabitants of large cities, and of Calcutta in particular. In fact, so far from being favourable subjects for surgical operations, I regard them as quite the reverse; and feel assured that, to the surgeon who has had the opportunity of treating serious wounds or operations in the rustic native, the difference must be as remarkable as it is discouraging. When I say that I do not believe the hospitals of Calcutta can record three successful cases of amputation of the thigh in as many years, I am not so much reflecting on the hygiene of the hospitals as on the locality, and on the subjects who are admitted into the hospitals for treatment." (Pp. 29-30.)

One of the most common causes of mortality after operations in India is pyæmia; and, in speaking of this, Dr. Fayrer comments especially on the mortality after amputations from pyæmia arising from bone-disease. In two years, he has performed thirty-two amputations in the Medical College Hospital; viz., at the hip-joint, 1; of thigh, 3; of leg, 10; at ankle-joint (Syme's), 4; at shoulder-joint, 5; of arm, 5; of forearm, 4. Among these, there were 15 deaths. "Of the deaths, 9 resulted from pyæmia, the consequence of osteo-mylitis; and 3 from pyæmia not dependent on bone-disease."

This disease—osteomyelitis, or acute suppuration in bone occurring after operation—is specially described and commented on by Dr. Fayrer; who gives to the French surgeons, especially M. Jules Roux, the credit of having most thoroughly investigated it. It has, he says, been little noticed in India; but it has long forced itself on his attention as one of the most frequent sources of purulent infection and consequent mortality.

Having described the disease, he speaks of treatment; of which the preventive is the most important. It consists in free ventilation, good food, and segregation of patients. In internal remedies, he has no faith: tincture of sesquichloride of iron, port wine, quinine, and the sulphates, have been given; but he cannot ascribe to them any curative effect.

"Beyond supporting the strength, removing the source of the toxæmia by amputation or excision of the bone, and the administration of the preparations of iron with stimulants, I know of no hope or chance of saving life; and when the lungs or liver have become affected, the chance is indeed small." (P. 51.)

Dr. Fayrer's remarks on osteomyelitis shew that he has studied the subject deeply, and should be carefully perused by all surgeons who desire to have a full acquaintance with this subject.

A case of Popliteal Aneurism is related, in which the femoral artery was tied on July 13th on the upper third of Scarpa's triangle. On July 18th, there being no apparent diminution of the tumour,



two punctures were made in it with a fine needle. From these, dark-coloured blood escaped by drops during several days, with relief to the patient; and on July 23rd, the whole contents of the sac were discharged through an ulcerated opening in the site of the punctures. Two days afterwards, arterial hæmorrhage to the amount of two pounds and a half suddenly occurred; which was arrested by ligature of the common femoral artery. After this, there was some discharge of pus and foetid blood from the cavity; this gradually ceased; and, when seen on August 22nd, the man was perfectly convalescent, there being only a slight purulent discharge from the aneurismal cavity.

A case is related as illustrating, "in a remarkable manner, the amount of injury that may be inflicted on the head, complicated with loss of bone and the substance of the cerebrum itself, without loss of life or detriment to the functions of the brain." The patient was a boy aged 12, on whose head a heavy branch of a tree had fallen. When seen, he was unconscious; and the symptoms of compression increasing, Dr. Fayer exposed and removed a portion of depressed bone in the parietal region, two inches long and one inch and a quarter broad. The dura mater had been wounded by a spiculum of bone; and a portion of brain-substance of the size of a filbert escaped. Immediately after the removal of the depressed bone, the patient became sensible. He was treated by rest, low diet for a time, cold applications to the head, and saline purgatives. In a few days, the pulsations of the brain ceased to be observable; he made a steady progress towards recovery; and, in less than a month from the date of the injury, was "nearly as stout and strong as ever, eating and sleeping well, and in the full possession of all his mental faculties."

Two cases of Cæsarean section are next related; both of which ended fatally. In one, the foetus was malformed; the limbs being very defective, and the head imperfect. It lived twelve hours. In the second case, there were twins; a circumstance which Dr. Smith, Professor of Midwifery in the Calcutta College, comments on as having been rarely, if ever, reported in cases of hysterotomy.

Dr. Fayer next gives, with remarks on the operation, some cases of Perineal Section. He recommends, in cases where the stricture is old and hard and complicated with sinuses, that the closure of the perineal wound should be retarded rather than hastened; and that the urine should be drawn off through the artificial orifice while the anterior part of the urethra is being rendered pervious by the use of the proper instruments.

Severe injury of the mouth arising from the abuse of mercury by native practitioners, is frequently met with in India. Dr. Fayer relates a case of Atresia Oris, on which he operated, with ultimate success.

Two cases of removal of Fibro-cystic Disease of the Mamma are next given. The operation was followed in each case by speedy restoration of the health of the patient; but Dr. Fayer forbears giving any opinion as to the probability of the recurrence of the disease.

In a case of Abscess of Head of the Tibia, a great portion of the cancellated structure of the bone being carious and containing much pus, Dr. Fayer performed the operation of trephining; the ultimate result being the perfect recovery of the patient.

A chapter on the Radical Cure of Inguinal Hernia comes next. Dr. Fayer followed for some time Wutzer's method; but now employs a modification of it, which is thus described.

"The instruments with which I operate are very simple—two plugs of wood, silk ligatures, and a curved needle; one plug of wood about six inches long, rounded and compressed at the end and lengthways, and about the circumference of a man's thumb. This may be made of wood, ivory, or bone. Any wood will do, though, perhaps, ebony is the best. At one end it is pierced obliquely, and threaded with two strong ligatures made of the strongest ligature silk. These, before being used, should be waxed. The needle is made of strong steel, curved, and inserted into a firm handle, with an eye at the point, through which the ligatures in the plug have to be passed. The curve of the needle amounts to about half a circle. In addition to these, a small blade or plug of hard wood or ivory, about an inch and a half long, three-quarters of an inch in diameter, and rounded, is required to tie the ligatures firmly over, when the plug has been inserted into the inguinal canal.

"The mode of operating is as follows. The patient is prepared by having the bowels opened the night before. The pubes and scrotum are shaved, and the bladder emptied just before the operation, which may be performed under chloroform if the patient dreads the pain. The forefinger of the left hand is then introduced within the external abdominal ring, pushing before it an invagination of the scrotum. Having introduced it as far into the canal as possible, the needle is threaded with one of the silk ligatures, and, being held in the operator's right hand, is gradually insinuated along the palmar aspect of the left forefinger until it reaches the extremity of the invagination; it is then thrust boldly through the tissues lying over the finger, and emerges about one inch and a half internally to the anterior superior spine of the ilium. The needle is then unthreaded and withdrawn. Again, threaded with the second ligature, the process is repeated, taking care to pass the needle through the tissue, not quite at the same point in the canal as the first, but bringing the ligatures out at the same aperture in the integument. This is easily effected, by drawing the yielding integument over the point of the needle, until it merges at the original point of exit. The needle is again withdrawn, and now the plug is insinuated into the canal whence the finger has just been withdrawn, and is tied tightly in the canal by the two ligatures being firmly knotted over the small pieces of wood provided for the purpose. The plug, it is to be observed, should be well oiled, and introduced as the finger is withdrawn. Until recently, I was in the habit of using various sized plugs, fitted to the size of the abdominal ring in each particular case; but I now find that to be unnecessary, and use only one size of plug. Its object is to support the invagination at the upper extremity of the inguinal canal, and not to exert any lateral pressure. It is to be understood, however, that the canal is to be sufficiently occluded to prevent any descent of the hernia by the side of the plug.

"The subsequent treatment is equally simple. When free suppuration makes its appearance, either by the side of the plug or round the ligatures, the plug should be withdrawn. The invagination is then supported by a pad, after sponging away the discharge and dressing the wound with simple dressing, and a spine bandage. The patient should be kept carefully in the recumbent posture. The bowels seldom act for several days after the operation, but



the patient should be warned against straining if they should do so. An opiate is desirable after the operation to tranquillise the patient, and also to prevent any tendency in the bowels to act. It frequently happens that there is retention of urine. This is relieved by fomentation, or, if necessary, by the catheter. Abdominal tenderness requires hot fomentations; and if any indication of peritonitis present itself, frequent and full doses of opium will be needed, but this in my experience is very rare.

"In ordinary cases, the wounds, scrotal and abdominal, heal rapidly, and all that is needed is careful dressing to prevent descent of the hernia. The patient should not walk until the wounds have healed, and then only with a well-fitting pad and bandage. When the wounds have thoroughly healed, the patient may take exercise with a well fitting truss, which should not be left off for three or four months, when cicatrisation may be presumed to be completed." (Pp. 262-6.)

A table is given, shewing the result of 38 cases operated on in this way. Of these, 24 were cured; 6 were relieved; and the operation failed in 8. The first operation by this method was performed in April 1862; and it is now always practised by Dr. Fayer and his colleague Professor Partridge.

The next two subjects of which Dr. Fayer speaks are, Reproduction and Repair of Bone in Necrosis and after Loss of Substance from Accident or Operation; and Shortening of the Leg from Interstitial Absorption of the Neck of the Femur, the Result of Bruise on the Hip.

Elephantiasis of the Scrotum, which is, as is well known, very frequent in Bengal, is next described. A short account is given of 28 cases operated on between July 1859 and May 1862. Of these patients, 4 were Mahomedans, in all of whom the operation was successful; and 24 were Hindus, of whom 6 died—5 from pyæmia and 1 from shock. The largest tumours observed were, one weighing sixty-five pounds, after the removal of which the patient died from shock and slight hæmorrhage; and one weighing seventy-five pounds and three-quarters, the removal of which was followed by recovery.

Under the term Nævoid Elephantiasis, Dr. Fayer describes a scrotal tumour removed by him, of a different character from those generally met with. The patient was a Bengali lad aged 16.

"The tumour was about the size of a cocoa-nut, and of a nodular appearance on the surface, though very soft and delicate when compressed between the thumb and forefinger, a sense of fluctuation of fluid being apparent immediately under the surface. It conveyed the impression of being a cellular structure distended with blood or serum. The prepuce partook of the same pathological condition, though to a less extent, and did not present the nodular appearance, though it was somewhat irregular on the surface.

"The integument over the inguinal canal on either side, and also in the groins, presented a swollen varicose appearance, and communicated a sensation of fluctuation on pressure, as though under it there lay a number of large and tortuous vessels distended with fluid. These varied in fulness, according to the position of the patient, becoming more distended when he stood up. On puncturing the scrotum with a grooved needle, a quantity of pale pink fluid jetted out, as though from an artery, or streamed down the surface of the scrotum. This fluid, when collected, rapidly formed a pale but firm coagulum; its specific gravity before coagulation was 1020. About sixteen

ounces were collected in a few minutes from three or four punctures, but the oozing was easily arrested by pressure. The loss of it seemed to affect him much as the abstraction of so much blood would have done.

"On puncturing the groins with a grooved needle, a similar fluid exuded. From the scrotal puncture it jetted out with the force of arterial hæmorrhage, owing to the powerful contraction of the dartos.

"On compressing the tumour firmly, it was evident that there was a solid substratum of tissue like that of scrotal elephantiasis. Its growth had been similar to that of the ordinary scrotal tumour, and attended with periodic attacks of intermittent fever." (Pp. 352-4.)

Dr. Fayer removed the growth successfully. On examination, it was found that the nœvoid structure was confined to the superficial part of the growth; the deeper portion having the ordinary character of elephantiasis.

"The tissue subjacent to the epidermis was dilated into numerous interlacing and intercommunicating sinuses and cells..... The microscopic structure of the growth was precisely that of the ordinary examples of elephantiasis; the chief distinction between the two forms of the disease being the cellular arrangement."

Numerous other matters of surgical interest, which have appeared to Dr. Fayer to deserve some special notice from him, are treated of in the book; and, we believe, in such a manner as to be profitable to those who read Dr. Fayer's remarks. The author has shewn himself to be an observant and painstaking surgeon; and we thank him for having, in the volume before us, laid before the profession some of the results of his experience.

ON THE FUNCTION OF ARTICULATE SPEECH, AND ON ITS CONNECTION WITH THE MIND AND THE BODILY ORGANS; illustrated by a Reference to Recent Observation on Certain Diseased States of the Brain. By W. T. GAIRDNER, M.D., Professor of Practice of Physic in the University of Glasgow. Pp. 39. Glasgow: 1866.

CASE OF APHASIA, OR SPEECHLESSNESS, OF CEREBRAL ORIGIN, without Distinct Paralysis, and fatal with Epileptic Convulsions. By W. T. GAIRDNER, M.D. Pp. 15. Glasgow: 1866.

THESE two essays were read by Dr. GAIRDNER, the first before the Philosophical Society of Glasgow, and the second before the Medico-Chirurgical Society of the same city. They are now printed together in one pamphlet; and form together an important contribution to the literature of a subject on which much attention is being bestowed in the present day. Prefixed is a curious specimen of attempts at handwriting made by an aphasic patient whose case is described by Dr. Gairdner.

AMERICAN MEDICAL ASSOCIATION. The Prize Essay Committee of the American Medical Association request that all communications to be submitted to them be sent to their chairman before the 15th of March next, accompanied by a sealed envelope containing the name and address of the authors. The Association offers two prizes, of one hundred dollars each, for the two best essays on any subject connected with the medical sciences.



*We are requested to remind members of the Association that the Annual Subscriptions became due on the 1st of January. They can be paid either to the Secretaries of the Branches; or to the General Secretary, T. Watkin Williams, Esq., 13, Newhall Street, Birmingham.*

## British Medical Journal.

SATURDAY, OCTOBER 6TH, 1866.

### MEDICAL ETHICS.

A HOMŒOPATHIC review tells of a case in which a homœopath and a medical man were brought into contact, not (as we think) professionally, and yet to the discomfiture of the medical man. The case is one which may occur again; and, as it involves a point of medical ethics of some importance, it is well that we should bring it before our brethren that they may exercise their judgment upon it.

The following is the case as told by a homœopathic journal. An accident occurred to an excursion train. One of the sufferers, a Mrs. —, who had an insurance-ticket, called in Mr. C., a homœopathic practitioner; and her husband sent a notice of her accident to the assurance office. Several days afterwards, Mr. E., the local medical officer to the assurance company, called to see her and report on her case to the office; but Mrs. — declined to see him, except in the presence of Mr. C., her homœopathic medical adviser.

Mr. E. hereupon writes to Mr. C. to explain why he wants to see Mrs. —; assures him that he has no idea of in any way interfering with the case; but merely wishes to be enabled to answer the proper questions of the assurance society; and adds that he must decline to see Mrs. — in the presence of Mr. C. Further correspondence ensues, in which Mr. E. tells Mr. C. that his reason for declining to meet him is simply and solely because he (Mr. C.) is a homœopathic practitioner. To this, Mr. C. (naturally enough, we must confess) replies that he declines to give Mr. E. a note authorising him to visit Mrs. — in his (Mr. C.'s) absence. And he adds that, although medical men of the town where he dwells refuse to meet him professionally, there are plenty of others out of it who will readily do so.

"When I have cases requiring another opinion, I am happy to say that, although the medical men of this town cut themselves off from professional intercourse with me, that I nevertheless have the honour and privilege of calling to my aid equally as eminent men in the profession as any in this town—such as Dr. Sharp of Rugby, formerly Senior Surgeon of Bradford Infirmary; John Hitchman, Esq., Surgeon to the Leamington Hospital; Edward W. Thomas, Esq., late Surgeon to the Wolverhampton Infirmary;

besides many others; and if I require the opinion of a London surgeon or physician, not practising homœopathy, there are several of the leading men who are liberal enough to meet me, and who are too independent to submit to the trammels of the Medical Inquisition."

It is unfortunate, we may observe incidentally, that Mr. C. has omitted to give the names of the London surgeons or physicians who are thus ready to meet him in consultation.

However, the end of the tale is this. Eventually the agent of the assurance company called on the patient with Mr. E. The patient refused to see them unless in company with Mr. C. The agent then said that, unless she would see Mr. E. the company would not pay the money. Thereupon Mr. C. explained that the patient only refused to see Mr. E. in the absence of Mr. C.; that it was Mr. E. who declined to see the patient, unless upon terms which his patient would not accept. "The agent," we read, "then accompanied Mr. C. to the house, and saw the patient with him, subsequently paying the claim made upon the office. Mr. C. gained a well-merited victory."

Such is the comment made by the homœopathic journal; and certainly, as the tale is here told, there is no doubt that the homœopath got the best of it.

But what are the real merits of the case? How ought Mr. E. to have proceeded in this matter?

It seems to us, we must confess, that he was wrong in the course he took. The presence of Mr. C., in Mrs. —'s room, when he (Mr. E.) was making his examination, could not in any sense be interpreted into a consultation, or into a meeting with a homœopathic practitioner. No member of our profession, we should hope, would refuse to meet in society a homœopathic practitioner. We are bound to treat all homœopaths as honest but misguided individuals, unless we know them not to be so. Now, in this case before us, it seems to us that the presence of Mr. C. could only be regarded as we should regard the presence of an old woman or a mamma during the visit of the doctor to her daughter. There was no kind of medical word to pass between them; nor, in fact, was there even necessity for them to exchange words. Simply, Mr. C. was to be in the room whilst Mr. E. made his examination. Mr. E. was receiving no report from Mr. C.; and he had nothing whatever to do with the patient's treatment nor the diagnosis of her disease. The presence, therefore, of Mr. C., at the request of Mrs. —, should not, in our opinion, have led Mr. E. to decline visiting Mrs. —. Mr. C. in the room there was, in a medical point of view, a totally indifferent person to Mr. E. Mrs. — has a perfect right to employ a homœopath if she pleases; and if she chooses to put herself in the hands of one—to cure her broken leg, for example—it really seems to us not unreasonable that she should be



allowed, if she pleases, to have the comfort of his presence when the medical 'agent of the railway, we will suppose, on which her leg was broken, comes to examine her and assess the injury done. The presence of Mr. C., on such an occasion, should, in our opinion, be no more objected to than the presence of the nurse; and for the reason, that Mr. E. would have to hold no kind of medical communication with him. Does not, in fact, the very issue of this case prove the mistake of Mr. E.'s original conclusion?

The homœopathic journal tells another tale of a somewhat similar kind, in which, if the report be true, the homœopath also beat the doctor.

"A poor patient," as the tale runs, "appeared to be dying under allopathic treatment, and sought homœopathic aid. He was in a club, from which he was entitled to 15s. a week. We signed the usual certificate, and told him to get it countersigned by the club surgeon. The club surgeon refused to countersign the certificate, because it was signed by a homœopath. We advised the man to go back and say to the surgeon that he was bound by the rules of the society to do so; and that, if he refused, the matter would be put into legal hands. The surgeon said he would sooner 'cut off his hand than sign the certificate.' A solicitor then threatened to sue the surgeon for the money withheld by his refusing the certificate. The surgeon demurred and blustered, but finally signed the document. The man recovered; and his club brethren so thoroughly appreciated the benefits he received, that they offered to cashier their surgeon and select us in his stead. This we declined with thanks."

Here, again, we think the surgeon was wrong. All that he certified to, by countersigning the certificate, was, that he knew the man to be ill. The signature of the paper by the homœopath could have no more affected him as a medical practitioner than if it had been the signature of the parson of the parish.

The homœopathic editor who tells this little episode, adds a few more lines, which certainly reveal a curious mental condition of the homœopathic mind. Out of good feeling to this selfsame allopath, being suddenly called in to one of his patients, he prescribed *allopathically*. He says:

"We had our revenge on this churlish allopath, nevertheless. One of his private patients was afterwards seized with a fit during his temporary absence from town, and hurriedly called us in, as the nearest doctor within reach. We prescribed *allopathically* for the patient, as the case belonged to the surgeon and the people were allopaths; and sent the prescriptions to his surgery, with a note, recommending him to go to the patient as soon as he returned, and explaining that, as the case was his, we had ordered for the patient that treatment which we assumed he would himself have wished. We had great pleasure in putting these 'burning coals' on his head."

We cannot help but ask, in reading this act of good nature, Where was the homœopath's conscience all the time? How could he bring himself to take a part in what he (from his point of view) must necessarily regard as a life-destroying business—viz., in prescribing drugs as we others do? We really do

not understand the wit either of revenge of this kind, or the method of reasoning by which an avowed homœopath can arrive at the conclusion that he may laudably prescribe, as he calls it, *allopathically*. It seems to us that, in such a proceeding, the patient (who certainly is, at all events, somewhat concerned in the matter) is treated like a bale of inanimate goods—treated, not as an object to be relieved of sickness, but as a thing to afford business and a means of livelihood for the doctors. Clearly, at all events, we doctors view this matter from a very different point of view. From London to Constantinople, we will venture to affirm, the homœopath who tells the above tale will find no medical man complaisant enough to return the compliment to him—viz., to prescribe homœopathically for a homœopathic patient, should he be suddenly called in during the homœopath's temporary absence.

### RAGS AND SMALL-POX.

UNDER instructions from the Privy Council, Dr. Bristowe has made inquiry into the influence of the rag trade in spreading infectious disease. The investigation was instituted in consequence of a representation that an epidemic of small-pox at Thetford in the previous year was occasioned by woman being employed in cutting up foreign rags in a paper mill. Foreign rags, Dr. Bristowe learnt, are imported into Great Britain from almost every country; they come hither even from Japan and the most remote states of South America, but chiefly from the continent of Europe. The bags containing them are not opened in the docks, but transmitted direct to the manufacturers. Home rags, before reaching the manufacturers, pass through the hands of the marine store dealers and collectors. Generally there is no process adopted by the trade for cleansing or disinfecting rags. Rags collected in country districts are, as a rule, cleaner than those collected in towns. Irish rags are generally very filthy, and many foreign rags (such as Italian, Spanish, Russian, and especially Egyptian) are often not only dirty, but most offensive in smell. On inquiry among the workpeople in London, at the rag merchants' warehouses and the marine-store dealers, Dr. Bristowe failed to obtain any evidence that infectious diseases have been brought to them through the agency of rags, or that any fear prevails among them on the subject. In various paper-mills, however (a minority of the whole number), he found the workpeople disposed to attribute infectious diseases to the rags; and the evidence he collected seems to show that small-pox and other infectious diseases are very rarely introduced into paper-mills by rags, but that their introduction is possible, and occasionally does take place. In the Thetford case, it was clearly shown that small-pox was introduced into the town in 1864 by foreign



rags cut up by women at a paper-mill there. The epidemic lasted six or seven months, and caused sixteen or seventeen deaths. Dr. Bristowe got no evidence whatever of the conveyance by rags of any other disease than small-pox. He doubts if our hospitals ever sell their infected rags; and he doubts whether it is not exceptional to sell distinctly infected articles even in the case of private households. The chief danger would seem to be incurred by the rag collectors and retail rag dealers. With the exception of a suggestion that care be taken that the workpeople engaged among rags have been vaccinated. Dr. Bristowe could only recommend that it might be made a misdemeanour knowingly to sell or buy rags which have been used about persons suffering from infectious disease without previous washing or otherwise disinfecting; but it would be a difficult matter to convict any one of the offence. The compulsory use of disinfectants would be attended with an amount of inconvenience and expense which the trade is not at the present time in a condition to bear. Mr. Simon, reviewing the report, considers that the rag trade does not play any considerable part in the distribution of contagious disease, but more than this cannot be maintained.

This Report will probably allay the anxiety of the Corporation of Waterford, who have lately adopted the following resolution.

"That, as considerable quantities of old clothes are imported from London and elsewhere, and transmitted to various parts of the country, and as much danger exists that contagious disease may thereby be propagated, a memorial be presented to Government praying that an Order in Council may be issued prohibiting the importation of such articles during the prevalence of cholera."

#### CASE OF ACCIDENTAL POISONING.

A PAINFUL case of accidental poisoning occurred at Wardley on September 9th. Mrs. Simkin, the deceased, had been attended by Mr. Spencer, a practitioner at Hallaton. On August 31st, she complained of pain in her back. On a subsequent day, she was taken seriously unwell at an archery meeting, had a fit, and complained of a pain in her head. From that attack she recovered; and on the Sunday she died was apparently in excellent health and spirits, but was still taking medicine. In the evening, she requested her husband to call at Mr. Spencer's for some medicine he was to send her. Mr. Simkin returned home about eight o'clock. The deceased asked for the medicine, and tore off the paper the bottle was wrapped in. She then opened the bottle and smelt the contents, but did not take any of it just then. On leaving that room to go to her own, she inquired for a glass from which to take the mixture. It is supposed she then took a dose and got into bed. She had not, however, been long in bed before she awoke her husband, and complained of

being unwell. She exclaimed, "Oh, I feel so giddy," and commenced shuddering and screaming out. She complained also of pains in her legs, and said, "Don't let my legs go to sleep." Mr. Simkin called to a Miss Spurgeon, and when she got into the room the deceased was quite black in the face and convulsed, the body and legs kept jerking, and her limbs were rigid. The convulsions came on in fits, but she was stiff all the time. They gave deceased some brandy, but she could not take it, her teeth being firmly set. They also rubbed her limbs, and placed her legs in hot water, but she never rallied, and died in about twenty minutes from the time of being first seized. Mr. Spencer was sent for; and, on being told that Mrs. Simkin had said she wished she had never taken the medicine, observed that there could not have been anything in the mixture he had sent her calculated to hurt her. He then took up the bottle and drank some himself. A few minutes after he had drank it, he also became seriously ill, and had a fit of convulsions, twitching of the limbs, and stiffening of the joints. That, however, he attributed to the shock of hearing that Mrs. Simkin had died so suddenly. Mr. Simkin, however, suspected that there was something wrong with the medicine, and ordered it to be taken care of. He then sent for Mr. Bell, another medical gentleman, who at once attended Mr. Spencer, who gradually recovered.

At the inquest, Mr. Bell, surgeon, described the symptoms he found Mr. Spencer suffering from. He said:

"I found him sitting in an easy chair. His pulse was 120, and very weak. His tongue had a brown appearance, and the surface of his body was cold and flabby, and there was profuse perspiration. He was lying back perfectly helpless, and with his eyes shut. A fire was made up, and he became warmer. His pulse then went down to 112, and became stronger. About five o'clock, he called out to me and Mr. Simkin, and asked us to hold him. He then had convulsions, throwing himself back, and raising himself up. There was great rigidity of the muscles, and tetanic convulsions. He also got very black in the face, and had great difficulty in breathing. He likewise had twitching of the arms. That fit lasted about a minute; but he had similar symptoms, more or less severe, from the time I first saw him until I left at a quarter past seven in the morning. He appeared to have a pain in the stomach, and kept drawing himself up. There were frequent involuntary twitchings of the face, and hitching of the skin of the stomach and face. He was, however, never unconscious; neither was he sick while I was there, although he complained of feeling sick. When I went to see him again at eleven o'clock, he had vomited a little."

Dr. Alfred Taylor, having deposed to receiving bottles containing the contents of the stomach of Mrs. Simkin, and the medicine, said:

"The large bottle contained  $1\frac{1}{2}$  oz. of liquid, including sediment; and the small one,  $2\frac{1}{2}$  oz., also including sediment, making altogether 4 oz., or one-third of the total capacity of the large bottle, 12 oz.



The liquid was separated from the sediment. It tasted very bitter. A chemical analysis showed that the liquid contained, in a dissolved form, brucia and strychnine, in the proportion of 1.7 grain to an ounce; the brucia, from its greater solubility, being in larger proportion. The dry sediment obtained from the large bottle weighed 5.2 grains, and that from the small bottle weighed 3 grains, making 8.2 grains of undissolved matter from the two bottles. This sediment was tested, and found to be nearly pure strychnia. A quarter of a grain of the sediment produced tetanic convulsions in a rabbit in thirty minutes, and caused the death of the animal, with the usual symptoms of strychnia-poisoning, in ten minutes more. The sediment or undissolved residue from the two bottles was examined for bismuth, but none was found in it. He mentioned the fact, because he had seen from the prescription that it was stated to have contained bismuth. The liquid in the bottles contained much brucia, with some strychnia. On evaporation, 1.7 grains were obtained from an ounce of it. Hence, in the four ounces, there would be 6.8 grains dissolved. Hence, in the two bottles, the weight of dry sediment, principally strychnia, was 8.2 grains; the weight of brucia, strychnia, and other soluble matter, 6.8 grains; total grains in 4 ounces of mixture, 15 grains. Three tablespoonfuls, the dose marked on the large bottle, are equivalent to nearly two ounces; hence such a mixture would contain in a single dose, if it were shaken, a fatal dose of strychnia. Half a grain of strychnia has proved sufficient to destroy the life of a human adult in twenty minutes, and in the sediment alone there was enough to kill sixteen persons. The application of the usual tests to the stomach, duodenum, and œsophagus showed that strychnine was present. The largest proportion was found in the duodenum. Some powdery matter scraped from the surface of the œsophagus was, by the usual tests, found to be strychnine. From the appearance, the symptoms described, and the result of the analysis, I have no doubt whatever that the deceased died from strychnia, and not from natural causes. Old samples of bismuth might be mistaken for strychnine, as they are very much alike in appearance. Any human being taking a dose like the one alleged to have been taken by the deceased would certainly die from the effect. Generally, strychnine is only kept in very small quantities, while bismuth is kept in large bottles. All bottles containing drugs ought to be distinctly labelled. An experienced person ought to know the difference between bismuth and strychnine by the weight, the one being much heavier than the other."

The jury returned a verdict, that the "deceased died from strychnia, administered by Mr. Spencer with gross neglect." Mr. Spencer was admitted to bail. There appears to be no doubt that the strychnia had been mistaken for the bismuth bottle.

SOME of the statements made in the last Report of the Inspectors of Prisons show that workhouses are not the only public establishments in which abuses exist.

"The Inspector found in Hertford Gaol a novel form of labour; namely, forced marching, in quick time, twenty miles a day, round a yard. The exhausting effect of this made itself very visible on men beyond the vigour of youth. In Manchester Gaol, a practice has been adopted of gagging women

who have persisted in disturbing the prison by shouting and screaming. This is a mode of punishment unknown to the law. At Lewes, the chapel services, three in number, are described as occupying so much time as to make it impossible to exercise all the prisoners; there should be time made for mercy as well as for sacrifice. In a Scotch prison, the Inspector found prisoners employed in doing work for the governor. So inadequate for its purpose is Dover Town Gaol that, on some cases of small-pox occurring last year, it was found necessary to pardon and discharge thirty-four criminals, to save them from the contagion. At Tiverton, the weekly cost of food is stated to be as high as 3s. 6d. per prisoner; it is supplied by contract; but the contractor is, or was, the governor himself. At Colchester, the rate is returned as still higher—namely, 4s. 4d. Here, also, the gaoler himself supplies the food at this charge. The new prison dietary is declared by the surgeons to be not more than sufficient to maintain health and strength. The surgeon of Southwell House of Correction notices symptoms of general debility, and in one case a complete prostration of strength. On the inspection of Chester Castle, a prisoner complained that he had been discharged from Congleton Union in a coarse canvas suit, marked all over with the words 'Congleton Union'; and becoming in consequence an object of ridicule, he committed arson, in order to get into prison. He admitted that he had destroyed his own clothing in the union, but alleged that it was done by accident. It is mentioned that, in one or two prisons, earth-closets have been substituted for the ordinary water-closets, with great advantage in the condition of the air. The Inspectors state, in several instances, that alterations are being made in inadequate gaols to bring them into conformity with the new Act; and some of the smaller prisons might well be abandoned, and contracts made for the reception of the prisoners in neighbouring larger and well-appointed gaols. At Abingdon, the Inspector found four prisoners cleaning the front court, with nothing to prevent their escape, except the supervision of an officer, who would be almost powerless to prevent it."

AN anonymous writer has written a pamphlet which he entitles "The Human Blight and Cattle-Blight, or an Explanation of the Cholera and Cattle-Plague." The author is not a doctor, he says; and, as he approves of people sticking to their own trade, would not have ventured to treat of the above subjects, had the doctors not confessed that they know nothing about it. As the professional knowledge fails, the anonymous writer concludes that non-professional knowledge may be able to explain the case. The reasoning is curious, and enables us to judge, without reading, the character of his argument, and the value of it.

IN a late discussion at the Academy of Medicine, M. Velpeau speaks thus of the medical press. "I possibly do not consider the medical press to be everything in the world. I neither fear nor flatter it. A *savant*, in my opinion, adds nothing to his merit by being a journalist. Those who form the medical press are medical men, and I esteem them just according to their worth. I am too independent and too old to fear anything."



## THE MEDICAL CLUB.

A PRELIMINARY meeting of the members of the above Club was held at the house of Mr. Propert, on Tuesday, October 2nd. Among those present were: Mr. Propert (in the Chair), Dr. Butler (Woolwich), Mr. Lawrence, Dr. Wilson Hles (Watford), Mr. Read and Dr. Chevallier (Ipswich), Mr. Whitfield (Kensington), Dr. Webster (Northampton), Dr. McEwen (Chester), Dr. Weber, and Dr. Lory Marsh. A considerable increase in the number of members was announced, and a satisfactory report of the progress of the Club since the previous meeting was presented. A copy of the proposed Club rules was read; and considerable discussion ensued, especially with reference to the future designation of the Club. It was ultimately decided to adhere to the title of "The Medical Club" until the general meeting, at which it would be competent to substitute any other that might then be agreed upon. Amongst the names suggested were the following: "The Brodie", "The Sydenham", "The Hunterian", and "The Harveian". A letter was read from Sir William Fergusson, expressing the pleasure which he would have in presiding at a general meeting to be held in the Hanover Square Rooms on Thursday, November 8th, at 2 P.M., to take into consideration the best means to adopt to secure the successful carrying out of the Club.

## THE CHOLERA.

THE Registrar-General states that the mortality in London exceeds the average for the week by 179; and by a singular coincidence the deaths from cholera are within two of that number, being 177. The deaths registered from diarrhoea were 67, which is probably rather below than above the number usual at this season of the year. During the last 13 weeks, 4714 persons have fallen victims to cholera, and 2298 to diarrhoea. The Registrar-General says that "the cholera-matter (cholrine) is now diffused very equally all over London." In Liverpool, the fatality from cholera was steadily declining; the deaths in the last four weeks from that disease being respectively 225, 145, 182, and 159. In Dublin, on the contrary, the number of fatal cases was increasing, the cholera deaths for the last four weeks being 52, 55, 65, and 98. In Manchester and Salford the pestilence had appeared, 14 out of 248 deaths there being attributed to cholera. In Vienna the epidemic is raging with increased violence, the deaths for the four weeks ending with the 22nd September being 64, 107, 201, and 274.

The "blue mist" was observed at Greenwich during five days of the past week.

The unaccountable decrease in the number of deaths from cholera which has been observed as invariably happening on Sundays and Mondays, again appears in the return issued last night. The following are the numbers for the last seven days:—Cholera—Tuesday, 30; Wednesday, 27; Thursday, 26; Friday, 17; Saturday, 32; Sunday and Monday, 34, or 17 each. Diarrhoea—16, 8, 7, 15, and 17, or 8½ each.

## Association Intelligence.

## SOUTH EASTERN BRANCH: EAST SURREY DISTRICT MEDICAL MEETINGS.

THE next meeting is appointed to be held at the White Hart Inn, Reigate, on Thursday, October 11th, at 4 P.M.; Dr. Holman in the chair.

Papers are promised by Mr. Sargent, "Report of Cases"; by Dr. Anstie, "On the Sphygmograph"; by Dr. Down, of Earlswood; and by Mr. Napper.

Dinner will be provided at 6 P.M.

HENRY T. LANCHESTER, M.D., *Hon. Sec.*

Croydon, September 26th, 1866.

## SOUTH MIDLAND BRANCH.

THE autumnal meeting of the South Midland Branch will be held at the Corn Exchange, Leighton Buzzard on Wednesday, October 17th; E. Lawford, Esq., President, in the Chair.

Gentlemen intending to read papers or cases are requested to send their titles to Dr. Bryan, Northampton, before October 4th.

J. M. BRYAN, M.D., Northampton. } *Hon.*

G. P. GOLDSMITH, Bedford. } *Secs.*

September 21st, 1866.

## SHROPSHIRE SCIENTIFIC BRANCH.

THE annual meeting of the above Branch will be held in Shrewsbury, in the present month.

Gentlemen having papers to read, are requested to communicate their intentions to the Secretary, on or before October 15th.

SAMUEL WOOD, *Honorary Secretary.*

Shrewsbury, October 2nd, 1866.

## SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEETING.

THE first meeting for the tenth session, 1866-7, was held at St. Bartholomew's Hospital, Rochester, on September 28th, 1866; J. D. BURNS, M.D., in the Chair. Twenty-one members and visitors were present.

*New Members.* William Bell, Esq., F.R.C.S., of Rochester; Thomas Blatherwick, Esq. (Army), Rochester; and William Monckton, Esq.,—were duly elected members, subject to the rules of the Association; and Mr. John Zachariah Laurence was elected a member of the District.

*Next Meeting.* William Hoar, Esq., F.R.C.S., was chosen Chairman of the meeting to be held at Maidstone in October.

*Election of Officers of the District.* Dr. Adam Martin and Dr. F. J. Brown were re-elected Treasurer and Honorary Secretary respectively.

*Communications.* The following papers, etc., were read.

1. Case of Chorea, fatal by Heart and Brain Complications. By S. Monckton, M.D.

2. The Acquired Blood-relationship of the Wife to her Husband, and conversely in a less degree. By F. J. Brown, M.D.

*Dinner.* The members and visitors adjourned to dinner at the Bull Hotel.



## Introductory Lectures.

### KING'S COLLEGE.

SIR WILLIAM FERGUSSON, Bart., F.R.S., delivered the introductory lecture. He said that another year dawned upon the medical schools of London, and they in that college hailed the advent of it with the customary congratulations. They were delighted to see familiar faces and friends; they welcomed those who appeared for the first time, and rejoiced that they had been spared once again to begin that work of love and labour in which most of them had spent so many years of their lives. On the part of their much-loved principal, and for his own colleagues, he bade the students a hearty welcome. In early days, whilst engaged there, and zealously advocating to the best of his ability the claims of medicine as a profession, he felt that he was but a struggler on the great ocean on which he had entered a few years before. Now that his fitful, heaving struggle was working to an end, he could say with all his heart and soul that with his experience of life and of his profession, had he to begin the world again he should a second time select medicine, and buckle to his task as cheerily as he did when he was a lad of eighteen, without special prospect, and without a hope but that engendered by a firm determination to do his duty, and a belief that straightforward industry would meet with a fair reward. Now, after years of labour, with almost every ambitious hope of life fulfilled, and amongst those hopes he might mention as not the least that of being a professor of King's College, he was there with an experience which time and occasion could alone bring, in some degree, to maturity. To those who, like himself, had spent a lifetime in such matters, addresses of this sort must be monotonous, but it must be kept in mind that they were intended for the beginning of a generation; and as each year had its own fledgling, the oft-told tale was a novelty to the beginner which it lacked to those who had already been years at their work. The influence of the medical profession extended over the whole human race, over every animal subservient to man's use and pleasure; and from the lowest grade of man in savage life to the sovereign ruler over millions in the highest state of civilisation it was held in the highest respect. Although preeminently of a peaceful character, the sinews of man would be paralysed without its peaceful assistance. To what, it might be asked, was all this to be attributed? The answer was simple. Medicine had charge of the health of the living man, and there was no gift which the Almighty had bestowed on man which was equal to that of health. Without that the greatest intellects must be enfeebled; and, even with his superior mental endowment over animals, health must be placed as the prominent blessing of his life. When, therefore, they reflected upon the meaning of health, they were more fully impressed with the magnitude and grandeur of the objects and aims of medicine. They often admired, and not without good reason, the composition and mechanism of a door lock, of Babbage's calculator, of a watch, of a sewing machine, of a steam-engine, of the numberless contrivances of man's ingenuity. Yet how all these fell short of the mechanism of a man's body itself. In a watch or a steam-engine they could appreciate the design and mechanism developed by the head and hands of man; they could recognise and appreciate the physical power of a lever or of a spring of water or of steam; even the mysterious

electric current could be contracted, guided and brought to marvellous uses. They knew the agencies which could originate and cause this current to encircle the globe. They knew that all these wondrous developments of man's ingenuity were the gift of the Divine Creator, and that of all His creatures man alone has been endowed with intellect sufficient to develop and appreciate such marvels. And when they reflected that those marvels came from the intelligence of man, that that intelligence was associated with life, and particularly with the vigour of life, they must be awe-stricken with the marvellous mechanism of the human frame, and more particularly with the motive element which inhabited it, which prompted and swayed its diversified movements, aye, which swayed thought itself; and with this awe they must feel gratified that the profession of medicine had chiefly to deal with the health of this marvel of God's creation. The precious things in this world were usually guarded most carefully by the highest intelligence. The soul of man they deemed imperishable and most precious. Such a thought was the highest sign of civilisation, it was the grand distinction between heathen and Christian, and they delighted to cultivate that intelligence which guarded the soul, and told them how best during life they might provide for this immortal part of man. The lecturer pointed out that it was impossible that medical men could be expected to be thoroughly versed in all departments of science. It might be said that there were 20,000 professional men in England to 20,000,000 of people. The people did not expect these 20,000 professional men to be high-class philosophers, but they did expect them to be well-educated gentlemen, and that their education should be such as would best suit them in their calling. Sir William next pointed out that in addition to the incitement of duty and the prospect of worldly success there were in the study of medicine attractions which were scarcely excelled, if at all equalled, in the study of any other profession. Much valuable advice was given by the lecturer in reference to the student's attendance in the museum, the anatomical theatre, and at the bedside of patients; and he spoke in high terms of the grandeur and dignity of the profession. It was not so much for them to become men of science as to be able to take a useful place in the social system so as to enable them to earn their daily bread. Let them by all means acquire all the science they could; indeed without science they could never learn their profession. At the same time the art of their profession required as much attention as the science of it, for without the art the science would be useless. He enforced upon the students the duty of making the most of their opportunities. They were entering upon a field of inquiry which would prepare them for a life of usefulness, the maintenance of the masterwork of God, one which would lead their thoughts instinctively from the things of time to those of eternity. Let them start, then, on their great and good mission, and they would all pray that God's blessing might rest upon their labours.

### GUY'S HOSPITAL.

THE address was delivered by the President, SIR LAWRENCE PEELE. After an explanation of his reasons for addressing his hearers, he said he had little to offer that was new, and he did not aim at novelty, nor did he desire to make a sensational address. He must generalise in his observations, and the hearer must apply and appropriate the lesson. The first piece of knowledge he should exhort them to try for was self-knowledge; from that might grow knowledge



of men. They must look onward. They would find God there in some nook or recess if they looked long and well—the kingdom of God was within men's reach. Work and pray would be his advice to them. They would be tempted to expense, to idleness, and, if to idleness, to all springing from that bad root.

The medical profession stood deservedly high, and it could be injured only by itself. The way to support it was to feed its springs. The medical schools of London were its springs—their food was knowledge. The students were offered the food; they must take it, chew it, and digest it. To qualify themselves for their profession they should be good men, learned men, and liberal-minded gentlemen. For models they need not go far, for the walls of that hospital included many such. They should regard the dignity of their profession with a jealous care. It rested on services to mankind, the justifying cause of dignified position. To the honour of medical men were entrusted the keys of the skeleton closets in many houses, and the deposit was rarely abused. By virtue, learning, and manners united they maintained an influence which would be lost without that union. There was a time, however, when this profession, now so honoured, was the butt of ridicule. Satirists, in essays, dramas, and novels, delighted to level at it their shafts of ridicule, and the world clapped their hands and laughed. Why? It might be useful to seek for the cause. The weaknesses which then were ridiculed were not limited to this profession only. The world partook of them. A superstitious reverence for old times and opinions, for the practice of the ancients, a pedantic adherence to routine, and a determination to confess no error, and, consequently, to oppose all new discoveries, lost them for a time the respect of thinking people; and, as the lives of men were at stake, bitter was the derision when those weak points were exposed. Infidelity was at one time imputed to medical men; against them the charge was hushed, but it was renewed against men of science, many of them distinguished alike by their profound science and by the simplicity, purity, unselfishness, and labour of their lives. He could not conscientiously invite them to the pursuit of science if he thought that pursuit really hurtful to them in the all-important point of their salvation, but he thought that all knowledge led ultimately to light, and light to God. The sin of infidelity could not be imputed to bodies aggregate, it must reside in conscience and the individual, it must depend on corrupt motive, and should not be confounded with error. Each link must be in harmony, and religion and science could never clash. Men might misunderstand or disregard signals, but properly directed trains of thought never clashed. Collision implied blunder, while science was essentially a progressive thing; and religion was essentially a progressive thing. The sincere inquirer into science wanted to land on some dependency of the Kingdom of God. The charge rested on gross assumptions, most if not all of which charity forbade. Let them put themselves implicitly into the hands of God and ask for light. Charity forbade them to condemn on assumption, or to suppose a man irreligious simply because he was on conviction not a follower of that religion which they believed to be alone a revelation from God. He hoped never to see the time when the mind that obeyed well was more prized "than that which thinks and feels", when a habit would be more valued than a power, when a pail of water taken from a spring would be prized above the spring which filled it. These broadcast imputations of sin by reason of divergence of opinion proceeded from ignorance of man. That Being who fixed by "immutable decrees seed time and harvest in his purposes" saw closer than

they. A man was walking in a garden with the gardener. A fig tree stood there clothed with many broad leaves. The visitor looked on with

"A restless, oblique eye,  
That looks for evil like a treacherous spy,"

and said, "It bears no fruit." "Stand under the tree," said the gardener, and look into it." So the man stood under the tree and looked into it, and he said, "I see none." "Look closer," said the gardener. "I see one," said the man, "two, three, many; nay, I thought they were only leaves." "Yes," replied the gardener, "many are mistaken in many things, but God sees closer than we." A man was walking on a road and he met a carriage full of travellers, strangers to the country, stopping where the road diverged into two. "Which is the road to Gods-hill?" cried the driver hastily. "Both lead to it," said the man slowly, "but few folks believe me; they all take it there's but one way." Now, this Gods-hill of which he spoke was in the Isle of Wight, but there was another God's-hill, and if men climbed it they got a better view of the country than they in the low lands; they saw many branching streams flowing into the sea; many roads leading to one city, and that city set on the hill. Man was not a mere receiving animal to hold effusions of grace; he was not a mere electric chain sunk in a sea to carry messages from above. He was an intelligent, acting power, self-exerting, put in motion, or aided in motion, by God; not a reservoir, but a river fed from God and flowing to God. Doing less than a man might do would be defrauding God. The student who meant to do as little as he could meant to practise on the credulity of dupes. Work should be proportioned to their strength. Exact tasks could not be allotted, for there must be relaxation. Let them give time to study. Let them avoid all that detracted from that fair allowance. Let them choose pleasures suited to their age, strength, and means, and make no laws for their companions. The world was a great partnership, God had so worked it. Ignorance made ligatures which cut into the flesh; it was the parent of prejudice, and by its obstruction to improvements was as fatal as a pestilence. Molière had touched the matter freely in *Le Malade Imaginaire*; the promising son would not even listen to the new discovery of the circulation of the blood. In *Gil Blas* and in *Don Quixote* the same vein of irony was opened. Selden, in his *Table Talk*, hinted why simple medicines were at a discount. They were unpopular because simple and plain, and one saw it daily exemplified. In Barataria this was the golden rule—*Difficilissimum saluberrimum*. Proscribe what was, and prescribe what was not, at hand; if they ordered what was cheap, men would think cheaply of them. A return to nature had sent old recipes, spring physic, and spring diet, to Coventry. The reformation had spread. The doctor and governor of Barataria quoted very learned opinions for his theories, but students now were to be congratulated that they were born in the age of reason. The lecturer proceeded to give some excellent advice to the students. They were not to be in a hurry to come out, like a miss in her teens, but should endeavour to lay good foundations; for they did not want men, like the Irish students in *Gil Blas*, to be foaming at the mouth with theses and arguments. Nothing would stick long by them which was not in a measure worked into them by themselves, nor do them much good unless it was based on principles. They did not think much of a case-lawyer; let them not, then, be case-physicians, but saturate their minds with principles. Let them pick up all the knowledge they could, for a German story said that even a rusty horseshoe might buy some cherries. In conclusion,



he expressed a hope that the professors in the school would show the young men about them that they were students still, that theirs was apt philosophy that never rested, which was never attained, which was never perfect, that its law was progress, that a point which yesterday was invisible was its goal to-day, and might be its starting point to-morrow.

### WESTMINSTER HOSPITAL.

THE Introductory Lecture was delivered by Dr. FINCHAM. The lecturer addressed himself more particularly to the new pupils. He first alluded to the higher standard of general education now insisted upon as preliminary to their special professional studies. "Do not," he said, "be discouraged by the apparent multiplicity of subjects to which you will have to direct your attention. To some, I know, this seems at first almost overwhelming, and they feel tempted to sit down in a sort of despair; but this is as unnecessary as it is wrong. There is nothing so especially abstruse in the studies with which you will be occupied but that a young man of average abilities and a fair school education can perfectly master them, if he only will to do so. I say a fair school education; and I trust that the regulations of the Medical Council compelling all students to pass a preliminary examination in ordinary school subjects before they begin their specific medical career, will have the effect of sending up to the schools pupils who really are fit to begin their professional studies. This has not always been the case, unfortunately, in times past; and I am sure that all who have had to do with medical teaching have formerly very often lamented a sad want of common intellectual training in many of those who have entered our schools. Some, indeed, were deficient in the very rudiments of education: it was a hard matter for them to write a piece of decent English, and their spelling was not always in accordance with the received rules of orthography. But it was even worse than this. They did not seem to have the least idea of learning, much less of teaching themselves. Habits of memory, application, reflection, analysis—all were unknown to them; and, instead of learning their profession, they spent most of their time in learning how to learn, if even they achieved this. But all this is, I trust, a thing of the past. Already the standard of preliminary education is sufficiently high to keep away from the ranks of medical students those who are manifestly unfit for any liberal profession; and, by the resolutions of the Medical Council at their last session, this standard will be gradually raised still higher. And this, I believe, will be found a positive boon and advantage, not only to the profession generally, the tone and position of which will be unquestionably raised, but also to many young men who, were it not that this preliminary education is insisted upon, might have entered a profession for which they never, perhaps, could properly qualify themselves, and which, therefore, must be practised under terrible disadvantages. Many a young man whose education has been neglected, or who, from some cause or other, has an inaptitude for intellectual pursuits, has cursed the day on which he entered one of those professions for the right study and practice of which a considerable amount of intellectual training is necessary. Such an one might have made a capital farmer, or a first-rate colonist; but a doctor or a lawyer he never should have been."

The lecturer then proceeded to give a rapid sketch of the various sciences to which the student would have to give his attention, showing how they all bore upon the great object of his studies—the cure of disease, and the alleviation of suffering. He pointed

out the unreasonableness of thinking it possible to amend derangements of the structures or functions of the human body without a previous knowledge of them as they are in health: in other words, without being masters of anatomy and physiology. He urged, too, the study of chemistry: first, for its bearing on physiology; secondly, for its direct help in the diagnosis and treatment of disease; and lastly, in its connexion with forensic medicine. The study of medicine and surgery themselves was next considered, and the necessity of attending systematic lectures on these subjects insisted upon, as introductions to the most important point the student must direct his attention to—viz., clinical teaching and study. He showed how essential was this last, and how impossible it was to become a good physician or surgeon without it; just as, without dissections, it was impossible to become a good anatomist.

Having thus touched upon the various subjects which occupy the student both in the lecture-room and the hospital, the lecturer next alluded to his duties and occupations when at home. He advised those who took notes of lectures (a most useful practice), to write out these notes on their return home, with such additions as memory could supply. As to reading, he would leave it to the various lecturers to advise what works should be read. He would rather remind them that, just as there was all the difference between hanging about the wards and clinical study, so there was all the difference between looking at a book and mastering its contents. "One of the greatest thinkers of the last century in this country, Bishop Butler, thus spoke of that shallow desultory mode of reading which was, Dr. Fincham believed, one of the great evils of the present day: "The great numbers of books and papers of amusement which, of one kind or another, daily come in one's way, have in part occasioned, and most perfectly fall in with and humour, this idle way of reading and considering things. By this means, time, even in solitude, is happily got rid of, without the pain of attention; neither is any part of it more put to the account of idleness, one can scarce forbear saying is spent with less thought, than great part of that which is spent in reading." "Do not, then," said Dr. Fincham, "read in this desultory mode, allowing ideas to pass through your minds, but making no effort to realise them and make them your own; and do not delude yourselves by supposing that, because the work you have before you is a solid one, you therefore are well and solidly engaged in reading. You may skim a solid book just as readily as you may skim a novel, and with just the same amount of waste of time and injury to your mental powers. Far better would it be for you to read now and then, positively for amusement, some good work of fiction, than habitually to read even the deepest work without making an effort to master its contents. Read, then, a few books, but read them well. Bear in mind the old proverb, *Cave hominem unius libri*. It expresses exactly what I want you to realise—that a man who has mastered a few books thoroughly is infinitely superior to one who has read hundreds carelessly; that he is infinitely more to be feared as an intellectual antagonist, because he has acquired active habits of thought, instead of being content with receiving passive impressions of subjects which have merely flitted before his mental gaze, but have left no abiding stamp behind them."

The lecturer then went on to speak of the important subject of recreation in the following terms. "On this point, the first thing to bear in mind is, that habitual idleness is incompatible with the idea of recreation. For what does recreation mean? The word speaks for itself. It means a creation afresh—



a renewal. Unless, therefore, mind or body, or both, are more or less fatigued or worn, there can be no need of, no right to, recreation. The idle boy or man has exhausted nothing: there is nothing, therefore, which wants renewal. The industrious student, however, has a full right to recreation; nay, it is his duty from time to time to unstring the bow of mental effort, in the positive interest of his professional advancement. He will work all the better for good wholesome play, just as he will play all the better for his previous work." In continuation of this subject, the lecturer alluded to the many sources of amusement and instruction now to be found in the metropolis, and of which the student can avail himself without the slightest risk of deteriorating his moral character. He urged, also, the advantages of short excursions into the country, during the spring and summer months, on the Saturday half-holiday; but, above all, he insisted upon change of mental occupation as one of the best means of recreation. "Artizans," he said, "who have been using their muscles all day, are often by no means disinclined to some athletic sport in the evening, and really find a relief from it. So, too, the medical student, who has been working hard at his anatomy and chemistry, will be in no small degree refreshed by spending an hour or two occasionally on some totally different subject. In this way let him keep up his classical studies, or work at French or German. Let him read, too, instructive works—*e. g.*, on history, or the biographies of great and good men. All these will be of use to him, by enabling him to become the fit associate of educated persons; and also because they will help him to rise above a life of frivolity or of mere sensual gratification, by giving him an interest in something higher."

The lecturer, in conclusion, when contrasting the position of the medical profession with that of others, spoke encouragingly. "Of course," he said, "the practitioner of medicine will have to work; but so will every other professional man. But I do hope that in future years he will have less *drudgery* than has sometimes heretofore fallen to his lot. Thus I have great hopes that the position of parochial medical officers will be greatly improved, and that the just claims of military and naval surgeons will be no longer disregarded. Indeed, I feel sure that these changes *must* take place, if such posts are to be filled at all; for just in proportion as the standard of education, both preliminary and professional, of the medical practitioner, is raised, so will be his reluctance to accept underpaid and degrading appointments."

### ST. BARTHOLOMEW'S HOSPITAL.

THE Introductory Lecture at this hospital was delivered by Mr. W. S. SAVORY. After some prefatory remarks, he said that, whatever position medicine was entitled to hold amongst the sciences, this was certain, it was not an exact science. It was concerned with probable truths. The business of medical men was to minister to the cure of disease, to the repair of injury, and so to prolong life and to render it as useful and as agreeable as possible; to prevent or remove, or mitigate the ills that flesh was heir to. They were, therefore, immediately concerned with the nature and treatment of disease. But the nature of disease for the most part was often, during life, and sometimes after death, doubtful. The diagnosis of a particular case, or the determination of the disease which resulted, was very often only more or less probable. Indeed, it perhaps seldom happened that one could be absolutely certain beforehand beyond all doubt or question, of the nature of the disease which actually existed, although

they might, in the great majority of cases, from the weight of probable evidence, make their diagnosis a moral certainty, and therefore amply sufficient for all practical purposes. So the treatment of disease was for the most part doubtful, for the remedies employed were in their action more or less uncertain. Some were very equivocal, others almost sure; but on the whole, when skilfully prescribed, it was highly probable that many of them would act in the way anticipated. He could not think less of medicine as a study because it was not an exact science. On the contrary, if it were, it would, for him at least, lose much of its present interest. They were very often told that medicine was, at the best, an uncertain science, obscure in its principles and doubtful in its practice. Difficult enough they knew it was; but was the reproach of its difficulties to fall on those who had to grapple with them? That it was uncertain must be granted, for they had to do with probabilities only, nay, sometimes it might be with mere conjecture. But who did not, every day of his life, depend upon probabilities and act upon conjecture? Probability was, as Butler said, the very guide of life. In medicine, as in the daily occurrences of life, probabilities varied from moral certainties to possible contingencies. It seemed hardly reasonable, when for disease or pain the aid of medicine was sought, to complain that the means employed for relief or cure were either uncertain in their action or somewhat doubtfully selected, that after all recovery could not be secured, but was by the aid of medicine only rendered highly or at least more probable than before. It seemed, he repeated, hardly reasonable to urge this objection when every day, and all day long, they staked their very lives, nay, what they cherished more and held dearer than their very lives, upon probabilities, when the most important interests in the world were fearlessly and confidently based upon probabilities. But it might be said that the question of probability was a wide one, from almost absolute certainty to the merest chance. In this respect he contended that the art of medicine in the hands of a skilful practitioner stood well. Moreover, while unfortunately it often happened that the prospect of being able to do much good was very doubtful, it fortunately but very seldom happened that they had run much risk of doing mischief. Amongst many considerations arising out of this it might be remarked that it was because medicine was not an exact science that the man of observation and experience in the practice of his art had so enormous an advantage over others, and why it was that he knew so much more than he could teach; for although he could not arrange his knowledge into aphorisms, or deduce general principles from his collections of facts, he could apply it with skill to the investigation and conduct of individual cases. He had learnt how to hit; he could only teach how to aim. Professional skill could not be transmitted from one to another. It could be gained only in one way and in one place, by work at the bed-side. Out of the nature of the science and art with which they had to do this at least arose, that it could never become a matter of mere venture. The relation between cause and effect was oftentimes so indefinite, the disturbing influences which intervened were so numerous and various, that each case became a study in itself. It had been said of injuries and of certain diseases, that they were especially interesting because no two cases were exactly alike, but this might be said most truly of all diseases. No two were ever precisely alike. Groups of diseases, like leaves on a tree, were connected closely by strong family features, but, like leaves, each individual case had peculiarities of its own which marked it from every other. Nature



seemed to avoid mere repetition in her modes of action as in her creations, and students would find, if they looked far enough, that diseases would vary as their patients' faces. There was, therefore, something to learn from every case, if they would only seek for it. They would not have done enough when they had determined its nature and treatment. They must look further still and see what else could be made out of it. When a man ceased to be a student of his profession the sooner he ceased to practise it the better. He did not mean for a moment to imply that the investigation and management of every case was equally difficult, still less that one's previous experience should go for little or nothing. On the contrary, in medicine, as well as anywhere, practice, and practice only, could make perfect. But what he would warn students against, no matter what their ability, accomplishments, or skill might be, was this, carelessness by the bedside of a patient. They should make it a rule to be broken as seldom as possible, for in spite of all their resolution it would be broken too often, to examine a case thoroughly, or to leave it alone entirely. Let them get into the habit of marking each case while actually before them as of paramount importance. Haste or hurry, or the suspicion of indifference, was an insult to the patient and an offence against the profession. They could never have an excuse for doing less than their very best. In conclusion, students were reminded of the obligations by which they were bound, and exhorted to render themselves worthy of the profession they had chosen.

#### CHARING-CROSS HOSPITAL.

MR. RICHARD BARWELL delivered the inaugural address. It had always appeared to him that the preacher who said that "All is vanity; there is no new thing under the sun", was speaking not as the wise king, but as the worn-out old debauchee whose many wives and concubines had been rather too much for him. The man who duly considered the meaning of this life as part of a vast mass of human existence and work, reaching back to eras before history began, would not be able to regard it as vain and empty, partly because in this present he had his sole grasp of eternity, partly because such man's life and labour were not his own merely, but a part of a great commonwealth. Having inherited the result of other men's labours, let him leave something worthy behind him. This idea might be carried out further; for whether man was originally descended from "several" monkeys, as Dr. Hunt asserted at Cambridge, might be doubtful, but it was quite certain that he was originally a very different creature from what he was now—according to Swift, "a forked radish with a head fantastically carved", the mean, skulking, thin-shanked creature, living in holes, woods, and caves, with bears and hyenas, whom he sometimes ate and who sometimes ate him. This latter event happened so unfortunately often that he contrived convenient and portable weapons of defence. From this act originated all our elaborate civilisation. Countless ages had passed in its development. All the oceans of the earth did not contain so many drops of water as lives had passed in preparing this present social state. The commencement of progress must have been very slow, but the impetus of improvement grew gradually more rapid, so that in the beginning of the historic period they found several peoples dwelling at the eastern parts of the Mediterranean and Black Sea possessed of singular and remarkable culture in such arts as poetry, sculpture, architecture, etc. After a number of centuries these nations, thoroughly corrupted, were over-

whelmed in a deluge of new actions, so barbarous that the arts of their forerunners were lost and forgotten, or nearly so, until the fashion of studying the ancient writers again revived intellectual development in Europe. They must observe, however, that this pristine culture of Greeks and Romans, etc., and the subsequent progress of the renaissance period came to be measured and estimated by perfection in the arts. Science, that was to say the study and knowledge of nature's powers, did not exist even in the rudimentary form. Wild speculation and imaginative guesswork reigned in all departments of such study until Verulam, of whom our country may be justly proud, laid in his *Novum Organum* the foundation of scientific methods of inquiry. The present age was pre-eminently scientific, that peculiar logical and direct mode of thought characteristic of Bacon's method having diffused itself even among people whose vocation mixed them in no way with science. All the mechanical arts were imbued with this same quality, so that the inventions of the age were not simply isolated chances, mere flukes of discovery, but were long chains of solved problems terminating in some valuable result. There had never been a time when the atmosphere of society was so genial to scientific pursuits; but while the age gave them this pre-eminence it also imposed on them heavy duties; for as thousands of lives had passed in preparing this condition for them, so must they not let their lives pass without increasing the store for others, not necessarily by discovery or invention, but at least by earnest love of truth and hatred and destruction of falsehood. The latter part of this doctrine was not so easy to practise as at first appeared. Medicine was not so much a science as a science of sciences, many of which were in an imperfect state; many of them, like electricity, chemistry, and certain parts of physiology, had been brought to the attention of the leisurely and pleasure-seeking portion of the public. There was in all lands, and certainly in England, a class of hangers-on of science whose occupation forbade them to pursue such knowledge, who loved to hear of the marvels of nature, and to believe that they knew something of all these things. From this class of people originated such a wave of pseudo science as had passed over them during the last twenty years, and was now declining. The fashion began very easily and harmlessly. Perhaps there might be an eminent lecturer whose diction was so simple that his hearers really thought they understood him. On his evenings the public lecture-room was crowded. He explained with extreme simplicity of language the most advanced theorems in dynamics and electricity, while a well-dressed audience took graceful notes, such as would astonish the lecturer. He accompanied his teachings with experiments that to perform truly required the most exact machines and hands as delicate as a Faraday's. They were repeated in the school-room with an old staylace or a lollipop. But soon such things got dull, for the details of science were apt to be slow. Mesmerism, clairvoyance, electro-biology, succeeded each other, and as each experimenter outbids his fellows in the marvellous, so public appetite was stimulated even to the swallowing of spiritualism and table-rapping. A mind greedy of the marvellous would scarcely be checked by anything, but the limits of absurdity had probably been reached with the idea that disembodied spirits should delight themselves in the company of two mountebanks, hid up in a cupboard and playing "Sally come up", or other graceless melodies on a vile guitar or a wheezy accordion. Mr. Barwell drew from all this a moral which he applied to medicine. It was a science of sciences; but the application of the science was an art. It was one thing to have at



their finger ends all possible learning about diseases, and another to perceive what was the matter with a patient; a third to prescribe in such a way as to counteract the disease; and it was a fourth thing to get fairly and properly paid for their work, and this was the most difficult of the four. He urged the cultivation of tact, although undoubtedly it sometimes offered temptation to insincerity, untruthfulness, and, in fact, to humbug. He concluded a most interesting lecture by stating that in consequence of certain changes in the hospital, the chair of anatomy had fallen to him, and he should do his best to fill it honourably.

## Correspondence.

### THE MEDICAL PROVIDENT SOCIETY.

LETTER FROM H. C. B. STEELE, ESQ.

SIR,—In 1846, at the solicitation of the late Mr. Daniell of Newport Pagnell, I subscribed to his Provident Fund from prudential motives. After subscribing five pounds, I requested the opinion of our late worthy and able associate, Mr. Newnham of Farnham, who, while writing most kindly as to Mr. Daniell's intentions, stated that, in his opinion, it was almost impossible that it should succeed. I was present when Mr. Daniell brought this project before the meeting at Derby, where it was decided by a large majority that it was undesirable that such an institution should be attached to the British Medical Association, as there was already one—the Medical Benevolent Fund. Shortly after this, the institution collapsed. I had certainly the consolation that, after paying useless expenses, a portion of my subscription was handed over to some charitable fund. What with life-assurance offices and provident societies, some connected with our profession—one, an excellent institution, in London; one in Sussex; if not now, there was one in Norfolk—I cannot see the necessity of this project being attached to the British Medical Association. The unfounded aspersions cast upon the motives of those who conscientiously oppose this connexion by Mr. Clay, and the uncalled for severe remarks by Dr. Stephens in his letter to the *JOURNAL* of last week, and his decidedly erroneous statements when he asserts that the *Association* gave birth to, and has acknowledged, the Provident Society, for the last thirty years—are an evidence to my mind of a great want of confidence both as to the success and importance of the project.

I am, etc., H. C. B. STEELE.

Stoke Ferry, Brandon, Norfolk, September 25th, 1866.

### RECENT IMPROVEMENTS IN SURGERY.

LETTER FROM H. GREENWAY, ESQ.

SIR,—In the *JOURNAL* of the 15th inst., there appears a report of a paper on the above subject, read by Mr. W. P. Swain at the last annual meeting of the South-Western Branch of the British Medical Association on the 20th of June. He first drew the attention of the members to the suction-curette “introduced by Mr. Prigdin Teale, jun., of Leeds.”

As there is no novelty in that instrument but can be found in the suction instrument I had previously invented, I deemed it my duty to communicate with Mr. Swain. I directed his attention to the correspondence on the subject of suction-curettes, which appeared in the *JOURNAL* last March, showing that the combination of tubes, described and figured by Mr. Teale, jun., in 1864 (*Royal London Ophthalmic*

*Hospital Reports*, vol. iv, part 2), and named by him “suction-curette”, is precisely similar to that which appears in an instrument designed by myself in 1860, for performing an operation within the eyeball, and described as applicable to other operations than the one named.

I fully admitted to Mr. Swain the credit due to Mr. Teale for having conceived the idea of removing soft cataracts by means of the instrument in question. Whether the operation of extraction by suction, which had become obsolete from the difficulty and danger attending the use of the suction instruments formerly employed, would have been successfully revived in 1864 but for the appearance of my invention, I must allow others to judge.

I beg to append a copy of Mr. Swain's reply.

I am, etc., HENRY GREENWAY.

Plymouth, September 29th, 1866.

“27, Ker Street, Devonport, Sept. 28th, 1866.”

“My dear Sir,—I have carefully read over the correspondence in the *BRITISH MEDICAL JOURNAL* of March 3rd, 10th, and 24th, 1866, and I have no doubt that your claim to be the first inventor of a ‘suction instrument’ is substantiated. It is, however, quite plain that Mr. Teale was the first to apply this principle to the removal of soft cataracts, although you might yourself have contemplated the use of your instrument for such a purpose. I regret not having connected your name with my notice of suction instruments, and shall be glad, in the republication of my paper to supply the omission.”

“Believe me to be yours very truly,

“W. P. SWAIN.

“H. Greenway, Esq.

“P.S.—You can publish this note if you think it useful.”

A CANCER-CURER. A verdict of manslaughter has been returned at Oldbury, against a man named Chamberlain, herbalist, for having caused the death of a woman. She had been suffering from a tumour, which Chamberlain treated with ointment containing arsenic. The poison was absorbed into the system, and the woman died in consequence. She had been under treatment for eighteen months; but failing in obtaining relief, was advised to see Mr. Chamberlain. She shewed him the tumour in her shoulder. He told her it was a “cancer-tumour”, and that he thought he could “cure it.” He prescribed for the deceased, and gave her an ointment to be applied to the tumour; he cautioned her to use but “very little at the time”, and to rub it “just on the top of the tumour”; he omitted to label the box to that effect. Instead, however, of adhering to the verbal instruction, it appeared that the deceased applied the ointment herself, twice or three times a day for a fortnight, when she became very ill, showing all the symptoms of having been poisoned. A *post mortem* examination of the body was made; and the heart, liver, and intestines, were analysed by Professor Taylor. Professor Taylor deposed that the ointment was a very potent compound of arsenic; and if applied frequently to the skin in a broken or diseased condition, the arsenic would most likely be absorbed into the blood, and cause symptoms of chronic poisoning and death. He was of opinion that her death had been caused by the absorption of arsenic. Witness went on to say that he had made an examination of the tumour, and found it was an encysted tumour. He found traces of arsenic in it. The stomach was reddened in streaks. It was quite well preserved. The liver also contained arsenic; and in his opinion it had been absorbed and diffused through the body of the deceased.



## Medical News.

**ROYAL COLLEGE OF PHYSICIANS OF LONDON.** At a general meeting of the Fellows, held on Tuesday, October 2nd, the following members of the College were duly admitted Fellows of the same:—

Hicks, John Braxton, M.D. Lond., St. Thomas's Street  
Latham, Peter Wallwork, M.D. Cantab., Cambridge

At the same meeting, the following gentlemen, having undergone the necessary examination, were duly admitted members of the College:—

Beigel, Hermann, M.D. Berlin, Finsbury Square  
Lomas, William, M.D. St. Andrew's, Harley Street  
Waring, Edward John, M.D. St. Andrew's, Talbot Villas, Westbourne Park

The following extra-Licentiate was also admitted a member of the College:—

Forbes, John, Addison Road, Kensington

**APOTHECARIES' HALL.** On September 27th, 1866, the following Licentiates were admitted:—

Raker, Benjamin, Framlingham, Suffolk  
Beckett, Francis Mears, Hitchin, Herts  
Davidson, Thomas, Forres, Morayshire

At the same Court, the following passed the first examination:—

Howard, James, Manchester School of Medicine  
Rainbow, Frederic, St. Thomas's Hospital  
Woods, George Arthur, Liverpool Royal Infirmary

### APPOINTMENTS.

\*SPENCER, Alderman Lawrence, I.R.C.P. Ed., of Preston, has been put in the Commission of the Peace for the County Palatine of Lancaster.

### ROYAL NAVY.

ALLISON, Thos. D., M.D., Assistant-Surgeon, to the *Royal Adelaide*.  
BENNETT, William R., M.D., Surgeon (additional), to the *Duke of Wellington*.

FULTON, Thomas, M.D., Assistant-Surgeon, to the *Britannia*.

LAWRENCE, George R., Esq., Assistant-Surgeon, to the *Duke of Wellington*.

O'BRIEN, William E., Esq., Surgeon, to the *Endymion*.

RIDINGS, William G., Esq., Surgeon (additional), to the *Formidable*, for the Royal Marines at Deal.

SHANE, James A., Esq., Surgeon (additional), to the *Victoria*, in lieu of an Assistant-Surgeon.

SENE, James A., Esq., Surgeon, to the *Victoria*, in lieu of an Assistant-Surgeon.

TRIMBLE, John, Esq., Assistant-Surgeon, to the *Endymion*.

**VOLUNTEERS, (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—**

WALLIS, F., Esq., to be Honorary Assistant-Surgeon 7th Cinque Ports A.V.

### BIRTH.

BRAND. On September 30th, at Penge, the wife of Samuel E. Brand, Esq., Surgeon, of a son.

### MARRIAGE.

GOODWIN, Robert Docksey, Esq., of Ashbourne, Derbyshire, to Elizabeth, second daughter of the late Rev. Benjamin SMITH, B.A., of Drax, Yorkshire.

### DEATHS.

ATKINSON, A. R., M.D., late Bengal Medical Service, at Hounslow, aged 43, on September 25.

HUSBAND. On October 1st, at 3, St. Leonard's Place, York, Anne, wife of W. D. Husband, Esq.

THOMPSON, George Septimus, Esq., Surgeon, at Burnopfield, Gateshead-on-Tyne, aged 28, on September 15.

**CHARGE OF ILL-TREATING A LUNATIC.** Henry Burton, one of the attendants at the Surrey County Asylum, has been committed for trial for ill-treating a lunatic. Three of the other attendants were called for the defence; they deposed that the lunatic was very violent, and they contradicted the evidence of the painters, on which the accusation principally rested.

**HEALTH OF LONDON.** Dr. Letheby states that the mortality in the City of London is much below the average of the corresponding periods of the last ten years.

**BEQUESTS.** The late Mr. Worthington of Stilton has bequeathed £200 to the Huntingdon Infirmary. The late Mr. Richard Saunders has bequeathed £500 to the Earlswood Asylum for Idiots, and £100 to the Surrey Dispensary.

**THE CASE OF DR. JULER.** At Marylebone, an application was made to the magistrate which had reference to a recent prosecution. At the last sessions of the Central Criminal Court two young men were tried and sentenced for seven years' penal servitude for attempting to extort money from Dr. Juler, of Paddington. On Thursday Mr. Lewis produced sworn affidavits, setting forth that Dr. Juler had in the course of his examination committed perjury. Mr. Lewis asked for a warrant to be granted for his immediate apprehension. Mr. Mansfield granted the warrant, which was placed at once in the hands of two active detectives, who up to the present time have failed to apprehend the doctor. On Saturday Mr. Lewis attended again, and said he had come in consequence of information he had received that Dr. Juler would surrender, but the doctor not having done so they were going to offer a reward for his apprehension.

**PATHOLOGICAL SOCIETY.** The attention of members of the society is called to the following regulations adopted by the Council. 1. Members intending to exhibit specimens, should give notice to the Secretaries as early as may be convenient, and the specimen should be sent to the rooms before the meeting. 2. If a member fail to produce the specimen, it shall not be received without a fresh notice. 3. Members desiring to exhibit living specimens, must direct the patients to attend a quarter of an hour before the meeting, in order to give members an opportunity to examine them before going into the meeting-room. 4. Specimens exhibited at other societies, or the details of which have been already published, shall not be received. 5. The reports must be furnished to the Secretaries, for publication in the *Transactions* of the Society, immediately after the meeting at which the specimens have been exhibited. 6. The reports should be written in a form fit for printing.

**A CHARGE OF MISCONDUCT** on the part of authorities of St. Pancras Workhouse has been brought before the board of guardians. An idiotic boy who had strayed from home was found by the police and taken to St. Pancras Workhouse. The lad told his name, but could give no account of his residence. In the course of the same day a pauper named Fauld, employed as a sort of clerk by the master, sent another pauper named Poole out with the boy to several streets, which he did not recognise. At last the poor idiot pointed towards Tottenham Court Road, was taken to the end of a street, told to go home, and there left. The saddest part of the story is that the lad has not been heard of since. Poole said that the same course was usually adopted under similar circumstances; and he had within the last three months taken other lost children "home" in the same way. The guardians expressed the utmost indignation; a reward of £5 was ordered to be offered for the recovery of the boy; and the whole matter was referred to the house committee for further investigation.

**THE SOCIAL SCIENCE CONGRESS** commenced on the 3rd inst. its tenth anniversary at Manchester. The accession of Lord Stanley to office, and Lord



Brougham's plea of increased age and infirmities, prevented first one and then the other from assuming the office of president, and the honour, therefore fell upon the shoulders of the Earl of Shaftesbury. The noble earl's opening address touched upon a great variety of subjects affecting the moral, social, and physical well-being of the poorer classes. His lordship passed a high eulogium upon the half-time educational system, which is now extended to the Potteries, producing results so excellent, that on a recent visit to Staffordshire, which he said filled his heart with so much thankfulness that he "blessed God, the Legislature, the employers, the schoolmasters, and in his satisfaction everybody, for the glorious sight." A sad contrast was, however, presented to him by the brickfields, where "hundreds of little girls from eight to eleven years of age, half-naked, and besmeared with dirt, totter under prodigious burdens of clay, during many hours of toil, in these abodes of oppression." And their mental abasement was so profound that when, as the noble earl says, he spoke to them "they either remained aghast with astonishment, or ran away screaming as though some evil spirit had appeared to them."

**PREVENTION OF VENEREAL DISEASES.** The Government has decided upon putting into immediate execution the new Act of last session, for the better prevention of contagious diseases at certain naval and military stations, which takes effect from and after the 30th inst., at the port and garrison at Chatham, the arrangements for carrying out the Act being intrusted to the metropolitan police. The former Act (the 27th and 28th of Victoria, cap. 85) relating to the same subject will cease to operate from the date mentioned. In order to carry out the operations of the amended Act to their fullest extent, the Government has entered into an arrangement with the governors of St. Bartholomew's Hospital, Rochester, for fitting up a portion of that establishment for the reception of female patients belonging to the class who come under the operation of the Act. The governors of the hospital have agreed to appropriate forty beds in the hospital for the purposes required, the Government contributing to the funds of the hospital £40 per annum for each bed. Hitherto patients from Sheerness have been sent to the Rochester Hospital; but arrangements are being made for the conversion of one of the military buildings at Sheerness into a hospital for the reception of female patients. The seaport and garrison towns to which the Act applies are—Portsmouth, Chatham, Plymouth and Devonport, Woolwich, Sheerness, Aldershot, Windsor, Colchester, Shorncliffe, the Curragh, Cork, and Queenstown.

**GAS EXPLOSION.** The Rochester (New York) *Democrat* states that an accident occurred in that city recently, at the house of Dr. Fleming, which, though not attended by fatal consequences, was only prevented being so by the merest chance. Pure oxygen gas, which is inhaled for the relief of lung-diseases, was usually being generated in a large iron retort over a spirit-lamp. The students undertook to use a small gas-stove; and the heat soon became so great, that the gas was evolved faster than it could pass into the gasometer, which caused an explosion, blowing out the bottom of the retort, and throwing the retort itself through the ceiling and into the parlour above, tearing up planks and plastering, and breaking to fragments a chair standing there, and doing other injury to the room. The furniture of the back office, where the explosion occurred, was broken to pieces, and the glass blown out of the window. A large quantity of bottles in a medicine-closet close

by were completely demolished. Fortunately, no one was in the office at the time, or in the parlour above, although some members of the family had been in both places hardly an instant before the explosion took place. (*Med. and Surg. Reporter.*)

### OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.  
TUESDAY....Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.  
WEDNESDAY...St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.  
THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.  
FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.  
SATURDAY....St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

### TO CORRESPONDENTS.

\* \* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

**COMMUNICATIONS.**—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

**CORRESPONDENTS**, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

The Publisher begs to intimate that orders for JOURNALS sent by post must be accompanied by stamps for the amount. Price of each number is, by post, *sixpence*.

Mr. EDDOWES.—The *Gazette Médicale* or *L'Union Médicale*.

**THE MEDICAL CLUB.**—SIR: I am glad to see that a Medical Club is about to be established in London. It is not a little remarkable that such an institution has not been established before; but I think none can for a moment doubt its desirableness: and one of the advantages which may be expected from it will be the more complete fusion of London and provincial practitioners, which the BRITISH MEDICAL JOURNAL has already done so much to accomplish. There is a good deal after all in a name; and I propose that the club be called the "Hunterian Club". Perhaps some of your readers may suggest a better.

I am, etc. PROVINCIALS.

Nottingham, September 1866.

**COMMUNICATIONS** have been received from:—Mr. T. SPENCER WELLS; Dr. J. R. WARDELL; Mr. WM. P. SWAIN; Mr. JAMES PAGET; Mr. W. D. HUSBAND; Dr. T. H. BARTLETT; Mr. THOMAS NUNNELLY; Dr. SAMUELSON; Mr. C. JOHNSON; Dr. E. ANDREW; Dr. KELLY; Dr. G. H. PHILLIPS; Mr. S. WOOD; Dr. FREDERICK J. BROWN; Dr. MURRAY; Dr. SPENCER; Mr. STANGER; Mr. E. MACKAY; Dr. J. STEPHENS; Mr. H. GREENWAY; Mr. WILLIAM MARTIN; Mr. EDDOWES; Dr. WOAKES; Mr. STONE; Mr. ERASMUS WILSON; Dr. L. MARSH; Mr. R. H. B. NICHOLSON; Mr. WILLIAM COPNEY; Dr. H. JONES; and Mr. H. WALTON.

### BOOKS RECEIVED.

1. *Esperienze in Appoggio della Dottrina delle Fermentazioni Morbose.* Memoria di Giovanni Polli. Milano: 1865.
2. *Sulle Malattie da Fermento Morbifico e sul loro Trattamento.* Memoria Seconda (Parte Clinica). Del Dottor Giovanni Polli. Milano: 1864.
3. *The Arrest and Prevention of Cholera.* By A. E. Sansom, M.B. London: 1866.
4. *Acholic Diseases.* By A. C. Macleod, L.K. & Q.C.P.I. London: 1866.
5. *A Practical Treatise on Apoplexy.* By W. B. Mushet, M.B. London: 1866.
6. *The Harveian Oration, 1866.* By G. E. Paget, M.D. Cambridge and London: 1866.
7. *Suggestions in reference to the present Cholera Epidemic.* By W. Sanderson, C.E. London: 1866.



## The Medical Club.

—A Club is being formed in London for the convenience of Members of the Medical Profession and gentlemen engaged in the pursuit of those sciences allied to Medicine.

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JOHN PROBERT, Esq., Treasurer,  
6, New Cavendish Street, W.

LORY MARSH, M.D., Honorary Secretary,  
Royal United Service Institution, Whitehall Yard, S.W.

September, 1866.

## Hastings Memorial Fund.—At

the recent meeting of the British Medical Association, held at Chester, it was resolved to raise a special fund to be called, in memory of Sir Charles Hastings, "The Hastings Memorial Fund," the produce of which shall be devoted to provide, and supplement with a sum of money, the "Hastings Medal," which shall be awarded for distinguished labours in medical science to any member of the profession in any country. Gentlemen desirous of contributing, whether members of the Association or not, are requested to forward their donations to the Treasurer, Dr. FALCONER, of Bath, or to the Secretary,

T. WATKIN WILLIAMS, General Secretary.

13, Newhall Street, Birmingham, August 20th, 1866.

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# Addresses and Papers

READ AT

## THE THIRTY-FOURTH ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

[Held in CHESTER, AUGUST 7th, 8th, 9th, and 10th, 1866.]

### ON LICHEN PLANUS: THE LICHEN RUBER OF HEBRA.

By ERASMUS WILSON, F.R.S.

PROFESSOR HEBRA of Vienna has made the medical world acquainted with a peculiar form of papular eruption, which he has designated *lichen ruber*. This eruption is far from being infrequent in England; and we have, therefore, thought it desirable that our brethren of the profession should be informed as to its characters and treatment. We have for many years been familiar with the disease; but have forborne its description until the present time, when the opportunity is afforded us of performing a pleasant duty in corroborating the account of the disease given by our celebrated colleague.

Hebra has selected the word "*ruber*" as a specific denomination of the disease; but we have preferred to retain the term "*planus*", by which we had already distinguished it in the early notes of the cases which had fallen under our care, before we were made aware of our colleague's researches. The terms *ruber*, *red*, and *planus*, *flat* or *smooth*, may be taken to represent two of the most conspicuous of the characters of the eruption; but it has seemed to us, also, that the latter term will be likely to realise most strikingly the pathognomony of the eruption, either when seen accidentally and for the first time, or when sought for as a means of diagnosis from other forms of cutaneous disorder. *Ruber*, or redness, accompanies most of the forms of lichen, and the redness of the present variety is not especially remarkable; whereas, flatness and smoothness are characters which belong to this variety of lichenous eruption alone.

The papule of lichen planus or ruber have a dull red colour. They are slightly elevated; discrete; one or two lines in diameter; flattened, depressed, or umbilicated, and glazed on the summit; and marked in the centre by the aperture of a follicle and the outline of its epidermic plug. Sometimes, when the eruption is abundant, a small cluster of neighbouring papule are connected by an infiltrated base and form a patch of various size; at other times, the papule covering a large extent of surface, such as the entire length of the forearm, are connected in a similar manner, and the papule are sometimes so thickly clustered as to appear coherent.

At their first appearance, the papule are always discrete, and generally remain so during their entire course. They are, commonly, angular at their base, corresponding in outline with the area of the lines of motion of the skin, and they increase in numbers by successive eruptions, fresh pimples cropping up in the interspaces left between their predecessors. Even in the compound patches constituted by the thickening and infiltration of the skin upon which they are developed, the separate form of the papule may be easily traced. The papule never enlarges by its cir-

cumference, but retains its original breadth; the production of broad patches resulting from congestion and infiltration of the integuments at their base.

When the papule declines, it subsides in elevation; and at this period has somewhat of an annular character, its glazed and horny summit being depressed below the level of its circumference. The glazed summit is also remarkable for transparency and opalescence, and from the appearance, through the horny cuticle, of the aperture of a follicle surrounded by the annular outline of its epithelial lining. The total subsidence of the papule is followed by a deep brown stain; and where the eruption has been abundant, the skin is singularly speckled by these stains. In a few instances, another mode of decline is perceptible; namely, the dispersion of the papule and the production of a small red desquamating patch a few times larger than its base.

In the diffused form of the eruption, resulting from a congregated assemblage of papule, and their conversion into a single large patch by hyperæmia, infiltration, and thickening of the skin upon which they are produced, the skin undergoes a change of character; it is more or less pruriginous, and desquamates freely, like a patch of chronic eczema; but the pruritus is less in degree than occurs in the latter disease, and there is no exudation whatever.

Lichen planus is regional in its distribution, its more common sites being the front of the forearm just above the wrist, the abdomen, the loins, the hips, the back of the sacrum, the convexity of the knee, the lower extremity, the nape of the neck, the front of the chest, the front of the forearm, and sometimes the bend of the elbow and the axilla. In one instance, a lady, 56 years of age, and who had suffered from the disease for two months, the eruption appeared on the tongue, the buccal membrane, and the prolábium of the lower lip, in the form of round white spots, having the normal size of the papules on the skin, but without elevation. She complained of a feeling of roughness of the tongue without dryness or thirst; and the same sensation extended to the throat, making it probable that a similar state might exist, in some cases, in the alimentary canal, and be one of the causes of the marasmus described by Hebra.

Like other cutaneous affections, it offers certain varieties in its characters. Most commonly, and always at the beginning, it is discrete in eruption, *lichen planus discretus*; occasionally, it forms diffused patches of various extent, *lichen planus diffusus*, but in this instance is always accompanied by the discrete form in other parts, and by a scattering of isolated papules in the immediate neighbourhood of the conglomerate patches. In a few instances, and especially in the flexures of the elbows and hollows of the axillæ, we have found an annulate form of the eruption resulting from the growth of the margin and subsidence of the centre of the patch, *lichen planus annulatus*; and, in these cases, when a part of the circle disappears, the eruption has a marginate character, *lichen planus marginatus*. Generally, as already stated, lichen planus is remarkable for the absence of pruritus, its discovery by the patient resulting from its visible presence without any preceding irritation; but, in one instance, that of a highly nervous woman, we saw it begin with itching, and the subsequent pruritus was intense and almost maddening, *lichen planus pruriginosus*; but pruritus, nevertheless, must be regarded as an exceptional symptom.

Lichen planus is always associated with symptoms of constitutional derangement, generally referable to the digestive and nutritive system, and accompanied with more or less of nervous irritability and



pain. But, as a whole, the numerous patients who have come under our notice affected with this complaint, with one exception, the nervous lady already alluded to, have not seemed much out of health, and are fairly represented by the cases which we append to this description. These cases are drawn, without selection, from patients immediately under our observation at the present time.

The peculiar glazed and horn-like epidermal layer which constitutes the summit of the flattened papule has been termed by Hebra a "scale"; but it can hardly be regarded as a scale, inasmuch as it is continuous with the surrounding epidermis and does not usually desquamate as a scale when the papule subsides; but when it is cast off as a scale, as occurs in the infiltrated patches, the connexion of its under surface with the epithelial lining of a follicle is also remarkable. Judging from Hebra's description, the disease is more deeply rooted in the constitution in Austria than it is in this country. With us it is mild but obstinate, and ultimately yields to treatment; it produces neither emaciation nor marasmus; does not attack the skin around the joints, occasioning rhagades and interfering with their motion; and we have never seen it on the hands or feet, or causing any interference with the growth of the nails.

Hebra describes lichen ruber as presenting three stages; the definition of the three stages being as follows.

1. Papulæ, millet-sized, red, discrete, covered with little scales, not excoriated, not clustered, not general, but limited to a part, chiefly to the limbs.

2. The infiltrated patch, caused by the contact of a great number of papulæ developed closely together, is of dull red colour, covered with greyish, moderately adherent scales, of the thinness of paper; the scales on removal exhibit dilated hair-follicles; no moisture; no bleeding from slight scratching; very superficial excoriation of the surface, proving the slowness of the pruritus.

However much this eruption may resemble other forms of cutaneous disease, it may always be distinguished by the character of the papulæ developed around the circumference of the infiltrated patch; and it may be seen that the patch does not owe its origin to the growth of the papulæ in circumference, but to their development in numbers.

3. As a consequence of the continued eruption of the papulæ, the skin is at last wholly reddened and thickened; and the epidermis, especially its horny layer, converted into thin, greyish-yellow, easily-stripped scales, without a trace of papulæ remaining. There is besides, degeneration of the nails, restricted movement of the joints, and rhagades. The general symptoms are, arrest of nutrition, emaciation, marasmus, and unfavourable issue, particularly after a duration of years.

CASE I. A merchant of the city of London, aged 35, consulted us on March 8th, 1866, for an eruption of lichen planus which covered the whole of the abdomen, the loins and pelvic region of the back, the outside of the hips, and the front of the forearms. He stated that the eruption had existed four months; that his attention was first drawn to it by seeing it on the abdomen; that it was unattended with inconvenience of any kind; that there was a trifling itching when he became warmed by exercise, but not sufficient to induce scratching, and none which could disturb sleep.

The eruption presented the usual characters of lichen planus; namely, papulæ, slightly elevated, flattened or rather depressed, glazed on the summit, marked in the centre by the aperture of a follicle, discrete, smooth, and of a dull red colour; their

size varying between one line and two lines in diameter. In three or four situations a cluster of papulæ had become blended by infiltration of the subjacent skin, and formed a patch of irregular outline a quarter of an inch in breadth; and one spot, of quadrangular figure, produced in this manner, measured half an inch in diameter. There were neither scales nor desquamation. The eruption had reached its present extent by the successive elevation of new papulæ developed in the interspaces of the old, and the papulæ showed no tendency to individual increase.

He has always enjoyed a good average state of health, is occupied in business every day from half-past nine until six, is regular in his habits, and has lately quitted the volunteer service on being married. His skin is swarthy; and he presents melasma oculi in a slight degree, an indication of disordered function of the digestive organs. Previously to the attack of lichen planus, he suffered from weight at the præcordia, nausea, and flatulent dyspepsia, and also from piles, but these symptoms disappeared on the occurrence of the eruption.

There being no general indications to be considered, we prescribed for him our ferro-arsenical mixture, at a dose equivalent to three minims of Fowler's solution, three times a day, with the use of a lotion of bichloride of mercury, two grains to the ounce, in emulsion of bitter almonds, night and morning; the skin being previously thoroughly washed with the juniper tar soap. On the 22nd of March, the eruption had subsided very considerably; and, as he had experienced no inconvenience from the internal medicine, we increased the dose of Fowler's solution to four minims. On the 14th of April following, the eruption was gone, leaving only brown stains, with which the surface was speckled over. The papulæ had subsided without desquamation; and in one place only was there a slight degree of desquamation of the cuticle.

CASE II. A lady, aged 27, the wife of a clergyman, has been the subject of lichen planus for four months. The eruption began in December 1865, by the appearance of half a dozen pimples sprinkled on the front of the forearm, just above the wrist; and the pimples have increased in number until they are now accumulated pretty thickly on both forearms, the back of the neck, the upper part of the chest, the waist, and the legs, from the lower third of the thigh downwards. They have a dull red colour; are but little elevated; are flat and slightly depressed on the summit, glazed and opaline on the surface, and marked in the centre by the circular outline of the mouth of a follicle. In some situations, as on the back of the neck and front of the chest, the smooth, horny, flat, white, and shining summit is the most conspicuous character of the pimples, which are smaller in this situation than elsewhere. The redness is scarcely perceptible; and these white spots look like small spangles glittering on the skin. They are not scales, because they are continuous with an unbroken epidermis; but the corneous epidermis of which they consist is somewhat thicker than that of the surrounding integument.

On the waist, numerous small clusters of papules have become blended by the congestion and infiltration of their base; and this is especially remarkable in the groove produced by the pressure of the garter, the whole line of this groove being occupied by a chain of such blended clusters.

The front of the forearms is occupied by a diffused blotch of these papules, united by a red and infiltrated base. The blotch occupies the whole breadth of the forearm, and extends from the bend of the elbow nearly to the wrist. The blotch is slightly



raised, circumscribed, unevenly papular on the surface, and covered by small scales produced by the separation of the horny surface of the papules; while along the circumference of the blotch may be seen, here and there, a few scattered papulae, marking the nature of the composition of the blotch. The blotch was formed originally by an accumulation and aggregation of distinct papulae; and the infiltration and congestion which subsequently united the papules together, and blended them, was developed only six weeks back.

After a week of treatment, many of the papulae had subsided to the level of the integument, while the horny plates were removed, and in their place there remained deep brown stains. At this period could be seen, on different parts of the surface, the chief characteristic features of the eruption: the papulae, the diffused blotches, and the pigmentary spots; the papulae, some red, some almost colourless, some marked by a thin, glassy, transparent surface, and others by a thicker, horny, polished plate, glistening, but smaller in dimensions.

The papular eruption was wholly unattended with pruritus; but the infiltrated and desquamating patch was moderately itchy, by no means so much so as chronic eczema squamosum, to which it bears considerable resemblance, but giving forth no ichorous discharge and a less abundance of scales.

The patient suffered much, at the beginning of the eruption, from general depression, both mental and physical, with neuralgia of the fifth pair of nerves; and, on the occasion of her visit to us, she complained of weakness and pains in the sockets of her eyes. Her complexion was muddy, her skin and conjunctiva pale, and the tongue pale and indented by the teeth. She had no disorder of the feet or hands, or of the nails.

CASE III. A gentleman, a student of Oxford, aged 22, was attacked with an eruption of lichen planus in the beginning of February 1866, and came under our notice towards the end of March. The eruption began as a crop of flat, red, and glazed papulae on the hips; it then showed itself on the front of the forearms, next on the abdomen, and thence spread over the entire trunk. On the hips and forearms, the eruption is discrete, intermingled with a few coherent patches a third of an inch in diameter. The abdomen has a very remarkable appearance, from being thickly studded over with small oblong coherent patches. The patches measure nearly an inch in length by a third or quarter of an inch in breadth, and are arranged in a transverse and oblique direction; while the intermediate spaces are sprinkled over with separate papulae. The greater number of the patches are coated on the surface by a glazed epidermis; whilst a few are in a state of desquamation, the loosened scales being white, thin, and glistening. The skin between the patches is red, and marked with fine creases, dry and pulverulent; and the whole surface is remarkable for its parched, wrinkled, pulverulent, and scaly appearance.

The eruption appeared without itching, and has been free from pruritus throughout its entire course, excepting a slight degree of irritation when the body is heated by exercise, or on the change of raiment on retiring to bed; and the parts on which irritation is felt are those in a state of desquamation.

The eruption presents the characters assigned by Hebra to lichen ruber; it begins by scattered papules, and increases in extent by the development of fresh papulae in the interspaces between those originally produced. Every here and there a few papules become coherent, and form patches but slightly raised, and of irregular figure; frequently their base is infiltrated, and the patch is cemented by a ground of

redness. An extension of this process gives rise to diffused blotches of considerable extent, sometimes covering a large portion of a limb. The individual papules are flattened and glazed, slightly depressed in the centre, and marked by the aperture of a follicle; but the epidermis is continuous with that of the surrounding skin. There is no tendency to desquamation. When, however, a cluster of pimples or a number of patches are blended together by an infiltrated base, the glazed summit of the papules is apt to desquamate; and a succession of thin glistening white scales are produced in its place. The scales are much thinner than those of alphas, even when accumulated, as sometimes happens; they are purely epidermal, not composed in part of desiccated secretions like those of squamous eczema, and, unlike alphas, are more abundant on the centre of the patch than at the circumference. And the eruption, in its diffused form, though resembling in some respects chronic eczema and alphas, is unlike both, but more like the latter than the former, and might be mistaken for an erythematous alphas.

Our patient is of nervous temperament and feeble constitution; he had a little eczema from dentition in infancy, but has been free from all cutaneous ailment since, until the present attack, and of late years has been gaining in health and strength. Four months before the present attack of eruption, he was suffering from debility, and, a few weeks later, became the subject of epistaxis, which lasted for several days. At present he is moderately well; his functions are properly performed; he can apply himself to his studies without feeling them irksome; but he is a little weak. He has no affection of the hands, feet, or nails.

CASE IV. A lady, aged 57, has been the subject of lichen planus for six years; the eruption being situated on the front of the wrists, in the flexure of the elbows, in the axillae, and in a marginate form around the whole circumference of the perineum, vulva, and anus.

On the front of the wrists there are a few scattered papulae; while, in the other regions, the papulae have assumed a centrifugal and marginate character, forming rings of irregular figure, inclosing an area of sound skin, upon which the papulae have subsided and disappeared. The most remarkable character of the eruption in this long-standing case is the thickness and hardness and whiteness of the parchment-like epidermic layer of the papules. On the wrists, the white opaque epidermic plate is surrounded by a border of redness. In the flexure of the forearms, it forms nearly continuous rings, with very little redness. Around the perineum and in the groins, the thick white epidermic layer constitutes a band a quarter of an inch in breadth, feeling stiff and uneasy on sitting, as though a piece of dry parchment were inserted in the skin. The area of the rings in the flexure of the elbows and axillae is thin and pale, from defective nutrition of the skin; while that of the perineum is stained with brown pigment, and roughened by the concretion of a seborrhoeal exudation. Very little pruritus has attended the eruption; and there is no affection of the hands, feet, or nails.

The patient refers her disorder to "change of life". About ten years back, she suffered severely from pruritus vaginæ; and, when the pruritus subsided, an eruption appeared upon the outer part of the vulva and in the groins, apparently an eczema. The lichen planus is a subsequent occurrence; and lately she has experienced a troublesome feeling of pruritus of the front of the chest.

Our treatment of lichen planus is illustrated in Cases I and II. The remedy which we have found



most successful—indeed, almost invariably so—is our ferro-arsenical mixture; and, as a local application, the bichloride of mercury in lotion, or the solution of the pentasulphuret of calcium. Hebra has found no remedy serviceable in lichen ruber, with the exception of arsenic.

### CASE OF HERPETIC ERUPTION IN PART OF THE DISTRIBUTION OF THE SECOND DIVISION OF THE RIGHT FIFTH CEREBRAL NERVE.

By JAMES PAGET, F.R.S.

A WISH expressed by the editor of the JOURNAL for the publication of cases of this kind induces me to offer the following. I attended the patient in consultation with Mr. Tayloe of Clapham.

A gentleman, between 25 and 30 years old, in good general health, was twice exposed to severe cold on October 22nd, and in the evening had a slight shivering, and some pain as of neuralgia in the right side of his face. Next day, he felt pretty well; but the neuralgic pain was severe, and gradually increased. Morphia was taken for its relief.

On October 25th, the right side of the face was much swollen; and there appeared on the right side of the upper lip and of the nose, and on the right cheek, a copious herpetic eruption. At the same time, numerous small white blisters appeared on the right half of the roof of the mouth and the adjacent part of the gum and cheek. The pain at this time was very severe; it reached "from the lip to the eye", and was attended with twitching of some of the muscles of the face. The patient's general health was not greatly disturbed.

The eruption, after passing through the usual stages of herpes, began to fade about November 5th, leaving thick dark scabs, like those of declining confluent variola. On the hard palate, in the place of a scab, was a thick layer like a diphtheritic membrane. The crust and the membrane cleared off in about a week, leaving the surface of the skin dusky red and deeply scarred and pitted. The swelling of the skin and of the mucous membrane, which had coincided with the eruption, gradually with it disappeared.

On November 18th, twenty-six days from the commencement of the disease, one of the bicuspid molars of the right side of the upper jaw fell out; on the next day, another; and in a few days later, the canine and both incisors. They all appeared to have been sound till the time of their death and separation. The loss of the teeth exposed a corresponding dead portion of the alveolar border of the jaw, which separated and was removed on December 5th. It included the sockets of all the teeth that had been lost. After this, all the structures that had been diseased healed, and no harm remained, except some disfigurement by the scars.

In the case just related, the herpetic eruption was arranged in exact coincidence with the surface-distribution of the infraorbital, anterior dental, and anterior palatine branches of the right superior maxillary nerve (second division of the right fifth cerebral nerve). It agreed with all the cases that I have seen of unilateral herpes arranged on the plan of branches of the fifth cerebral nerve, in that the eruption was preceded by extremely severe pain like that of tic. It equally resembled those cases, and was unlike the herpes zona or shingles, which is arranged according to the distribution of spinal nerves, in that the eruption was followed by well-marked pitted scars. It is, so far as I know, unique

in having necrosis as a consequence of the intense inflammation of the palate and gum.

To the wish of the editor, with which I have thus complied, I would add another: that some good observer would collect and study all the cases in which the plan or process of organic disease is manifestly determined, as in these cases of herpes, by disease or injury of cerebro-spinal nerves or nervous centres. Much as the subject has been argued, a work of this kind seems greatly needed. To some, the facts that healthy nutrition may go on in parts whose nerves are all divided, and that organisms and textures void of nerves are nourished as well or as ill as any others, seem enough to prove that nerves have nothing to do with the matter. To others, half pathology is "nervous."

Well-collected cases might settle this difference, and determine what is the true range of the influence of disturbances of cerebro-spinal nerve-force upon organic processes. It is certain that nutrition may go on in a total privation of nerve-force, such as we suppose in a part completely separated from nerve-centres by division of its nerves; but a question not fully answered is, in what degrees and manners nutrition may be affected by disturbances of nerve-force.

The best collection of cases useful for the inquiry is in the admirable work on *Gunshot and other Injuries of Nerves* by Dr. Mitchell and his colleagues in the Military Hospital of Philadelphia. And for a contribution, however small, I add this case.

A gentleman, after many years' marriage, became subject to herpes of the glans after every sexual intercourse with his wife. He suspected her, and for several days lived apart from her. Then, one night, he had a seminal emission during sleep; and on the following morning found the usual herpes; the result, I suppose, of an excited unsound nerve-force.

ROYAL COLLEGE OF SURGEONS. From the last annual report of the receipts and expenditure of the College in the year from Midsummer Day 1865, to Midsummer Day 1866, and which has only just been published, it appears that the former amounted to £10,993 : 7 : 7, and the latter to £12,641 : 1 : 4, showing an excess of expenditure of £1,647 : 13 : 9. The income of the College is derived principally from the fees paid on admission to the membership, which amounted during the past year to the sum of £8197 : 15. The fellowship examinations produced £210. The midwifery and dental diplomas yielded £134 : 8. The election of old members into the fellowship is still remunerative, having produced £189. The judicious investment of some of the college capital in the purchase of freehold property is shown in the return of £809 : 18 : 9 for rent, to which there will be some addition next year. The College does not appear to have much funded property, as the dividends on investments in Government securities only produced £1233 : 17. In the disbursements, which amounted to £12,641 : 1 : 4, it appears that the largest item was in fees to council and examiners, which is put down at £3610 : 5 : 6. The salaries and wages appear next in numerical amount as £3101 : 14 : 10. The government and parochial authorities are large recipients of the college cash, as upwards of eleven hundred pounds was paid in the year for diploma stamps, taxes, and rates. The pensions appear to be on the increase, as £498 : 12 is put down against £307 : 13 of last year. The publication of the *Calendar* is not a remunerative affair, costing £148 : 7 : 3 and producing only £8 : 18 : 4, thus showing a loss of £139 : 8 : 11. Nearly £200 has been distributed by the council in prizes and lectures for the members of the College.



# Original Communications.

## THE THEORY OF CHOLERA COLAPSE.

By EDWARD WOAKES, M.D.Lond., F.L.S.,  
Luton.

To Dr. Johnson we are undoubtedly indebted for much painstaking and skilful research into the disease now so prevalent amongst us, though, if we mistake not, there are many medical men to whose minds the arguments he has advanced on the subject of cholera will fail to carry conviction. While confessing ourselves amongst this number, we cannot too highly express, though attempting a somewhat diverse elucidation of the subject, our respect for the authority and position of Dr. Johnson, whose candid reasoning and gentlemanly discussion of this topic are of themselves almost sufficient to disarm criticism. At any rate, they encourage the belief that he is prepared to deal fairly with any opponent of his views who may meet him in the liberal spirit he has himself displayed in this matter.

According to Dr. Johnson, whose published treatises on cholera may be regarded as embodying the most recent knowledge of the disease, the central pathological phenomenon of cholera collapse consists in the fact that, after death, the tissue of the lungs contains "less than the usual amount of blood and air"; indicating a most decided stasis of blood behind the pulmonary capillaries. Respecting the cause of this, he says, "The blood which is sent into the pulmonary artery is in great part arrested in the minute branches of the artery before it reaches the capillaries of the lungs"; and, again, "the blood thus poisoned (by the *materies morbi* of cholera) excites contraction of the muscular walls of the minute pulmonary artery, the effect of which is to diminish, and in fatal cases entirely to arrest the flow of blood through the lungs." In support of these views, Dr. Johnson brings forward arguments from pathology and physiology, and opposed to what he seems to consider the only other alternative—viz., that of simple mechanical obstruction to the onward passage of the blood in consequence of the separation of its solid and fluid constituents. While regarding this latter theory as altogether beside the mark, we contend that these two views are not the only ones open for the acceptance or rejection of pathologists.

Dr. Johnson proceeds to argue that this spasm of the minute pulmonary arteries is akin to that constituting cramps in the limbs, both being due to the same cause. "The blood", he says, "contains a poison whose irritant action upon the muscular tissue is shown by the painful cramps which it occasions." Quite a legitimate inference this from the standpoint to which we are alluding; though, before accepting it, we are met by this difficulty. Presuming that the poison has produced the same contracted effect on the small arteries supplying the muscles, and that therefore the capillary system of the muscles are as empty of blood as those of the lung are stated to be, it is difficult to understand in what way the poison in question is brought into such intimate contact with the muscular fibres (now that the capillary system is in abeyance) as to produce in them the violent contractions known as cramp. Why, also, should there not be spasms of other muscular fibres equally exposed to the influence of the poison; as, e.g., those of the finer bronchial tubes, or of the epiglottis? And if it be answered, that the arteries conveying blood to these organs are in the same state of tonic spasm as are the pulmonary arteries,

how is it that the heart itself should escape the effects of spasm? which, if there be any relation between the amount of a cause and the degree of resulting effect, should, one would think, be most violently convulsed, inasmuch as the whole poison contained in the blood passes through it, as long as the circulation continues.

But the theory of spasm of the smaller pulmonary arteries being the main pathological condition of cholera, involves another difficulty. Dr. Johnson says he is prepared to show that "the thickening of the blood is a consequence and not a cause of the arrest of blood in the pulmonary arteries." If so, then every case of cholera collapse should be sudden and complete, coinciding with the setting in of spasm of the pulmonary arteries; and so, no doubt, the collapse is sometimes thus suddenly fatal, though rarely. And, again, the collapse should invariably precede the access of rice-water evacuations; these latter being the direct consequence of the separation of the solid from the fluid constituents of the blood, which separation ("or thickening") is a consequence of the "arrest of blood in the pulmonary arteries." But the instances in which rice-water evacuations precede the symptoms of collapse are so numerous as to constitute the rule; so that we are bound to look for some other solution of a phenomenon which obtains in the majority of cases, than that which can only explain the peculiarities of the exceptional ones. Here, too, though we question Dr. Johnson's conclusion, that the "thickening of the blood is a consequence of its arrest in the pulmonary arteries," we by no means accept his alternative; viz., that it is the cause of its thickening. In fact, we think it is neither the one nor the other. Perhaps, the weakest point in Dr. Johnson's argument is, that it appears to explain the exceptional cases better than it does the general ones.

Before passing from Dr. Johnson's views, we cannot do better, for the sake of clearly understanding them, than to quote his own summary of the chain of events in cholera collapse and their mutual relationship; viz.,

"Arrest of blood in the pulmonary arteries	} causes	{ Defective respiration and diminished absorption.
Defective respiration and diminished absorption		
	} cause	{ Increased thickness and density of blood."

Now, it appears to us that the links of the chain, as here given, are not only misplaced, but that the dependence stated to exist between them is also erroneous.

While admitting the frequent, though by no means constant, occurrence in collapse of an anæmic state of the lungs, we cannot dissociate this from the corresponding indications of the arrest of the capillary circulation in other parts of the system; as, e.g., in the skin, indicated by the pale hue and clammy feel, as well as by the shrinking of the features; and in the brain by the drowsy torpor so often present (a condition similar to that of sleep shown by Durham to depend on brain anæmia). We have then to deal with the cause of this general abnegation of the capillary circulation in the circumstances now under consideration. Here it will be advantageous to recall the conditions under which the capillary circulation takes place in the normal state of the system.

These depend, as every tyro in physiology knows, on the mutual affinities existing between the blood on the one hand, and the particular tissue through which it has to pass, and whose nutrition it mediates, on the other. "The conditions necessary for the energetic flow of blood through the capillaries, are nothing else than the active performance of those



nutritive and other operations to which they are subservient." (Dr. Carpenter's *Physiology*.) The force of the heart's action, therefore, does little else in the case of the capillary vessels than to keep up the supply of blood; being altogether inadequate to propel the blood through them. There must be, then, the quality to give and take mutually present in the blood contained in the capillaries and the parts it has to supply, or this portion of the circulation will not go on. But we are now treating of a disease in which perhaps the most marked feature is the change that takes place in the constitution of the blood itself. A change distinctly recognisable during life, and of such a nature as completely to destroy the physical conditions of that fluid, so that the mechanical conditions under which it remains in its proper channels, and mediates the nutrition of the various parts of the system, are destroyed. This effect is in its extreme degree, coincident with the collapse, and is due, as we believe, to the immediate action of the cholera-poison upon the blood. Not so, says Dr. Johnson, but rather the poison in the blood induces spasm of the pulmonary capillaries which, by preventing aëration of the blood, is the cause of its degeneration. Now, as neither of these views can be actually put to the proof, their rejection or acceptance will rest on the greater degree of consistency which either offers in explaining the phenomena of the disease.

The first link in the chain of morbid phenomena, as we view it, is the disintegration of the blood, in such a way that it fails to fulfil the conditions necessary for maintaining the circulation.

The known hygroscopic affinities of the cholera germ suggest the idea that the form in which the poison is introduced into the blood is that of a cell, which being brought into immediate contact with the blood-corpuscles, a fresh osmotic relationship is established between the two sets of cells, by means of which the dialytic powers of the blood discs are for the time lost, and with them the ability to mediate the nutrition of the system. Nor will the possibility of such a state of things be questioned by any one who has watched the extraordinary effect which organic cells produce on one another when brought within the range of each other's attraction. This theory which assumes that the effect of the cholera-poison on the blood is physical rather than chemical, renders intelligible the rapid restoration of the blood when the influence of the cholera-poison is withdrawn from it through the evacuations—for, with the exception of the removal from the blood of its watery and saline constituents, its organic chemistry, though disturbed, is not destroyed.

It is only necessary, therefore, that the depreciated corpuscles should regain their wonted constitution in order that the processes of nutrition thus kept in abeyance during collapse may be re-established. But whether this view of the *modus operandi* of the cholera-poison be or be not correct in no wise affects the main argument; viz., that the primary influence it produces on the blood is to negative the physical adaptability for nourishing the frame inherent to a healthy state of this fluid.

The succeeding stage of the process comprises the much debated one of the capillary circulation. Neither the pulmonary nor the systemic capillary circulation is in active operation. With Dr. Carpenter's words just quoted before us, we need surely seek for no other explanation of the fact. The blood, being rendered incapable of conveying nutrition to the tissues, is excluded from the capillaries through which this nutrition is conveyed. The condition requisite for maintaining the capillary circulation being destroyed, it is not unnatural that the circulation itself should cease. Thus it will be seen

that, though we insist on the morbid state of the blood as the first step in the series, we do not make the second step (the cessation of the capillary circulation) to depend simply upon the thickened state of the morbid blood, but to the temporary destruction in it of the ability to furnish nutriment to the tissues, and the consequent loss of those affinities between the blood and the tissues which are the essential condition of the capillary circulation.

But the term nutrition has a very extensive application, and must be considered to include such an interchange of elements as in health suffices not only to supply pabulum to the part, but to remove from it the *débris* arising from the wear of the tissues. Consequently there is, on the suspension of this interchange, another set of phenomena, the tissues become charged with effete matter. This would constitute another stage in the disease. Thus, the muscles retain those elements in their antepenultimate condition of decay, which, if the change were complete, would pass off as the constituents of urine and bile by their respective emunctories. In consequence of this, there is stored up in the substance of the muscle many highly irritating matters, which, by their presence, give rise to the cramps of cholera.

It is important here to recall the circumstance that there is a comparative absence of carbonic acid in the blood of cholera patients; nor is any carbonic acid found in the respired air during the stage of collapse. These facts are intelligible when it is recognised that none of the carbon-yielding elements resulting from the decay of the muscles are returned to the blood, owing to the suspension of the capillary circulation. We simply call attention to these circumstances in passing, as we shall return to them shortly in referring to the state of the respiration in collapse. Now, it will be easy to understand why there should be a suspension of urine and bile in cholera; for the elements from which the solid constituents of these excretions are elaborated do not, as just shown, leave the tissues in which they are generated to enter the blood; much less can they be eliminated through the kidney or liver, which, in fact, they do not reach.

A correspondent states, in the *JOURNAL* (p. 647), that he attributes the absence of bile and urine "to a constricted condition of the biliary and renal ducts, attributable to the action of the poison on their musculo-contractile structures." And it appears to us that he is as much warranted in maintaining this view of the case, as is Dr. Johnson in his; but it has this fatal objection. If the bile, for example, were retained by closure of the ducts, we have a condition similar to what actually occurs in some forms of liver disease, where, however, the obstruction is mechanical, rather than of the nature of spasm, and the immediate issue of which is jaundice. The bile, being formed by the liver, but unable, from the obstructed state of the ducts, to find its natural vent, enters the blood and gives rise to jaundice. The same would also occur in cholera if spasm of the ducts were the real cause of absence of bile from the excretions in cholera. But in collapse there is no bile found in the blood, neither is any expelled from the bowels; hence none is formed by the liver. The same line of argument applies to the kidney; for if urine were formed and not excreted, it would pass into the blood and give rise to the train of symptoms known as uræmia; but neither does this condition obtain in cholera collapse. We are left, then, to the conclusion, that neither bile nor urine is formed by their respective organs, owing to the suspension of the capillary circulation and the consequent non-return of the effete matters of the system to the blood, out of which these excretions are elaborated.



The absence of the capillary circulation to a more or less degree, then, loads the tissues, not the blood, with the *debris* of their own normal existence; a fact this of the highest importance in a therapeutic point of view.

Bringing this theory to bear on the *pulmonary phenomena of collapse*, we shall obtain, we think, a more complete explanation of these by it, than by any other hypothesis. We have stated that the chief condition for carrying on the capillary circulation consists in the reciprocal affinities existing between the blood and the organ or tissue through which the blood ramifies. Now, it is known that, in the lungs, oxygen from the air is exchanged for carbonic acid gas from the blood: not, as is sometimes supposed, that oxygen from the air unites with carbon from the blood to form carbonic acid, which is then expired; but, as Dr. Carpenter has well expressed it, "the blood comes to the lungs *charged with carbonic acid*; and that it gives out this ready formed, and receives oxygen in its stead." Now, carbonic acid is one of those materials derived from the decay of the tissues which we have already shown does not get into the blood during collapse; and as, in the progress of the disease, all the carbonic acid contained in the blood previous to the attack is carried off, and the new supply from the tissues is withheld, we at once perceive in what consists the reciprocity between the blood and the lungs, and how it comes to be lost. *As the vital fluid is unable to fulfil its part of the operations for the performance of which the pulmonary capillaries are provided, these latter refuse to convey the blood through them—an explanation of the anæmic condition of the lungs in collapse which we may be excused for preferring to that of spasm of the pulmonary arteries.* This, moreover, is a condition which the supply of no amount of pure air will remedy. Until the blood has carbonic acid furnished to it to give up in exchange for the oxygen of the air, none of the latter gas will enter the blood; and the processes dependent upon its presence there will in the meantime remain in abeyance. Dr. Sutton of the London Hospital has informed the writer that nitrous oxide has been inhaled by patients in collapse without producing any effect whatever on the system: a circumstance which is intelligible only on the supposition that this gas does not enter the circulation at all, but is expired exactly as it is inspired. This fact serves to confirm the theory now broached; the reason why the nitrous oxide is excluded being the same as that which prohibits the entrance of oxygen through the lungs—viz., the absence of carbonic acid in the blood to exchange for it, entailing a cessation of the circulation through the pulmonary capillaries. The water also, which usually finds an evaporating surface in the air-cells of the lungs, being carried off by the bowels, these organs are reduced to the same state of inactivity as are the liver and kidneys, and so but little air and less blood are found in them after death.

Dr. Johnson states, that "there is no direct relation between collapse and loss of fluid by the bowels;" and, except that both phenomena acknowledge the same cause—viz., the deranged physical state of the blood—we entirely agree with him. At the same time, we do not remember to have met with any satisfactory explanation of this symptom. In some aspects, it appears to resemble the anasarca produced by kidney or heart disease; and we can conceive of no reason why anasarca should not occur in cholera, except that the blood does not enter the capillaries of the integument. This arrest of the circulation, as it pertains to the pulmonary and hepatic capillaries especially, retains the blood in the veins of the intestinal track. The visceral veins thus become

increasingly gorged with blood, of which the fluid portions are of a much less degree of density than usual. This serous fluid then passes outwards through the veins, obeying the same laws of osmosis as, under the opposite condition of health, cause the fluids to pass out of the stomach, through the veins of that organ, into the portal circulation.

Instead, therefore, of the rice-water evacuations being the result simply of an eliminative effort of Nature—though they may indirectly serve to carry off the poison—they are, on our theory, the direct necessity of the loss of the statical relations between the blood and its channels, induced in the former by the poison of cholera. Any attempt, therefore, to interfere with this purely physical condition by the administration of drugs, in the ordinary acceptance of the term, will be useless.

If the views now advocated be correct, cholera will be seen to be a disease in which the *dynamical conditions* of health are subverted; and, if the life of the body is lost, it is because the *physical conditions* on which vitality depends are too far deranged to allow of its continuance.

The order of events, as seen from our stand-point, is as follows.

Deranged physical condition of blood, its consequent inability to mediate the nutrition of textures, or to remain within its channels,	causes	Suspension of capillary circulation, both pulmonary and systemic. Watery evacuations.
Suspension of capillary circulation	causes	Retention of effete elements in the textures.
Retention of effete elements in the textures	causes	Cramps. Suspension of bile, urine, and respiration. Collapse.

Furthermore, in support of this view, we claim that it has an equal application to the ordinary and to the exceptional cases: *e. g.*, the suddenness and completeness of the collapse in some cases is due either to the concentration with which the poison attacks the patient, or his incapacity of resisting its disturbing influence upon the blood, or both of these together, inducing the physical change previously alluded to in the entire fluid, and the consequent abrupt and universal check of all the dynamical changes which are necessary for the continuance of vitality, the complete analogy of which, as regards the rapidly fatal issue, we see in typhus and scarlet fevers. Moreover, taking the altered physical state of the blood to be the starting-point in the disease, it shows how the watery evacuations may precede any indication of collapse, and may exist independently of any change in the respiration. Lastly, it explains what proportion of the morbid phenomena is due directly to the cholera poison, and what symptoms are simply indirectly referable to it. Thus we limit the action of the *materies morbi* to the disturbing effect upon the blood, its further capability for evil being exhausted when this is accomplished; the supposititious cell breaking up into countless nuclei, which pass out with the evacuations, to become in their turn the centres of fresh disease, should they by any mischance alight upon a suitable nidus for their development. Cholera, as a specific disease, may be said to end with the establishment of this altered state of the blood, and its severity to depend entirely upon the extent to which this has proceeded.

We shall close these remarks by one or two suggestions for treating the disease, deducible from the foregoing theory.

Believing that the evacuations, if not curative, are



simply the effects of other and therefore of more important lesions; and that the attempts to restrain them, if not harmful, are absolutely nugatory—we shall bestow no further attention upon them than to secure that they be immediately removed, and rendered innocuous by disinfectants. Manifestly, then, the primary indication is to restore to the blood those elements of decay which the temporary cessation of the capillary circulation has caused to accumulate in the tissues. This we take to be the salient point in the disease, and the one which more than any other tends, by its persistence, to prevent the recovery of the patient. For it is highly probable that the effect of the poison on the blood is, as far as it goes, immediate; and that no attempt to eliminate it can be nearly so efficacious or rapid as its own tendency to exhaust itself. Death, according to this theory, takes place, not in consequence of the altered state of the blood persisting throughout the disease, but in consequence of those stases which have occurred during the immediate operation of the poison, and the persistence of which, by withholding the essential conditions for continuing the circulation of the blood, prevents the possibility of its re-establishment. The wheels of life are clogged by refuse matter, though the machine itself remains unimpaired. How is this indication to be accomplished?

On this point, the experiments for injecting fluid into the veins, while raising our expectations with the promise of a brilliant success, only to baffle them by a corresponding degree of disappointment, are most instructive. They teach us that the machinery of the circulation remains intact; but they also show that something more than the crude injection of water, rendered sufficiently dense by some salt thrown in almost at haphazard, is requisite to supply the delicately balanced conditions for maintaining the continuous flow of the vital fluid.

If we mistake not, Dr. Richardson furnished the clue to the only successful method of restoring the capillary circulation, in an experiment he performed some years ago on the corpse of a drowned man—when, in order to recognise the body, which was bloated by a lengthened period of submersion, he placed it in a dense solution; and, according to the laws of osmosis, the water passed out of the body, allowing the tissues to return to their normal degree of distension. In the treatment of cholera collapse, we have to deal with an exactly opposite state of things to that which obtained in the above proceeding. The collapsed body being reduced to a state of semi-desiccation, we must place it in such circumstances as will permit of water passing by endosmosis through the skin of the patient. In this way the fluid will saturate the tissues, taking up from them the soluble *débris* which constitute the elements requisite for the performance of the functions of those organs whose operations are now in abeyance, and for the want of which effete elements, the capillaries remain empty. Passing still onwards by the irresistible osmotic force, the imbibed fluid will now hasten to join the thickened blood in the veins. These vessels will thus become gradually charged with a fluid medium differing vastly from any that can be injected into them from without the body, and rendered sufficiently dense by the very same constituents of the liquor sanguinis for the conveyance of which, in the normal state of things, the serum of the blood is the proper vehicle.

Now, it will be obvious that the attempt to introduce serum or water into the veins by the process of injection must fail in its purpose, because this cannot safely be charged with the elements required to restore the mutual attraction between the tissues and the now diluted and to some extent invigorated

blood; for the former are not thereby relieved of their incubus, and the capillaries are no nearer acting than previously. Carbonic acid gas cannot thereby be added to the blood; and, until this occurs, there will be no opportunity afforded for restoring the pulmonary circulation. It is probable, indeed, that the first result of the successful induction of the endosmotic process we are discussing would be the conducting to the circulation of a solution of this gas, elaborated and dissolved in the natural laboratory of the animal system in a way peculiarly fitted for the important part it has to perform in the economy. This, passing directly to the right side of the heart, will at once enter the pulmonary artery; and, being now furnished with that condition of the blood requisite for the interchange of oxygen in the lungs, the pulmonary capillaries will hesitate no longer to admit it, and so the circulation through the lungs, and the consequent aëration of the blood, will recommence. This being accomplished, we shall not have long to wait for the reappearance of both bile and urine.

One practical point remains to be considered; viz., how is the end in view to be accomplished? By imitating, *ceteris paribus*, as closely as may be, the experiment of Dr. Richardson. We suggest the following plan, subject to any modification that experience may dictate.

The patient should be supported in the recumbent posture, upon a stage or shelf rendered sufficiently soft for him to lie upon for a considerable length of time. A bath sufficiently large and deep should be nearly filled with water at a temperature of 70°, in which about one pound of mustard is to be stirred. Into this tepid mustard bath, the entire body, with the exception of the head, is to be immersed, and in it the patient is to remain, passing his evacuations into the bath, until faintness, or the necessity of renewing the water, renders it necessary to remove him. He may then, by means of the framework on which he is lying, be raised above the water, without disturbing his prone position. During the process of replenishing and disinfecting the bath, the patient should be covered with warm blankets, and gentle friction applied to the limbs in the course of the venous circulation. As soon as possible the bath is to be repeated, the previous temperature being maintained throughout; the patient remaining in it until such time as indications of the subsidence of the collapse become manifest. The object of the mustard is simply to act as a stimulus to the absorbent powers of the skin, and also to prevent faintness.

During this proceeding, the patient is to drink freely of soda water, in order that, should it be retained by the stomach, carbonic acid may be conveyed to the blood through the veins of that organ.

Of the complications resulting from the reaction from collapse, involving as they do nothing peculiar to the theory of cholera now under consideration, they need no special discussion here.

This theory will afford an explanation of the futility of all mere drugs in a confirmed case of the disease; for, with the arrest of the capillary circulation, the operations of all the organs must cease also. The inutility of administering calomel—*s. g.*, to promote the secretion of bile—will be obvious from our point of view, unless it be contended that this drug is itself capable of being converted into bile.

If the theory now advanced be correct, we shall be reduced to the conclusion that any treatment of cholera, which may have proved successful, has been so in proportion as it has embodied more or less of the plan now advocated; though, as far as we are aware, its partial adoption has had no reference to the principles attempted to be set forth in this thesis.



## Reviews and Notices.

A HANDY-BOOK OF OPHTHALMIC SURGERY FOR THE USE OF PRACTITIONERS. By JOHN Z. LAURENCE, F.R.C.S., M.B., Surgeon to the Ophthalmic Hospital, Southwark, etc.; and ROBERT C. MOON, House-Surgeon to the Ophthalmic Hospital, Southwark. With numerous Illustrations. Pp. 160. London: 1866.

THE object which the authors of this book have had in view has been to furnish practitioners with an outline of the principles and practice of Ophthalmic Surgery, such as it now is. The work, therefore, contains an epitome of the most important contributions that have been made to ophthalmic surgery and science during recent years. In carrying out their plan, the authors have avoided elaborateness, and have for the most part confined themselves to giving, in as few words as could be consistent with clearness, a description of the symptoms essential to the recognition of disease, and of the details of operations. Questions of theory and hypothesis are left untouched.

The book is divided into seventeen chapters. In the first chapters, Messrs. LAURENCE and MOON describe the various Methods of Examining the Eye. Here we are directed first how to make the *objective* examination of the eye—by inspection, palpation, the strabismometer, ophthalmoscope, etc.; then instructions are given as to the *subjective* examination of the state of vision.

The second chapter contains General Remarks on Ophthalmic Operations. Here we have a description of an ingenious apparatus devised by Mr. Laurence for steadying the head, and termed the *cephalostat*. Of the use of chloroform in operations on the eye, the authors write as follows.

"The advisability of administering chloroform is determined to some extent by the wishes, but principally by the behaviour, of the patient. A good test of his ability to bear pain is the introduction of a speculum. Should he, spasmodically, resent its presence, chloroform should be given, supposing him to be a fit subject for its administration; but if he appear to bear the speculum well, and promise to remain perfectly still, many operations, such as those on the lids and muscles, may be done without it.

"The special dangers of chloroform in eye-operations have been greatly exaggerated. In no operation on the human body is perfect quietude of the parts more required than in the extraction of cataract. Yet it is just in this very operation that the most emphatic veto has been placed on chloroform. Expulsion of the vitreous humour, or intraocular hæmorrhage caused by vomiting, have been said to be probable consequences of its administration. Preconceived opinion has been invoked in place of experience. We have now for upwards of three years administered chloroform in every kind of operation on the eye without one single bad result that could be attributed to the chloroform, even although in several cases its administration has been followed by vomiting. We have found it chiefly indicated in the very operation in which it has been specially forbidden—in the extraction of cataract. How often have we seen operators hurry through this procedure, glad 'to get it over', lest it should be marred by some movement of the patient! Professor Jacob-

son stated at the Heidelberg Congress of 1864, that in about 1,500 cases in which chloroform had been administered, in a period of five years, on no occasion had any signs of danger occurred; and that vomiting exerted no deleterious influence, if, as soon as its advent became apparent, the eye was properly protected by a cotton-wool compress; that, if the chloroform had been given to the full extent, no spasms of the ocular muscles or convulsions took place during the operation. Dr. Little has lately reported twenty flap-operations for cataract performed under chloroform by Mr. Thomas Windsor: 'In no case did chloroform appear to have any injurious influence' (*Ophthalmic Review*, vol. ii, p. 353). When chloroform is given, it is necessary that complete anæsthesia should be produced; otherwise the involuntary movements of the patient are more dangerous than his voluntary ones would have been: the latter may be anticipated and controlled; the former cannot." (P. 22.)

In the third chapter, Diseases of the Orbit are described; viz., periostitis, cellulitis, and tumours.

In the fourth chapter, the authors give an account of Diseases of the Eyelids; in the fifth, of Diseases of the Lacrymal Apparatus; and in the sixth, of Diseases of Muscles of the Eye—our knowledge of which, the authors observe, has been increased more rapidly than that of any other part of ophthalmic surgery, principally through the labours of Von Græfe.

In the seventh chapter are described Injuries of the Eye and Orbit, including contusion and ecchymosis of the lids, incised and lacerated wounds, burns and scalds, foreign bodies imbedded in the cornea, blows on the eyeball, wounds of the cornea, and fistula corneæ.

The eighth chapter is devoted to Diseases of the Conjunctiva—conjunctivitis, xerophthalmia, chemosis, symblepharon, tumours, and pterygium. Inflammation of the conjunctiva is classified, according to the character of the secretion, under the following forms: 1. Aqueous conjunctivitis, with watery discharge; 2. Mucous conjunctivitis (catarrhal ophthalmia), with mucous and puriform discharge; 3. Purulent conjunctivitis, with purulent and generally profuse discharge; this presents three forms—(a) conjunctivitis purulenta neonatorum, (b) gonorrhœal ophthalmia, and (c) Egyptian ophthalmia; 4. Pustular or Phlyctenular Conjunctivitis; 5. Granular Conjunctivitis; 6. Diphtheritic Conjunctivitis.

In the ninth and tenth chapters, Diseases of the Sclerotic and of the Cornea are described; and in the eleventh, Diseases of the Iris and Ciliary Body. Of the treatment of iritis, the authors write as follows.

"The great point is to keep the pupil, from the very commencement of the disease, thoroughly dilated by atropine: the dictum, that the iris will not dilate when inflamed, is a tradition unfounded in fact, and mischievous in practice. In the acute stages of iritis, leeches or cupping to the temples, warm fomentations, etc., are indicated. Internally, we give the following.

℞ Potass. bicarb. ʒij; liq. opii sedativ. ʒss to ʒi; tr. belladonnæ ʒss; mist. camp. ʒvi. ʒj every fourth hour.

"Mercury is generally regarded as the *sine quâ non* in the treatment of iritis: we, however, do not give it; our cases, we find, get on as well without it. Turpentine (mxxx—ʒj) has also been found a valuable internal remedy in the treatment of iritis.



"In some cases we have found paracentesis of the anterior chamber remarkably efficacious. After all the acute symptoms have passed off, vision may remain seriously impaired from the affection of the vitreous or choroid; in these cases, we have seen extraordinary benefit from the administration of two to five grain doses of the iodide of potassium three times a day. We have often seen the improvement in vision and the illuminability of the fundus oculi proceed under this treatment quite *pari passu*. Some persons have a peculiar tendency to iritis; no sooner is one attack gone than another returns. Every succeeding attack of 'recurrent iritis' inflicts its damage; an accumulation of attacks may practically destroy the eye as an organ of vision. In such cases, iridectomy is the only measure that will permanently arrest the disease. This answers two ends: it checks the iritis, and gives the patient a new pupil. The improvement in vision in such cases is, however, frequently less than might have been expected: this may depend on vitreous or choroidal complications, which must be then treated on their own merits." (P. 74.)

In the twelfth chapter are described Diseases of the Crystalline Lens; viz., Cataract and Dislocation. In speaking of cataract, the authors describe and comment briefly on the operations recommended by Mooren, Waldau, Von Gräfe, and other modern ophthalmic surgeons. Of flap-operations, they prefer that of Mooren, in which a preliminary iridectomy is performed; chloroform having been first administered. Waldau's operation, as modified by Mr. Critchett, they prefer, "in proper cases, to all other methods of extraction." Von Gräfe's new operation, which was described in the JOURNAL for April 21st of this year, p. 410, is also noticed; and on the relative merits of these and the flap-operation, the following remarks are offered.

"Waldau's and Von Gräfe's operations have certain advantages and disadvantages, when compared with the old flap-operation. In this latter, we have a large gaping wound, with a flap which, turning like a door on its hinge, is liable to get displaced. The flap itself, both from its size and the structure of which it is made, is liable to lose its vitality. The contents of the globe are in a great measure deprived of their natural support. The iris is exposed to bruising and prolapse. The period of cure is tedious, and involves both much care and anxiety on the part of the surgeon. The new operations are nearly devoid of all the above disadvantages, but present others which we, however, consider of less import. The chief one is the risk of destructive inflammation consequent on the introduction of spoons and hooks into the eye. This objection will, however, we feel convinced, be gradually entirely, as it is already partially in Von Gräfe's operation, eliminated. Secondary needle-operations on opaque capsule are more frequently necessary after the new operations. We may here incidentally allude to a peculiar form of interruption to the light produced by persistent capsule after such operations. The capsule is not opaque, but is variously folded, and thus a kind of irregular astigmatism is produced. A final—not very important—objection has been made, that the increased size of the pupil deteriorates vision by leading to unusually large dispersion-circles." (P. 90.)

The authors describe, in the thirteenth chapter, Amaurosis and Amblyopia; and in the fourteenth, Glaucoma. Of iridectomy, they are led to believe, by their own experience, that the beneficial influ-

ence of the operation is inversely proportional to the duration of the disease. "In chronic glaucoma," they write, "we have never seen it remarkably successful." On the other hand, as they fairly point out, Donders and Von Gräfe are said to have met with success from iridectomy in many cases of chronic glaucoma. Of the *rationale* of iridectomy, they say:

"In this point of view, iridectomy is singularly weak. Whilst nearly every other operation, not only in ophthalmic, but in general surgery, has some tangible reason to exhibit for its performance, iridectomy stands almost alone in the utter insufficiency of the various far-fetched explanations that have from time to time been assigned for its assumed efficiency. We cannot help thinking that the greater part of the benefit of the operation results from the largeness of the corneal incision, necessarily preliminary to the actual excision of the iris, and the consequent completeness of the relief to the intraocular tension thus implied; that a limited paracentesis *corneæ* is as inferior to 'iridectomy' precisely in the same ratio as the temporary relief afforded by the mere puncture of an abscess is to the permanent relief given by a free incision." (P. 108.)

Regarding iridectomy as the remedy for glaucoma—the only remedy in acute cases—the authors admit, from their own experience, that some "sub-acute cases recover under general treatment, of which we regard belladonna and iodide of potassium internally, and atropine topically, as the most potent elements."

In the fifteenth chapter are described Diseases affecting the whole Eyeball, arranged under the following Sections: Ophthalmitis; Sympathetic Ophthalmia; Tumours; Hydrophthalmia; Entozoa; Staphyloma; and Neuralgia Oculi. The operation of Extirpation, and Adaptation of an Artificial Eye, are also described.

The sixteenth chapter is devoted to a description of the Physiology of Vision; and the seventeenth, to Optical Defects of Vision. These subjects Mr. Laurence is well known to have studied with much care; and his remarks on them, though condensed, are sufficiently full and reliable to be instructive.

We cordially recommend this book to the notice of our readers, as containing an excellent outline of modern ophthalmic surgery.

ON VITALITY. By the Rev. H. H. HIGGINS, M.A.  
Pp. 19. Liverpool: 1866.

In this essay, which was read some time ago before the Liverpool Philosophical Society, Mr. HIGGINS argues against the idea which, he says, is entertained by some eminent physiologists, that vitality is not distinct from the action of known physical forces. He has evidently examined the subject carefully, and writes temperately on it. While holding that the phenomena which are generally regarded as vital cannot be explained by the action of mere physical forces, he allows that our ideas regarding the action of a vital force have necessarily undergone modification.

"It would be very interesting to trace the course of those discoveries in physiology which have led some eminent observers to class vitality with other known forces. It cannot be denied that a very large number of facts connected with the phenomena of life, formerly supposed to be attributable only to the



undefined agency of the vital principle, are now accounted for on principles which are purely scientific. For example, the constituents of some of the proximate elements of organic substances, such as starch, albumen, etc., were known long ago; but the power to combine these constituents so as to produce the proximate elements, was regarded as possessed by the vital principle alone, the working of which in the formation of the proximate elements could, it was thought, by no means be imitated in the laboratory. This is now known to be an error; the chemist by his science does that which before was considered to be the peculiar function of the vital principle. In these and many other instances, it has been proved that the aid of the vital principle has been unnecessarily invoked to account for results explicable on scientific grounds." (Pp. 15-16.)

## British Medical Journal.

SATURDAY, OCTOBER 13TH, 1866.

### THE CHOLERA AS IT APPEARED IN MALTA IN 1865.

A VOLUME of statistical, sanitary, and medical reports, recently issued by the Army Medical Department, contains a large amount of interesting material; but there is one paper of especial interest, on the late Cholera Epidemic in Malta.\* The authors of this Report appear to have been actuated by the very laudable desire to give a clear and unbiassed statement of facts; and they have made a very serviceable contribution to the natural history of cholera. In the first place, there is a detailed statement, illustrated by maps, affording conclusive evidence as to the influence exerted by human intercourse in the diffusion of the disease throughout the Maltese islands. Passing over this part of the Report, we come to the consideration of facts which have a direct bearing upon the nature and treatment of the disease.

We are told that three varieties of diarrhoea were observed during the epidemic. There was first the ordinary summer diarrhoea, characterised by pains in the stomach, coated tongue, and numerous bilious stools. This form of diarrhoea was more common than ordinary, both among the military and the civil population. It was attributed in part to the irregular and drunken habits of the soldiers during the epidemic; and amongst the natives, it was supposed to be favoured by the large consumption of fruit by the poorer classes, who were enabled to purchase it at a very cheap rate, in consequence of the usual consumers amongst the better classes avoiding it during the epidemic. This form of diarrhoea was very tractable in its nature. The second form of diarrhoea was characterised by painless watery purg-

ing, often associated with vomiting of the same character, clean or white furred tongue, depression of the countenance, dark rim under the eyes, and exhaustion. It was found in every degree of intensity, and, when severe, was classed under "choleraic diarrhoea". "Although intractable, it evinced no tendency to pass beyond a certain point, or to assume a more malignant form." This form of diarrhoea was very frequent at the height, and during the decline of the epidemic. The third form of diarrhoea was an intensification of the second kind, and so completely intractable, that in sixty-one cases, where every possible attempt was made to check it, in none did it succeed, but it was invariably followed by full development of cholera.

The authors declare in the most positive manner, that during no period of the epidemic was the "premonitory diarrhoea tending towards cholera, but easily checked," met with. "The second variety showed no tendency to pass beyond a certain point, if not stopped. Its severe form, the third variety, was clearly an early stage of cholera; and it may be fairly questioned whether a single case was prevented developing itself into cholera by treatment directed towards the suppression of the intestinal flux."

Nowhere have we met with more conclusive evidence as to the inutility of the astringent treatment of choleraic diarrhoea than is contained in this clear statement of facts. We are positively assured by intelligent observers, who appear to be entirely free from prejudice, and who had the best possible opportunities for ascertaining the facts, that the diarrhoea which appeared to yield to treatment would have stopped without it, while that form of diarrhoea which tended to pass on into cholera continued its fatal course in spite of every available repressive means.

Now here we are bound to raise an important question, which does not appear to have occurred to the authors of this Report. They have shown that the astringent treatment of this form of diarrhoea was useless; but may it not have been worse than useless? If it be a fact, as our authors believe, that the symptoms of cholera are due to the presence of a material poison; and that, as they say, "the exit of the *materies morbi* is chiefly by the intestinal tract, commencing early in the disease, and extending apparently into convalescence"—is it not probable that the repressive action of opiates and astringents must be injurious by impeding the exit of the poison? That these means do not entirely and abruptly arrest the intestinal flux is no proof that they are inert. They may so far retard and check the expulsive efforts as materially to increase the risk which arises from the retention of the morbid agent within the system. There can be no greater mistake than to suppose that a medicine is necessarily inert when it fails to effect the particular object for which it was

\* Report of the Cholera Epidemic of 1865 in the Maltese Islands. By Surgeon A. Leith Adams and Assistant-Surgeon R. H. Welch, 1st Battalion 22nd Regiment.



given. Opium may have no soporific effect in certain cases of delirium tremens, yet an over-dose may induce fatal syncope; so, in cases of choleraic diarrhoea, an indiscreet employment of opium, even when it does not entirely arrest the flux, may cause mischief by *retarding* the escape of the morbid secretions. The application of the break checks the speed of the train long before it brings it to a stop; and, when safety depends upon quick motion, an untimely check may be fatal.

In describing the symptomatology of the disease, particular attention is directed to symptoms of general constitutional disturbance, which, in a large proportion of cases, mark the period of invasion, precede the intestinal flux, and are probably associated with blood-contamination. Out of forty-two cases which were carefully noted, these symptoms existed clearly and unmistakably in twenty-seven. The symptoms were, a dull and listless appearance of the countenance and eyes; a dark rim around the orbits; a loss of all activity; want of appetite; prostration; vertigo; cramps; increased perspiration and coldness of surface on the least exertion; thirst; and *malaise*. After this condition had existed during a period ranging from a few hours to two or three days, the diarrhoea ensued, and the disease was then said to be present. The symptoms of invasion, as here described, are identical with those which have been noted by Twining and other practitioners in India.

Then, with regard to the relation between the intestinal discharges and the state of collapse, we are told that "the extent of the collapse was in no way commensurate with the amount of discharges. *Invariably it was found that the more severe the disease the less was the quantity and the frequency of these ejections.*" And it was observed that when recovery took place, a quick convalescence marked the majority of the cases, though in some few it was prolonged.

The treatment of the disease was very unsatisfactory. We are told that "system after system failed"; but, so far as we can gather, no definite plan was carried out. The only remedies spoken of as being really useful are emetics; but stimulants appear to have been given in most cases; and the mortality amongst the military was as high as seventy-two per cent., while amongst the civil population the mortality was sixty-two per cent. With respect to the treatment in vogue amongst the civil practitioners, it is said to have been "of the mildest character, leaving the patient very much to his chance. Emetics were occasionally used, and also mercury; stimulants never; castor-oil treatment by a few." Now, it is not without interest to inquire whether the native population thus left to their chance, with the aid of this mild treatment, were not more fortunate than the well fed and well cared for, but probably over-dosed and over-stimulated British soldier. The

statistics appear to give an affirmative answer to this question, and our present knowledge of the natural history of the disease points to the same conclusion. If the treatment do not coincide with the natural process of cure, the more the patient gets of it the less is his chance of recovery.

A brief account is given of the results obtained by the administration of strychnia in six cases during the stage of collapse. In one case, three doses of a quarter of a grain each within three-quarters of an hour induced the specific effects of the poison, and "death quickly followed, leaving no doubt as to the cause". In two cases, one and a half grain and one grain respectively brought the system within its influence with no beneficial results, the fatal termination was not retarded. In another case, one grain was administered during collapse without results, reaction ensued and with it tetanic spasm which caused death when the indications were of the most favourable kind. In one case only, the patient recovered, escaping both from the disease and the remedy; but it is not even suggested that the strychnia had any curative influence, and thenceforth the use of this dangerous agent was discontinued. It is evident from this report that in three cases the poison was absorbed during the stage of collapse, proving that the function of absorption, although lessened in the direct ratio of the arrest of the circulation, is not absolutely suspended during collapse. We trust that experiments of this kind will never again be repeated either in the British army or out of it.

Lastly, we learn that in three cases ice was applied to the spine. It had no influence on the course of the disease, which was fatal in every instance; and, in one case, in which congestive pneumonia succeeded, it was believed to have a deleterious effect.

Not the least among the many advantages which must inevitably flow from our present better knowledge of the nature of this terrible disease will be, that, henceforth mischievous and cruel experiments under the name of treatment will meet with the condemnation which they merit.

## CHOLERA.

DR. YOD publishes "A Simple Explanation of Cholera, and a Rational Mode of Treating it." His explanation is mainly a detail of the prominent symptoms of the disease. His treatment consists in restoring the fluid lost. And what fluid should be given?

"Brandy and water, says one; ginger and water, says another; neither, say I, but water. Water, the most general of solvents to wash away impurities; water, known only for negative properties; water, the fluid that an unvitiated nature will always crave for when thirsty; water, that God has given to the whole animal creation to wash both the interior and exterior of the body."

"Cholera is a blood-poison. Nature casts off the



poison principally through the bowels, which, on account of its virulence, it irritates dreadfully on its passage; and she uses the readily available fluids of the body to dilute the poison first, and wash it away afterwards. Our efforts should, therefore, be directed not to stop, but rather to encourage the evacuations, by the plentiful exhibition of the fluid most nearly allied to the serum of the blood—viz., water; and to allay the irritation in the bowels."

M. Cazalas has lately published an elaborate paper in *L'Union Médicale* on the question of the contagion of cholera. His summary is to this effect. Cholera is a specific disease, comprising cholerae and all accidents of a true choleraic nature. It does not originate only in India. It may arise anywhere. There is nothing to justify the theory of its constant importation from India. Cholera is neither contagious by direct contact, nor indirectly by the air. It is contracted by infection in choleraic foci, as intermittent fever is contracted in marshy districts. Quarantine is utterly useless; and so also is isolation of cholera-patients.

Dr. Steele of Montrose thus gives his experience of cholera, as learnt during the epidemic of 1832.

"Considerable opportunities of observing have led me to believe that contagion is not at any rate a powerful agent in the diffusion of cholera. I have never seen imported cholera spread widely; and, in my opinion, a few arrivals will never constitute the focus of a widely-radiating epidemic, unless there be existing in the locality some peculiar atmospheric condition favouring the propagation of the disease. What that condition is, I cannot tell. It remains concealed from the scrutiny of man."

He regrets that the Medical Officers of Health of the City of London have, in their instructions, recommended the speedy interment of the dead.

"It has not been proven that any evil emanates from the dead body, and facts are not wanting which tend to prove the reverse. In 1832 as in 1848-9, the dissecting-rooms were supplied with subjects dead of cholera; and to the best of my knowledge, Dr. Aitkin's statements concerning their innocuousness are as applicable to the former as to the latter epidemic. A girl very ill with cholera was seen by another practitioner and myself. When he called in the evening, he was asked whether, if death took place during the night, the funeral might not be deferred till daylight. She did, to all appearance, die about midnight. The body was dressed, removed from bed, and laid out in an adjoining room. About four in the morning, one of the attendants going into the room imagined there were still signs of life. The child was returned to bed, had external warmth assiduously applied, rallied, and eventually recovered.

"The practice to which I finally resorted in 1832, and which I would be disposed to still adopt if again called upon to treat cholera, is as follows. In the preliminary stage of choleraic diarrhoea, I ordered the patient to bed, and to be kept warm. I administered every two or three hours a pill containing opium, calomel, and ipecacuanha, with or without a little brandy. This, followed by a mild aperient, was generally all that was required. When the disease was farther advanced and collapse threatening, I found the mustard emetic very beneficial. Along with these means was conjoined sinapisms to the

belly and external heat, with assiduous friction to the cramped limbs.

"When the stage of collapse is completely formed, nothing I have tried has done any good. Sometimes, however, patients do rally; and hence the necessity for caution during collapse in the use of diffusible stimulants."

The following is a sketch recently published by Dr. W. Budd, in reference to the prevention of cholera.

"Evidence renders it extremely probable, not to say certain, that the poison which causes cholera is the product of the disease itself, and is cast off from the body in the characteristic 'rice-water' discharges from the alimentary canal. These discharges contain the seed by which the malady is sown. They infect the bed of the patient, and the privy or drains. From these last the poison may exhale into the air, or percolate into the drinking water. The disease may, also, be communicated by the hands of nurses, or others, soiled with the discharges. To prevent the spread of cholera, receive all discharges into vessels charged with a solution of chloride of zinc or some other powerful disinfectant. Keep the hands of the attendants scrupulously clean. Let all tainted beds and tainted linen be immediately burnt. Let all water be boiled before drunk. Where cholera has prevailed, or prevails, let privies and drains be disinfected daily. The latrines of all large establishments should be treated in the same way. The same principles to be applied to cholera in ships. Hospitals should be established for persons attacked by cholera. Daily house-to-house visitation in infected quarters."

#### ARMY MEDICAL SERVICE.

ONE of our contemporaries expresses surprise at an appointment lately made by the Army Medical Department. He thinks that a doctor who has practised medicine after the fashion of Dr. Hunter, the famed author of *Letters on Consumption*, of European and Transatlantic fame, cannot be held as sufficiently orthodox.

Now, for our own part, we have too long been acquainted with the doings of the Horse Guards to be surprised at anything there done *versus* the doctors. Rather, we are inclined to think that it would be a source of satisfaction to the Department to give the doctors a lesson. Besides, what right have the army doctors to complain? What business has the profession at large to interfere in a matter which concerns the Department only? Let us calmly argue the question.

If the Director-General choose to re-appoint into the army a medical officer who has already served, and is still desirous of serving, her Majesty, has he not full power to do so? If such gentleman, during his temporary retirement from public life, have been actively engaged in making himself specially well acquainted with a special means of curing special diseases—if he have, in fact, made himself in the interim a master of art in this way—ought not his return to his colours—his *revenant* to his original *moutons*—to be rather greeted with satisfaction? If the Director-General have not only the proof of com-



petency in the fact of previous service, but have also the certificate of a physician of high notoriety to back the re-appointment, who can reasonably blame the appointment? Suppose Dr. Hunter, in his valuable "Letters on the Nature, Causes, and Cure of Catarrh, Sore-Throat, Bronchitis, Asthma, and Consumption", in telling of the medical men who follow his method, speaks thus of one of them: "Another, an army surgeon of great ability and high attainments, has resigned his commission to establish himself in the same specialty at Edinburgh." Supposing this, can any reasonable person blame the Director-General for re-obtaining for Her Majesty's army the benefits of such "great ability and high attainments." We rather feel inclined to admire the courage which can raise itself above ordinary professional etiquette and its trammels, and accept the credentials of merit of so high an authority as the author of the Letters above mentioned. True, our medical brethren in the army may not see the thing exactly from this elevated point of view; but, then, what have their feelings to do with the matter? If the army medical head thinks it for the benefit of the soldier that a great inhaling and chest-disease-curing authority should blow his blessed vapours into the lungs of our soldiers, why should stupid etiquette or silly professional prejudices be allowed to come between the administrator and the recipient of the blessing? The Director-General who takes this view rises above the low horizon of vulgar professional jealousies. Besides, what right have officers in the army to hold opinions at all? How can they presume to talk of professional rules, etiquette, or dignity, and "all that sort of thing." This may do in civil life; but medical men in the army should remember what the captain told the middy who spoke of his "feelings" being hurt: "Just do me the favour to step up aloft, young gentleman, and send me word down when the stiff nor-wester has blown out your 'feelings'; we don't recognise that article in the service." The profession at large may look suspiciously at Dr. Hunter and his *protégés*; may refuse even to recognise their professional existence; to meet them in consultation; but what is all this to the Medical Department? The late Archbishop Whately, master of Mesmerism and chief of homœopaths, stigmatised this sort of stupid etiquette as a species of medical trades union. Why should not the Department take a like view with so learned a logician?

Army medical men may complain that, as they cannot choose their regimental medical partners, they ought to have a careful Darwinian theory of selection carried out for their benefit; but then they must learn that the Horse Guards does not understand this sort of thing. To hear is to obey; and how can he who occupies the exalted position of Director in general direct anything wrong in par-

ticular? Men high in authority are above the idle vapouring of those whom they govern; their word is law, and their will their reason. *Ut voleo, sic jubeo; stat pro ratione voluntas.* It is all very well for the profession at large to tell those who make valuable appointments of this kind, that they are guardians of the honour and dignity of the profession of medicine; but the profession forgets, and must be taught, that this sort of thing is not recognised in the Regimental Red-Book.

Such, we take it, from the fact of an appointment of the above nature having been made by the Director-General, is the view which his department takes of our professional dignity and value. Whether or no such an estimate of medicine can be said to be dignified, honourable, or scientific, we leave our brethren to answer. Whether those who patronise such views can be said or not to have right ideas of the honour, the dignity, and the science of medicine, we leave our brethren to decide.

[The following extract from the *Army and Navy Gazette* contains the details of the case to which we have alluded in the above remarks.

"SOMETHING TO BE INQUIRED INTO.

"To the Editor of the *Army and Navy Gazette*.

"Sir,—I heard some of the medical officers of my corps discussing something the other day which appeared to be the cause of much irritation to them, and I must say that they carry my sympathies with them. Some years ago, a medical officer retired from the service, and became connected professionally with a 'Doctor' whose letters had run in almost all the daily journals. His name appeared, moreover, as a witness on the occasion of a criminal trial; and there were other circumstances plainly pointing to the same fact—viz., a professional connexion between the doctor advertising his cures and the retired army medical officer. This month's *Army List*, they say, contains the name of the latter; he must, therefore, have returned to the service. Now, my medical friends represent that their standard of professional etiquette and honour would unquestionably have prevented them in civil life from holding any professional communication with the individual in question; and they cannot believe that Her Majesty's uniform ought to upset the established rules for guarding the *morale* of the profession to which they belong. "I am, sir, etc.,

"A COMBATANT OFFICER."]

At the Social Science Association, Lord Brougham spoke thus of the efforts of the association of which Mr. Hart and Dr. Anstie were the leaders.

"The formation of a society for the improvement of the infirmaries of London workhouses has had important consequences. The papers read at more than one of our congresses by Misses Twining, Cobbe, Elliot, and others, led to this society, and its recommendations have been received with great kindness, both by Mr. G. Hardy and his predecessor in office; so that the matter will be brought before Parliament, and must lead to the removal of the abuses so justly complained of."



AN order, which has excited much indignation, has lately been issued by the Commander-in-chief in Canada. It is to the effect that, in future, all applicants for the post of surgeon or assistant-surgeon in the Volunteer Militia must be prepared to pass an examination before a Board of medical officers of the regular army. The *Canada Medical Journal* protests against this order as folly and impertinence. Is it likely that old established surgeons will subject themselves to such an examination? The candidates are, *prima facie*, as well informed as the examiners. This is a very different thing from examining young men fresh from the schools at Netley.

"To compel a private practitioner, soliciting a commission in the volunteer service, to undergo an examination before either surgeons or assistant-surgeons of the regular service, is to stop all such applications, and leave the volunteer service without a medical staff; for, we assure the Government, the profession will not submit to any such examination."

Still the *Journal* admits that something should be done to prevent the admission of *quacks* into the service; and it makes a recommendation which, we fear, may be thought almost as objectionable as the Commander's order. It is this:

"That two Boards be formed, one at Montreal and one at Toronto, to be selected from the surgeons of the volunteer corps of these cities; and that to them should be submitted the names of applicants for surgeons or assistant-surgeons, with their qualifications. If the qualifications are all that is to be desired, the candidate named to be recommended for his commission."

GERMAN and French medical works are translated into English much more frequently than are English medical works into French or German, though, we believe, a knowledge of continental languages is much more common here than is a knowledge of English on the continent. The French seem to know very little of what goes on here. The Germans probably know more through their excellent Year-Books, Schmidt or Canstatt. But very few of our works are translated *in extenso*. It is, therefore, with something like the pleasure of novelty that we see the announcement of a translation of Mr. Spencer Wells's *Diseases of Ovaries*, by Küchenmeister, the well known helminthologist, who is now in large practice in Dresden, and a warm advocate for the extension of ovariectomy in Germany. His translation forms a handsome volume of 416 pages, and is published by Teubner of Leipzig. It is carefully done, and the translator has made some valuable additions by way of footnotes and tables.

SIR BALDWIN WALKER, at the Social Science meeting at Manchester, is reported to have made an observation which requires explanation. "As one," he said, "who had walked the hospitals of London for many years, he had found as great abuses in London hospitals as in any workhouses." Sir B. Walker, as

he says so, has no doubt been for many years a walker in London hospitals; but, from his own account, he shows himself to have been a very inefficient walker of them. Why did he walk the London hospitals? Was it to study medicine as an amateur? Or as a "casual" visitor to glean sensational stories? Or was it as a philanthropist? In whatever character he trod the London boards, he was bound to have publicly declared and denounced any abuses he may have then met with. As great abuses, he asserts, he has found in London hospitals as exist any workhouses. Now, Sir B. Walker is bound, in justice to himself, in justice to the public, and in justice to the London hospitals, to declare what those abuses are, and which are the hospitals where he noted them. At present he has thrown out his charge of abuses against them all. He plainly injures the innocent hospitals (unless they be all guilty), and plainly also has made himself a *particeps criminis* in that he has concealed the story of the abuses which he discovered in them.

MR. CROOKES has reprinted in a handy form his Report to Her Majesty's Commissioners on the Application of Disinfectants in arresting the Spread of the Cattle-Plague.

At the Social Science Meeting, Lord Brougham, in his address, spoke thus of our late lamented President.

"Our latest loss is also a severe one, Sir C. Hastings, who, beside his relation to our worthy secretary, was one of our most eminent colleagues. His great position, his distinguished fame in the medical world, and his rare kindness and humanity in the exercise of his profession, are lost in the service he rendered the medical body by founding and conducting the British Medical Association, which has placed medical and surgical practitioners in their just position, and given rise to the most important provisions for the extinction of irregular and pernicious practice. But his labours in the investigation of physical science, and his foundation of the Natural History Society of Worcestershire, showed how little his studies were confined to the profession of which he was so distinguished an ornament."

THE French journals give details of the funeral of Professor Rostan. Nearly every member of the Faculty of Medicine was present. MM. Bouchardat, Dubois, and Béclard, represented the Academy. All the leading members of the profession, as well as of the learned societies, of Paris attended.

We lately noticed the fact, that Professor Hebra of Vienna could get no tidings of his son, an officer in the army. Through a notice inserted in the journals, he has at length heard from a medical man in Dusseldorf, that his long lost son was wounded by the Prussians, and is still alive.



## Introductory Lectures.

### NEWCASTLE-ON-TYNE COLLEGE OF MEDICINE.

THE Introductory Address was delivered on October 1st, by Dr. C. J. GIBB. After some remarks on the connection of the College with the University of Durham, and on the means and appliances provided in it for the purpose of furthering medical education, he said: I must address myself more particularly to you, with a view of impressing upon you the great responsibility attached to the position you have taken in the world, and also to offer to you some remarks which I trust may be useful to you in directing your future course, and in helping you forward in the difficult study you have chosen for your pursuit in life. The profession, gentlemen, on which you are about to enter, that of medicine, is truly a noble calling, and one which in its rude beginnings no doubt sprang out of a natural desire implanted in man as an instinct to relieve the pain and suffering of his fellow-citizens, and therefore almost as ancient as the creation of man, but, as a distinct profession, was founded by Hippocrates, the father of physic, more than two thousand years ago. Since that remote period, however, through succeeding generations up to the present time, the power of medical science and art, curative and preventive of disease, has, under the blessing of Divine Providence, been wonderfully extended by the intellect and persevering industry of man, and more remarkably so through the developments and applications of science during the last three hundred years. Pretended discoveries have not been wanting in our profession as well as in other sciences, and such I hold Dr. Hahnemann's absurd doctrine of homeopathy. I think Dr. Jones states plainly the real ground why the medical profession refuses to have anything to do with homeopathy or to meet its practitioners in consultation, and I have myself studied it in the Homœopathic Hospital at Vienna, and seen its powerlessness against disease. It would be much more honest of its professors to say—"We leave disease to the care of Nature, and content ourselves in watching the progress of her curative operations," than pretend to destroy disease by their globules. It is not that the doctrine of *similia similibus curantur* is the real obstacle; this, if it were all, might be held as many queer notions have been held in men's minds, and prove no hindrance to their cooperating with their fellows on matters of mutual concernment. But when a medical man believes that the weaker a medicine is made the sharper is its effects, or that billionths of common salt, silica, or sulphur can exercise curative virtues, though we take in our food much larger quantities of the same substances every day, he puts it really out of the power of a man of ordinary calibre of mind to consult with him. We might as well call two engineers to act together in building a bridge, one of whom believed that the thinner and weaker the supporting structures were made, the greater would be their power of enduring strain. It is no intolerance or prejudice, but common honesty, that compels rational practitioners to decline meeting those who entertain these peculiar views. Were we to do so, we must feel that, according to our own principles, we were acting as charlatans. There is, of course, in our profession, much to learn; look for instance at the present plague, the cholera; remember how little was formerly known of it beyond the fact of its having come to us as a new disease

from the jungles of India, its nature obscure, engendered we know not how; in doubt whether it is wafted by the winds, or conveyed by travellers or things to distant places, and lost entirely as to the most effectual means of arresting its progress, or saving the victims of its attack. We now know that, like all fevers and other zymotic diseases, it exists as a miasmatic poison, an invisible ferment in the water and in the air, and that it is most prolific and destructive when it gains a habit in the too often unwholesome or stagnant water reservoirs or springs of our towns. Thus introduced into the blood, it acts like yeast added to the prepared wort, regenerates itself indefinitely, and the strength and virulence of the poison increasing, kills first the weak and ailing, and eventually the strong. We now know that to refuse water to its thirsty victims, to shut out the fresh life-giving air, or to lock up the poison within the body by large doses of opium, and a host of similar drugs is wrong practice. Medical science is gradually mastering the details of its nature, and with that knowledge comes hope for its victims. There are three principal divisions of the course of education in which you are now engaged. The first comprehends the science of anatomy and physiology; the second, that of pathology, or the science of disease; and, in the third division, we find whatever relates to medical and surgical treatment. The professional education of the medical student, for whatever branch of the profession he is designed, is extended over a space of at least four years, and it is of great importance that he should so arrange his studies that no excessive or overpowering demand may be made upon his attention at any one period. There is no profession in which it is more essential that those engaged in it should cultivate the talent of observing, thinking, and reasoning for themselves, than it is in ours. The best part of a man's knowledge is that which he has acquired for himself, and which he can only to a limited extent communicate to others. The late Sir Benjamin Brodie, than whom no medical man stood higher in his profession, or could speak more authoritatively, remarks that he knows of no profession that is worthy of being pursued which does not require as much exertion, as much labour, as many sacrifices as that in which you are engaged, and knows of none in which he who has the necessary qualifications is more sure of being rewarded for his labours. If it be your ambition to obtain political rank, or to have that sort of reputation which a political life affords, you will be disappointed, for our profession has nothing to do with politics. It belongs to private life, and the only other association which it has is that of science. There are few departments of either physical or moral science with which it is not, in a greater less degree, connected; and there are some with which the connection is so intimate, that the study of them may be almost regarded as identical. You are to look, not to political rank, but to the rank of science. No other rank belonged to Newton or Cavendish, to Hunter or Davy; yet their names will live in distant ages, and they will be regarded as benefactors of the human race, when the greater number of their more noisy contemporaries, if remembered at all, are remembered without respect. There are some ways in life in which it is common for individuals to obtain unmerited advancement by the patronage of others. But you must be your own patrons. Your knowledge, your skill, your good characters, will constitute your fortunes. Your dearest friends will feel they are not justified in entrusting the lives and comfort of themselves and families to your care unless they have reason to believe that it is safe and prudent for them to do so. A good moral and re-



ligious character is not less necessary to your advancement in the medical profession than skill and knowledge. There is only one other subject to which, in concluding this address, I think it right to claim your attention. You have duties to perform among yourselves, one to another. There is no one among us who does not exercise an influence, to a greater or less extent, over those with whom he associates, while he is influenced by them in return. In whatever orbit a man moves he carries others with him. If the vicious have their followers, those who set a bright example of honour and integrity have their followers also. In like manner, industry in one leads to industry in another, and the mind which is imbued with the love of knowledge cannot fail to communicate some portion of that holy inspiration to the minds of others. These which are among the higher responsibilities of life have begun with you already. The course which you individually may pursue, does not concern yourselves alone. While you are making your own characters, you will hope to make the characters of others. Let this consideration be ever present to your thoughts. It will give you an increased interest in life. It will extend your sympathies with those around you, and it will afford you an additional stimulus to persevere in those honourable exertions for which you will, at no great distance of time, be rewarded by the respect of the world, and the esteem of your own profession.

#### LONDON HOSPITAL.

THE Introductory Address at this hospital was delivered by Dr. E. HEAD. After giving the students a hearty welcome on that the eighty-second anniversary of the foundation of the hospital, he remarked that no grander institution, on the whole, existed in the metropolis; none that afforded more extensive, generous relief to patients; certainly none that afforded vaster opportunities for prosecuting his studies to the student. It might be supposed that medical schools, like similar institutions in arts and theology, had been in existence many generations. This, however, was not the case; eighty years since they were not in existence. Particular men gave special courses of lectures at one or two of the more prominent hospitals; but even this can hardly be dated back for more than a century. Of such lecturers might be mentioned Cheselden at St. Thomas's, Pott at Bartholomew's, and subsequently Benyard and another at their own hospital. These efforts were supplemented to a great extent by private schools, the most famous of which was that maintained by John Hunter, and his no less able but less famous brother. But this system, however good in such hands, was radically bad. It was private, self-appointed, desultory. It was impossible under it to supply the wants of the country, the army and navy, with a body of well-educated, efficient medical men. The London Hospital might be always proud that the commencement of a better, perhaps the best possible, system was made by one of her own body. They, as well as the profession at large, must always pronounce with reverence the name of Sir William Blizard. It was by the energy and assiduity of this celebrated surgeon that the first medical school was established, capable of giving the student a complete medical training, and that medical school the one in which they were then assembled. The example set by the London Hospital was speedily followed, and thus the London Hospital had the very great credit of inaugurating this beneficial revolution in the system of medical education. While speaking of their noble hospital, it was impossible to forget what a shocking

exemplification had been given of the effectiveness of its organisation and resources by the manner in which they had met, and, by the blessing of God, retarded the westward progress of the dire cholera wave which had so lately broken over them. The important services undertaken by that institution at this fearful crisis were given with the utmost devotion; and he did not mention it now so much with the object of re-stating what was well known, as to express the gratification which he was sure the authorities of the hospital felt for the very generous assistance of the generous public, whose freewill offerings, visibly now as ever, maintained the correctness of the phrase "English generosity" throughout the world. [Dr. Head passed a high eulogium on the house-surgeon, the lady nurses, and others, who night and day had given their services to the sick and dying. He also referred in appropriate terms to the death of Dr. Ansell, lately carried off by an attack of cholera.] It might be hoped that the attack of cholera was fast wearing itself out; but they could not forget that its consequences would be long felt. How many children, a few weeks ago happy under the protection of their parents, were now orphans, thrown without friends on the world. Who, therefore, could estimate the wretchedness and misery which must accrue in this way from the cholera if nothing could permanently be done to prevent it? The only way truly to meet this evil was by the subsidiary aid of orphanages. These would be a very suitable supplement and appendage to the good work done in and by the London Hospital. A lady who had also long taken a kindly interest in their hospital was, as was well known, doing her utmost to provide such means of relief for the children of those who were so lately struck down in their midst. They all wished her success, and were surprised that she should have met a single impediment in the accomplishment of her benevolent work; for certainly most of the cholera orphans would of two things have to do one—they must obtain the privilege of an orphanage, or be compelled to enter the workhouse; and, surely, of all calamities, the calamity of being educated in a workhouse from infancy was the greatest that could afflict a child. Thenceforth the workhouse was the home. Thenceforth the child would be the naturalised, life-long pauper, ready and willing to return, and feeling no disgrace or degradation in returning, to the wretched home of childhood. Before passing from this subject, he mentioned that the Alexandra wing, the foundation stone of which was laid by the Prince of Wales, had been completed, and was to have been opened just when the cholera broke out. The House Committee threw open the wards at once; and the building, which was to have been opened with congratulatory speeches and in festal array, in the presence of the rank, wealth, and beauty of the metropolis, was inaugurated, perhaps more suitably, amidst the threatenings of the pestilence and the ceaseless groans of the sick and dying. The hospital contained four hundred and forty-five beds; whilst the number of the students was less than that of many other hospitals. To the council of the college this might be, on some accounts, matter of regret; but for the pupils it was matter rather for congratulation, from the very great advantages of affording to each individual student an almost unlimited field for observation, experience, and chemical practice. Let them think of the appointments in that large hospital which were conferred upon deserving students. A resident medical officer, whose advantages for obtaining practical knowledge no words could express; a medical and surgical registrar, three resident house-surgeons, were elected every six months; a resident accoucheur,



a resident assistant medical officer, two resident surgical dressing pupils, which, with additional dresserships and *post mortem* clerkships, all these made up such a goodly array of appointments, many surpassing in their value all college scholarships, and all within their grasp. When they compared the number of students with the number of appointments, he had no hesitation in saying that the London Hospital was most richly endowed, second to none in the metropolis. The lecturer next proceeded to show that science was one of the most important branches of the medical profession. The subject was, next to the knowledge of God, the highest that could be contemplated; for it concerned the highest knowledge of man, his relation to nature, and the various effects which this external world, its laws, its forces, its productions, had upon men.

### SYDENHAM COLLEGE, BIRMINGHAM.

THE winter session was opened on October 3rd, with an Inaugural Address by Dr. FOSTER. He said he should confine his observations to the scientific aspect of that branch of knowledge on whose study some present were about to enter, for whose progress all must feel anxious. The great object in the study of any science is to investigate the invariable laws to which all phenomena are subjected, and the perfection of a science is greatest when these laws are reduced to the smallest number. Sciences may be divided into sciences of observation and experimental sciences. In the first, the investigator simply studies the laws which govern phenomena, but makes no attempt to modify or control them; in the second, the investigator not only seeks to know the laws, but by experiment he acts upon the phenomena which he studies. Astronomy may be taken as an example of a science of the first class, chemistry of the second. Applying the foregoing remarks to medicine, the lecturer pointed out that the great object of medical science was to "preserve health and cure disease". The early history of medicine exhibited two rival schools, one characterised by the empirical administration of drugs, the other founded by Hippocrates, which now exists under the name of the expectant method, professing to watch the course of maladies, and only seeking to assist nature in her efforts to effect a cure. In this second school, we see the attempt to develop medicine as a science of observation. For generations physicians have been struggling to raise it to something more than this, and have been striving after some greater power over disease, than a simple knowledge of its course. Not satisfied with the office of merely aiding the tendencies of disease when favourable, they have ever thirsted for the means of modifying and controlling these tendencies when unfavourable. On this desire the empirical administration of drugs has been founded, and heroic remedies, panaceas, and specifics, are some of the many expressions of the ever-recurring reaction against expectancy. In the earlier phases of the evolution of medicine, attempts were made to solve only the second part of her problem, to cure disease; for men had not yet freed themselves from the notion that disease results from supernatural interference, and consequently were unable to appreciate the higher and nobler view, that every disordered state is the consequent of definite antecedent conditions, which, under the same circumstances, invariably produce the same results. To solve the first part of the problem, to preserve health, demands a knowledge of physiology. The second part, to cure disease, requires a knowledge of pathology and therapeutics. On these three branches of

knowledge scientific medicine must be based. The complexity which characterises the phenomena of life accounts for the slow advance made in these sciences; the most complex of the three, therapeutics, must wait for the perfection of physiology and pathology before it can assume a scientific form. Metaphysical explanations have long been retained in the biological study on account of the difficulty in analysing its phenomena. This has been a great obstacle to progress; men are now recognising that the reference of obscure phenomena to vital action, or nature, is not to explain them; it is the reference of the obscure to the more obscure. Science always explains the more complex by the more simple. The difficulty of elevating medicine in the scientific scale was then pointed out, and the defects of the methods hitherto followed were contrasted with the systems now becoming known. The lecturer, after alluding to the superiority of the methods followed in chemistry, and the excellent model it afforded of what an experimental science should be, argued that medicine could only attain a scientific basis by rising from a science of observation to an experimental science.

### MANCHESTER SCHOOL OF MEDICINE.

THE Introductory Address was delivered on October 1st by Dr. HENRY BROWNE. After commenting on the limits and sources of our knowledge as natural philosophers, as metaphysicians, and as rational and responsible beings, and observing that the sources of our knowledge—the external world, mental abstractions, and Divine revelation—cannot be opposed to each other, he said:—

One of our most agreeable and instructive writers, Dr. Chambers, worthily and ably represents the Vitalists. "It is the power of the individual life," he says, "to create its own individual form," and "morbid phenomena are always evidence of deficient vitality." All medicines and remedial measures are restorative and renewers of life; but, as external agencies may increase or diminish the two vital processes of "growing and moulting," curative agents may be classified as aiders and arresters of these processes. Nevertheless, there cannot be a superabundance of life or an excess of vital action. Or, as we might add, metaphysically we cannot live too fast; but, practically, we may spend too much or be too niggardly. Dr. Chambers's last lectures on the "Climate of Italy" afford one of the best illustrations of the old proverb, *in medio tutissimus ibis*. Not only from personal experience of dilapidation rebuilt, but from all available statistics, Dr. Chambers shows that the powers of the air in Italy cure our chronic disorders, whilst, at the same time, the death-rate in Italy is greater than ours, from the more than doubling of acute diseases, such as fevers and inflammations. At first sight we might be tempted to conclude, after the manner of Comte, that it would be a much better arrangement to reduce the sun-force of Italy, and to distribute the excess over England in November, and in Manchester pretty nearly uniformly throughout the year. For in disease our duty consists in ever putting things to rights, *per fas aut per nefas*, in accordance with the good old rule of *contraria contrariis medentur*. Instinct will not fail to teach us to use warmth in the cold stage of ague, to cool in the hot stage, and to keep the patient dry, if possible, in the last. If we interpret literally the authoritative statement that "the blood is the life," as the writer of the article on cholera in the *Medico-Chirurgical Review* proposes to do, in common with Haller, Hunter, and Hewson, we find that we may have too much blood or too little, and that it may be



too rich or too poor. So, if we keep rigidly to facts, with the positivists, without denying to any the pleasure of speculating about force and life, we find excess and deficiency everywhere, either in growth or decay, or in the phenomena which belong to maturity. Also, when we proceed to trace the external causes of what is wrong we find constant occasion to conclude that the neglect of the use is as bad as the abuse of the gifts of Providence—a piece of practical wisdom implied in the saying, “Fire is a good servant, but a bad master,” and in the Scriptural demonstration of sin, by its working death by that which is good. That hitherto unattained, but much desired harbour of rest—a definite nosology—becomes almost sighted from this positive point of view. In our best medical works long descriptions are still entitled definitions; and it must be so till we secure a correct classification. Let us venture to indicate how a natural classification may be attained.

Taking Comte's view of the hierarchy of the sciences, we have diseases characterised chiefly—first, by what is mechanical; then by what is chemical; then by what we used to call vital (but we don't mind a change of name); and lastly, by physical and pneumatic phenomena, were the latter word in use in this its legitimate sense. The mechanical errors—displacements and fractures—belong to the surgeon. The chemical adulterations and dilutions as they occur in “growing and moulting,” belong to the fluidist. The vital, or biological, belong to the physiologist or pathologist. And the moral and spiritual belong to the preacher and Divine truth. To be a little more minute. Passing by surgical cases without subdivision, we find that each one of the proximate principles of the fluids and solids may be in excess or defect; that there may be like excess or defect of cell growth; of the various tissues; and of psychical and mental phenomena. Diseases of genesis, or growth, include those general states characterised by excess or deficiency of the proximate principles of the body, and each consists of an *osis* or state of the particular principle. Albuminosis will be found to give precision to the old word *scrofula*; fibrinosis defines inflammation, without any theory, as a disease of growth characterised by an excess of fibrine; obesity might be named liposis; diabetes, glucosis (as it is); rickets, halosis; and dropsy, hydrosis. Diseases of cytogenesis follow, viz.:—those characterised by an excess or deficiency of cells, and include polyhæmia, and hypæmia, hæmorrhage, from error in place, leukæmia and pyrogenesis, from error in kind. Diseases of morphosis, or of the forms thus built up of cells, are next in order, and include simple and complex tumours, meaning by complex tumours cancers, and thus defining most simply the greatest pathological puzzle. Diseases of metamorphosis follow naturally, and embrace the long list of diseases known by the presence of the products of wear and tear—diseases which have been made a special study, with original researches, by our colleague Dr. Roberts, whose fame in consequence is such that he has had to re-deliver some of his lectures before the College of Physicians. These diseases also include the different degenerations—the albuminoid and the fatty, till we come to somatic death and septic poisons, taking each product in the order of its less and less complete oxidation. So far diseases characterised by tangible changes of structure have been arranged. Were we to proceed, what are called functional phenomena admit of an equally simple classification. They are doubtless attended by structural changes, could we trace them, but they are characterised by as well marked signs as any that are physical. For example, not to mention all,

we have chorea and tetanus, characterised by an excess of contractility; convulsions and epilepsy consisting of associated excessive muscular action; hyperæsthesia and pain—two altered kinds of sensation; and then hysteria, instinctive, intellectual, and moral insanity, where, as healers of the body, we must break off, for the question gradually merges into that of depravity and sin. Specific diseases would have to be separately treated, until their nature, and the poisons that produce them, are better known. They will then be spoken of with certainty under Toxicology, or fall naturally into their places with the rest in the rank and file. Quixotic as this attempt at classification may be thought, let it pass; and with it the reference to the active condition of modern medicine.

There still remains time for a few words on medical logic, or the instrument by which safety and progress may be ensured in connection with activity. Dr. Barclay has patented a break which, when roughly used, will bring up almost any train of reasoning so suddenly, indeed, as to risk the life of the driver. Let us use it to test the breaking force of really good arguments. Each argument consists essentially of four steps—two inductions and two deductions. The first induction consists in the collection and classification of instances, and must be distinguished from mere statistics. The first deduction consists in the happy suggestion of a theory by which all the apparently conflicting facts may be explained. This is generalisation. Then we have the second induction, or crucial experimentation, and the second deduction, *i.e.*, the application of the discovered law to the solution of difficulties, which is the crowning triumph of the whole. Many so-called arguments break down at starting, as, *e.g.*, all purely statistical calculations—where the purpose is to determine averages, not invariable consequents, *i.e.*, to determine what will happen to the greatest number, not what must happen to the individual. Dr. Gull's report of cases of rheumatic fever treated by mint water alone, *i.e.* (if it be not a bull), with taraxacum also, and often with brandy and opium, must be classed as statistical; for, though the cause of the comparatively brief sojourn of the patients in the hospital is suggested, it is not by any means proved. The cases were very much of one class, though not selected; and it may have been that a discovery that they were being made the subjects of experiment tended to hasten their departure. Mere numbers, without classification, are most uncertain. In 1864 Dr. Whitehead demonstrated by statistics that the rate of mortality in Manchester and other manufacturing towns was less than that of cathedral and country towns. But this by no means proved that manufacturing towns are favourable to longevity, because of the existence of an important disturbing cause, which Dr. Arthur Ransome and Mr. Royston were not slow to point out, viz.:—the considerable influx of healthy adults from the country into the one and not the other. In an essay published a short time ago by our colleague, Dr. Morgan, the same subject is taken up and amplified, and a high death-rate is associated with great “danger of deterioration of race,” and special causes existing in large towns. Here possible causes are suggested, and future inquiry directed, which are the legitimate fruits of statistics. We have yet to try the suspected parties, in order to assign to each his special share in the crime. Then, when we proceed to classify, there is the ethical danger of only collecting favourable cases, a practice which is often as involuntary as table-turning. In Mr. Aspland's presidential address before the Manchester Statistical Society in 1863 proofs were given of this source of error, even in the statistics which formed



the basis of the Diseases Prevention Act. To be logical, all possible series should be collected, whether favourable or unfavourable, especially separating those in which a suspected cause is present or not; and then some hypothesis or theory has to be framed to hold all together. This is the second stage, or the first deduction, and differs wholly from reckless guessing, though often it is strikingly bold. Dr. Mayo, in his *Outlines of Medical Proof*, calls it the extemporaneous hypothesis, when, in the absence of some recognised law, the mind craves some intelligible ground of immediate action. He adds: "It is the faculty of thus extemporising, which perhaps, more than any other, distinguishes an able physician, provided it be combined with a just appreciation of the value of such hypothesis, and a readiness to abandon it in the presence of contravening facts. A capacity and readiness in executing this process is, indeed, sometimes a source of reproach to us, as practising a merely conjectural art, by those who are unable to distinguish the results of luck from those of sagacity; and sometimes physicians, with a false modesty, humour the imputation. Although in its immediate application conjectural, the power which I speak of demands an original talent, and is never successfully carried into practice, except by men of large acquired knowledge." Whenever a *vera causa* can be chosen, the need of this "bold guessing" is at an end, and we may proceed at once to test the applicability of the known law to the question in hand. This is the second induction, the *experimentum crucis*, or the method of "induction by exclusion"—a method, which Dr. Mayo argues, is for the most part impracticable in the complex questions of medicine. In chemistry, he says, crucial experiments may be made, but in medicine the attempt to attain too much may end in the distrust of reasoning altogether. A crucial experiment is, in fact, impracticable in complex questions when not analysed, but even in medicine it may surely be employed by those who, like expert rope-walkers, make sure each step. Dr. Barclay has not overlooked the difficulty, and explains it under the head of empirical laws, as distinguished from those which are absolute. An empirical law expresses only an imperfect knowledge of cause and effect. There are either more causes than one in action; or we are ignorant of some of the intermediate steps of causation; or both.

That this is the case in epidemics, in a very great measure, will be admitted by all; and in his criticisms of medical logic, Dr. Barclay has fixed upon epidemics as those diseases in the discussion of which the greatest number of mistakes has been made. Epidemics are confessedly the most complex of all diseases; but cannot the bundle of sticks be unbound, so that we may try our strength on each single stick at a time? Let us seek illustrations in the cattle-plague and in cholera. With reference to the first, we have not to travel one hundred miles from home, for the honour of our school is directly involved. The researches of our colleague, Mr. Stone, on the causes of mildew, being chiefly chemical, have admitted of the exactest tests, and have received public acknowledgment. How far can his use of chlorine, as a disinfectant of the cattle-plague, be fairly viewed as a crucial experiment? The phenomena of the cattle-plague have been most complex. During the hundred and twenty years that have elapsed since the last epidemic, almost all the ordinary and extraordinary conditions of decomposition must have existed again and again; and yet there has been no disease. Now that it is present, the healthiest cattle, in the cleanest shippens, have suffered; and the most sickly, in the dirtiest shippens, have escaped. Many have died where all known dis-

infectants have been tried; and, close by, many have escaped, though nothing has been done. In such conflicting circumstances, we are obliged provisionally to assume that the disease is due to a specific poison—to a something which is beyond either physical or chemical demonstration—the epidemic force, it might be called; or, most truly, "a pestilence that walketh in darkness." For, whether is the cause a poison, or a ferment, or an imponderable force, like electricity? The contagiousness of the disease, so far as it is made out to be contagious, seems to point to some *materies morbi*; but whether this is a chemical compound, gaseous or otherwise, or whether it consists in germinal living molecules, or whether there are cells or animalcules, remains unknown. As Dr. Lionel Beale says, we may talk of zymosis or fermentation, and we understand the fermentation of starch; but, as a term used to explain specific poisons, fermentation needs itself explaining. The apparent failure of antiseptics, as carbolic acid, and of disinfectants, as chloride of lime, might well be considered as crucial tests, demonstrating the non-existence of organic or oxidisable matter; but Mr. Stone doubted the completeness of the tests, and repeated the experiments, excluding the probable sources of error. Let chlorine be generated continuously, and in quantity equal to the infected matter, and the spread of the cattle-plague, he boldly affirmed, must be prevented, if due to any destructible *contagium*. The experiments were conducted on a large scale, as, on the 27th of February last, Mr. Stone was officially appointed by the Salford Hundred Cattle-Plague Committee to advise and direct the officers appointed to carry out the provisions of the Cattle Diseases Prevention Act. And the results have been most satisfactory, according to the repeated testimony of the magistrates of the Hundred. By the end of April, the disease may be said to have disappeared; whilst, according to the average duration of epidemics, and their parabolic-like rise and fall, we might have been even yet only hoping to see the end. The very exceptions have proved the rule. In one case, the chlorine had not been generated; in another, Mc'Dougal's powder had been used at the same time, and had prevented the action of the chlorine; and in another, a large obstructed and non-disinfected drain was discovered. But the cessation was, after all, due to natural causes, it may be said. No! for, as if to make a comparative experiment, the authorities in Garstang declined to use the chlorine, and here to this day the disease continues. Surely this is a chemical stamping out of the cattle-plague, and a demonstration that the spreading of the disease is due to some oxidisable or decomposable *materies morbi*. If so, the law should bear fruit, by a second act of deduction. Wherever we know, or suspect, the presence of any organic or animal poison, as in hospital gangrene, erysipelas, and puerperal fever, and in all contagious diseases, as typhoid, typhus, and scarlatina, let the products of the union of hydrochloric acid and chlorate of potash, viz., chlorine, chlorous acid, and oxygen, be fairly tried.

Shall we proceed to test by the same rules what amount of really good work has been done in the cholera-field? And, as Dr. Johnson has received a fair share of criticism, we need not scruple to single him out for illustration. It will be admitted that Dr. Johnson is no mere statistician. Everywhere he has sought out probable cause and effect, and he makes no selection of cases. Everywhere, too, he has proceeded step by step; and, before suggesting any new theory, has taken special pains to show the inconclusiveness of the old. For instance, the old theory of the collapse in the cold stage affirmed that



it was exhaustion from loss of the serous portion of the blood. The first inquiry, then, is, Does this theory explain the phenomena? To this there are three answers. 1. In *cholera sicca*, and cases approaching to it, there is most collapse and the least loss of serum. 2. The symptoms of collapse differ in a striking manner from those of exhaustion. And 3. Collapse is often relieved by bleeding in a way that fainting never is. Then Dr. Johnson throws down the gauntlet, and proposes a crucial test. He says: "I challenge the advocates (of the theory that the collapse is due to the loss of serum) to refer to a single case of recovery from collapse in which the intestinal discharges have not continued, in a greater or less degree, while the symptoms of collapse were passing off." This challenge remains unaccepted; for assuredly it is not met by Dr. Barlow's relation of the death of an eminent surgeon in 1849, who perished in collapse, though coupled with incessant diarrhoea. Dr. Johnson never questions the fact of death in spite of free evacuations, but asks for one case of recovery without evacuation. To have cleared the ground thus is no slight matter, for now very few confound collapse with syncope. It is asphyxia proper, or pulselessness, from obstruction in the smaller pulmonary arteries. This is admitted as a very general fact by all. How, then, do they become obstructed? By inspissated blood, by fibrinous plugs, or by spasm? The relief obtained by the injection of hot water into the veins appears to decide what answer should be given. Cold injections would almost equally dilute inspissated blood; neither hot water nor cold would remove plugs; but heat does relieve spasm. Still, Dr. Handfield Jones has brought forward cases which show that the systemic circulation is equally, if not more, arrested than the pulmonic; that the lungs are sometimes engorged; and that, when anæmic, their roots are sometimes empty, as well as the cavities of the heart also, in a great degree. These facts would be conclusive evidence against obstruction in the smaller branches of the pulmonary artery being an invariable antecedent and cause of collapse, were they not capable of explanation. It is the rule, however, for the anæmic lungs speedily to become engorged; and the empty heart may have been due to asthenia or exhaustion, which has been admitted as an occasional proximate cause of death. We may, then, still accept spasm as a sufficient explanation; and the interesting experiments of Hales and Mr. Blake demonstrate spasm to be a *vera causa*. That the spasm of the vessels is brought about by the vaso-motor nerves, Dr. Johnson recognises as a well known fact; but we must all admire his wisdom in stopping at the blood rather than the nerves, as chemical phenomena are so much more tangible than vital. The term poison Dr. Johnson advisedly used in the most general, *i.e.*, the most indefinite sense. He thinks ferment to be equally appropriate; and, as there is good reason to suspect the contagious character of the evacuations, no one would wish to lock them up in the bowels. This is, at least, legitimate provisional assumption; and, as to the use of castor-oil, that has as yet seemed the most feasible remedy; but, as to discovering a cure, Dr. Johnson expressly affirms that he has no hope. Instead, then, of deciding that the castor-oil treatment of cholera can only be submitted to statistical proof, may we not maintain that the investigation which has suggested its use has been carried out, step by step, as fully and as legitimately as the strictest rules of logic require? We know exactly where certainty ceases, and what supposed laws still require proof. But the exigencies of the case call for action, and we owe much to those

who show so clearly the practical course most likely to be successful.

In conclusion—in science, as in politics, there are conservatives and progressists. Excess in either direction is dangerous. We need the union of the two. Conservatism in excess is retrogression or stagnation; progression in excess is precipitation and anarchy. Here also, then, let us seek the happy medium; and, in the harmony of all the voices of Nature, we shall find equal delight and reward.

## Association Intelligence.

### REPORT OF MEETING OF COMMITTEE OF COUNCIL:

*Held at Birmingham, October 4th, 1866.*

**PRESENT**—Dr. Sibson, F.R.S. (in the Chair); Mr. Bartleet; Mr. T. H. Bartleet; Dr. Bryan; Mr. Burrows; Mr. Clayton; Dr. Falconer; Mr. May; Dr. Richardson; Dr. Simpson; Mr. Heckstall Smith; Mr. Southam; Dr. Stewart; Professor Stokes, M.D.; Dr. Edward Waters; Dr. Wilkinson; and Mr. T. Watkin Williams (General Secretary).

#### *Resolved*—

1. That Dr. Markham's resignation be accepted with much regret; and that he be requested to continue the Editorship of the JOURNAL until the 1st of January 1867.
2. That a Subcommittee be appointed to decide what steps shall be taken relative to the appointment of an Editor of the JOURNAL, etc.
3. That Sir Dominic Corrigan, Bart., M.D., be requested to deliver the Address in Medicine at the next annual meeting.
4. That the annual meeting commence on Tuesday, the 6th of August 1867.
5. That the subject of the next Hastings Medal be for *original* research on some therapeutical agent.
6. That a sum of £25 be granted from the funds of the Association to a Committee to be appointed by, and under the direction of, Professor Hughes Bennett, M.D., to investigate the action of Mercury on Animals.

T. WATKIN WILLIAMS, *Gen. Sec.*

Birmingham, October 10th, 1866.

### WEST SOMERSET BRANCH: INTERMEDIATE MEETING.

THIS meeting was held at Clarke's Castle Hotel, Taunton, on Wednesday, September 26th, at 5 p.m.

There were present:—H. Alford, Esq., S. Farrant, Esq., G. Gillett, Esq., W. M. Kelly, M.D., W. Liddon, M.B. (Taunton); F. W. Browne, Esq. (Ilminster); W. L. Winterbotham, M.B. (Bridge-water); and R. Nash, Esq. (Hatch Beauchamp).

After dinner, at which Mr. Alford presided, in the absence of the President, Mr. Burf, the following communications were made.

1. A Case of Dislocation of the Fourth Cervical Vertebra. By W. L. Winterbotham, M.B.
2. A Case of Excision of the Head of the Femur. By W. Liddon, M.B.

3. A Case of Congenital Imperforate Rectum. By W. Liddon, M.B.

The morbid preparations of the last two cases were shewn by Mr. Liddon. Dr. Kelly also shewed a diseased bladder and prostate.



## SOUTH MIDLAND BRANCH.

THE autumnal meeting of the South Midland Branch will be held at the Swan Hotel, Leighton Buzzard, on Wednesday, October 17th; E. Lawford, M.D., President, in the Chair.

Gentlemen intending to read papers or cases are requested to send their titles to Dr. Bryan, Northampton, before October 4th.

J. M. BRYAN, M.D., Northampton. } Hon.  
G. P. GOLDSMITH, Bedford. } Secs.

September 21st, 1866.

## SOUTH EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.

THE next meeting is appointed to be held at the West Kent General Hospital, Maidstone, on Friday, October 26th, at 2.30 p.m. Frederick Fry, Esq., will take the chair, and will be pleased to see his numerous friends.

Dinner will be provided at the Star Hotel, at 4.45.

Papers have been promised by Dr. J. V. Bell, "Ague in connection with Gout"; by Dr. S. Monckton, "On Brain Disturbance in the course of Rheumatic Pericarditis".

FREDERICK J. BROWN, M.D., Hon. Sec.

Rochester, October 9th, 1866.

## SHROPSHIRE SCIENTIFIC BRANCH.

THE annual meeting of the above Branch will be held in the Museum of the Natural History Society, Shrewsbury, on Wednesday, October 24, at 3 o'clock. The general business will be then transacted, and several interesting papers read, etc. Edward Burd, M.D., President; William Newman, M.D., St. Martin's, Stamford, Vice-President.

The members will dine together at the Raven Hotel at 5.30 p.m.

SAMUEL WOOD, Honorary Secretary.

Shrewsbury, October 8th, 1866.

## Correspondence.

## FOWLER'S SOLUTION OF ARSENIC IN LUPUS.

LETTER FROM EDWYN ANDREW, M.D.

SIR,—Numerous professional engagements have prevented me replying to the remarks of my old fellow-student, Dr. Fox, on my case of lupus; which certainly tend to convey an impression not intended by myself.

I am not an advocate generally for large doses of arsenic, as I quite endorse the pertinent remarks of Mr. Hunt on the use of this drug; but to say that I blindly follow any one rule in the treatment of disease, instead of examining each case on its individual merits, would be to become a mere imitator instead of a scientific observer.

The excellent suggestions of Mr. Smith on arsenic in cancer induced me to mention my case at the Chester meeting. To more clearly state it. It was a deep lupoid ulcer reaching to the bone on the side of the nose, extending slightly to the forehead and into each lid at the inner commissure, being merely separated from the conjunctiva by a couple of lines of tissue.

The disease was of some years' duration, but had recently become more active; and its advance to-

wards the eye caused her to seek my aid, and she stated she was always taking medicine and had had external applications innumerable; the latter, according to her opinion, being always injurious.

I wished particularly to prevent the disease passing into the orbit; and omitted purposely the use of caustics (of which I have had considerable experience, with the exception of carbolic acid), lest the little boundary should be destroyed; and determined to put the system under the influence of arsenic, which, if pathologically wrong, is very often empirically right.

One or two days after my note in August, the tarsi and conjunctivæ became irritated, and the dose of Fowler's solution was at once reduced to ten minims two or three times a day.

The word toleration used by Dr. Fox is scarcely happy—would not antagonistic be rather more correct. The moment the system decidedly shows arsenical influence, it will stand large doses no longer; and at this time I always reduce them greatly. If there were what is generally called tolerance, the non-susceptibility would continue.

My patient certainly took a very large quantity of arsenic, but not quite so much as Dr. Fox states; for, if he refer to my letter, he will see, "generally taken three times a day, after food"; and, therefore, it sometimes only amounted to two doses, as she was strictly ordered only to take it after solid food, and not after a mere cup of tea, which is often designated a meal.

With regard to the bad effects from the omission of large doses of arsenic after the exhibition for any length of time, my limited experience cannot quite contradict; but certainly I am disposed to such a conclusion; and Mr. Hunt, who has had more experience in arsenic than any other man, totally denies it. (See note to page 22 of his book.)

Most medical men are aware of the bad effects of arsenic if it is not watched; but I have never seen any such as long as the conjunctiva was white, the sleep good and refreshing, the bowels not irritable. Attend to these points strictly, and I do not think one will have to regret even large doses in certain cases.

Small doses are certainly to be preferred to large ones; but, at the same time, I believe that some exceptional cases are greatly benefited by large doses up to a certain point—i.e., indication of the arsenical influence; after which the ordinary small doses may be continued.

Treatment, it is to be feared, is far more based upon empiricism than pathology. Would it were otherwise; as it would render medical science a much more practical one; and I certainly consider (in spite of Dr. Fox) arsenic one of the most valuable agents in the treatment of lupus, and will often cure it alone, without any external application whatever; as may be seen by reference to the cases of this disease treated by Mr. Hunt.

Caustics, undoubtedly, are most important in a great number of cases; but when there is a tendency to form a dry scab protective of the surface of the ulcer from the air, my advice would be not to use them, as the healing will then often take place underneath by the simple administration of arsenic.

In those cases where a liquid caustic or a solid one that can be suspended is desirable, I have found the atomiser most useful for the purpose, as the smallest portion may be thus diffused almost over any extent of surface.

To sum up. I do not think that either my experience, or even Dr. Fox's, is sufficiently great to lay down any law to the profession as to the treatment of lupus, which, I fear, in too many instances, is just as



intractable as it was in my student's day. I merely wish to add my mite; and repeat what I said in my first note, that in my practice certain cases have greatly benefited by large doses, and hitherto without any of the bad effects prophesied by Dr. Fox.

In conclusion, it would be most important if Dr. Fox, or any other physician, would inform us how to obtain the beneficial effects of arsenic in a shorter period of time; for the small doses and long courses recommended by Mr. Hunt, who, by the bye, strongly objects to the large doses, unfortunately wears out the patience of too many patients.

I have my own views of this subject, and hope to lay them before the profession at some future time when I can support the same by a sufficient number of facts.

I am, etc.,

EDWYN ANDREW.

Castle Street, Shrewsbury, Sept. 26, 1866.

## MANAGEMENT OF THE PEDICLE IN OVARIOTOMY.

LETTER FROM I. B. BROWN, ESQ.

SIR,—In your number of the 6th inst., you give a report of Mr. Spencer Wells's "Clinical Remarks on Different Modes of Dealing with the Pedicle in Ovariectomy." Allow me to make a few remarks on Mr. Wells's mode of dealing with certain facts. After describing his method of treating the pedicle in the two cases alluded to in his paper, he says: "I might have compressed the pedicle by a needle or wire, or applied the *écraseur*, or used the actual cautery, or that combination of compression or crushing by a clamp and searing by the actual cautery, for which we are indebted to Mr. Clay of Birmingham, and which has been adopted of late, with much success, by Mr. Baker Brown." A little further on, Mr. Wells alludes to the combination of crushing and cauterisation as "an improvement due to Mr. Clay, for which he has certainly not received due credit." And, again, Mr. Wells says, "Mr. Clay of Birmingham introduced the practice, and carried it out by his 'adhesive clam' and hot irons." What are the facts?

In the number of the *Medical Times and Gazette* for June 14th, 1862, there is described the operation of ovariectomy, as performed by Professor Clay, in which for the first time is mentioned the new instrument, which he called his "adhesion clam"; but not a word is said about the application of this clam to the pedicle. Dr. Dewes says, in his report of the case, "Mr. Clay had provided himself with an instrument, a species of clam, which he had invented for dividing the adhesions, had they proved too strong for separation by the hand alone." Then, to show how the pedicle was treated, the report goes on to say: "The pedicle, which was very long, was easily secured by a clamp, and the tumour cut away..... The pedicle, with the clamp on, was secured at the lower angle of the wound." In the number of the *Medical Times and Gazette* which followed the report of this case, Professor Clay, in consequence of numerous inquiries respecting it, described his "adhesion clam", with drawings of the instrument.

Now, sir, it is of little moment to me whether Mr. Spencer Wells chooses to ignore or to adopt a method of securing the pedicle which has been followed by most satisfactory results; but I cannot allow him so to place the matter before my medical brethren as to lead them to infer that I had nothing whatever to do with it except as a successful operator. I am quite as anxious as Mr. Wells can be to accord due credit to Mr. Clay; and I know Mr. Clay is quite satisfied with what I have said on former occasions in reference to the "adhesion clam." At the same time,

I must claim for myself whatever credit is due for being the first to use a particular kind of clamp along with the actual cautery to the pedicle. This clamp has been described in the *Lancet*, and is similar to the clamp used in the spaying of sows. Allow me to refer your readers to the *Transactions of the Obstetrical Society* for 1865. At p. 28, they will observe a paper read before the Society, "On a New Method of Securing the Pedicle in Ovariectomy," by myself. I will quote briefly from that paper. "Having repeatedly used the actual cautery of late, employing Professor Clay's instruments, in burning adhesions off the omentum and elsewhere, Mr. Brown had been gradually led to the conclusion, that the actual cautery might be employed in treating the pedicle itself. Consequently, on December 28th, 1864, he tried it on a patient of Dr. Burchell of the Kingsland Road, a lady, 47 years of age, who had had three children, the youngest twenty-one years since. There were many adhesions, laterally and posteriorly, the bleeding from which was checked by the actual cautery; and finally, the pedicle, being secured by a clamp, was thoroughly seared by actual cautery and allowed to drop. The wound was then closed in the usual way, and it healed in a week; the patient being convalescent in a fortnight. Mr. Brown thought that, if this plan were found by repetition to be successful, it would very materially lessen the dangers of the operation, and consequently secure a greater number of recoveries."

Since the foregoing case, I have reported, within the last twelve months, in the *Lancet*, in the *Transactions of the Obstetrical Society of London*, and at the meeting of the British Medical Association at Chester, as reported in your JOURNAL, thirty-one successful cases. These go some way to prove that my plan of operating has, as was predicted of it, very materially lessened the dangers of the operation. But my experience has brought me to the conclusion that, in ovariectomy, success depends not more upon the nature of the instrument used than upon the mode of its application.

I am, etc.,

I. B. BROWN.

24, Upper Harley Street, Cavendish Square, Oct. 10th, 1866.

## REPRESENTATION OF THE PROFESSION IN PARLIAMENT.

LETTER FROM WILLIAM MARTIN, ESQ.

SIR,—On looking over the report of the discussion (at our Chester meeting) following Dr. Mackesy's motion regarding the representation of the medical profession in Parliament, I find that no notice was taken of some remarks I made—to the effect that our profession should have representatives, sitting as peers, in the Upper House. I adverted to the fact that lawyers sit in that House, being especially called thither in order to transact the legal business coming before that, the highest legal tribunal in the country; and that the clergy sit there, being especially called, as bishops, to attend to the spiritual and moral interests of the country; or, at any rate, that those may be presumed to be the legitimate functions performed by those bodies respectively. To this view, I conceive that it is not a sufficient objection to say that the admission of medical members into the Upper House is a practice unknown in our political constitution. It is only now that the subject of the public health is considered as meriting the earnest attention of Government and the Houses of Parliament. The next step probably will be, that it will be found advisable to have members of one of these Houses capable of giving the fullest information on all matters relating to the public health. I see



almost insuperable difficulties in the way of the most efficient medical health-advisers finding their way, by popular election, into the House of Commons; but I see no such difficulties in the way of their being admitted into the House of Peers. Once let the necessity of Parliament containing some advisers of the highest authority in sanitary, medico-legal matters, etc., be evident, and, in due course of time, all difficulties would be overcome; and it is for a body like the British Medical Association to point out this necessity. Difficulties would vanish in the course of time. For instance, medical peers might be called up for their lifetime. Should there ever be the will in the highest quarters, the way will be found. In the meantime, Dr. Mackesy's motion and the subsequent discussion will have done service in directing attention to a very important subject.

I am, etc., WILLIAM MARTIN.

### ON WASHING OUT THE BLADDER IN CASES OF RETENTION OF URINE.

LETTER FROM W. F. MORGAN, ESQ.

SIR,—I have often been struck with the great benefit derived from washing out the bladder in certain cases of retention of urine; and, as the importance of that part of the treatment does not seem to be universally recognised, I have thought it not amiss to send you a short communication, bearing my humble testimony to its value, and urging its adoption wherever indicated.

Every medical man is familiar with examples of chronic cystitis; the urine ammoniacal and highly offensive, and loaded with pus andropy mucus; and the patient gradually wearing out from local and constitutional suffering. The most typical one, probably, is in enlargement of the prostate, occasioning frequent desire and increasing difficulty of micturition, until, sooner or later, the catheter is required. The first time this instrument is used, it is not unlikely that the patient may be surprised at the amount of urine drawn off—fancying, from the frequent discharge of small quantities, and from the presence, perhaps, of the additional annoyance of stilticidium, that there could not be much accumulation. With regard to the latter, how true is the remark of Mr. Henry Thompson, that “incontinence of urine in the adult indicates a distended, and not a contracted bladder.” I once met with a remarkable illustration of this in a gentleman of middle age, whom I was asked to see for a tumour of the abdomen, which had commenced some months previously, and was then like a pregnant uterus at full time. As he was an imbecile, I could obtain only an indirect history. He had kept his bed for several weeks; and the state of the bed, and of the floor beneath, gave ample evidence of incontinence of urine. The introduction of a catheter removed no less than ten pints of water! and the tumour was gone. May I venture to ask, is not the surgeon himself sometimes under the impression that he has emptied the bladder with the catheter? Does he always bear in mind that, with the ordinary curved instrument, there must be necessarily some residuary urine?

Now, it is just this residuary urine which, in chronic cystitis, does so much mischief when retained. It acts as a ferment, and leavens the whole secretion with irritating and truly poisonous material; and it is by removing this foul and fetid residuum that the injection of water becomes so beneficial. The catheter having relieved the bladder as much as it is able to do, the water mixes with and dilutes the remaining urine, and washes away with it

the chief part of the ammoniacal mucopurulent sediment; the fluid which must be left behind after the washing being comparatively harmless. There is no need of a double catheter. The same instrument, with an elastic bottle fitted with a small conical nozzle, will answer every purpose. The water should be of the temperature of the body, not exceeding three or four ounces at a time, and be injected *very slowly*, the injection being repeated until the water passes off clear.

There is a similar state of things liable to occur in the female bladder, in the manner first pointed out, I believe, by the late Dr. Golding Bird. In cystocele, a pouch forms in the anterior part of the vagina, containing residuary urine, which can only be emptied by the catheter, and which may be the receptacle of fetid ammoniacal fluid, demanding the same treatment.

The injection of warm water is applicable to all cases of retention where the urine decomposes in the bladder. In that which results from disease or injury of the spinal cord, its adoption as soon as any ammoniacal tendency manifests itself will remove a great additional source of danger.

I am, etc., W. F. MORGAN.

Bristol, October 6th, 1866.

### RECENT IMPROVEMENTS IN SURGERY.

LETTER FROM J. G. DAVEY, M.D.

SIR,—The letters of Messrs. H. Greenway and W. P. Swain, in the last number of the JOURNAL, headed “Recent Improvements in Surgery,” remind me that “suction-instruments” (of a kind) for the “removal of cataracts” have been for generations in use, though not, perhaps, in Great Britain, nor in Europe.

The Cingalese (native) surgeons have been in the habit, from time immemorial, of employing suction by the mouth in the removal of cataracts, hard and soft.

The mode of operating—as described to me some twenty years since by a native practitioner then residing near Colombo—is this. The patient being placed in the semirecumbent posture on a couch or sofa, the surgeon, standing at the head, rests, simply, the cutting part of the knife—which is of a rude triangular shape, becoming broader and broader as it reaches what may be called the apex of the instrument—on the cornea, and (strange though it seems) directly in front of the pupil. The mere weight of the knife opens the anterior chamber; when, on the escape of the aqueous fluid, the operator applies his mouth over the eye, and sucks up the cataract.

I may add that medical practitioners (Cingalese) called now and then at the Colombo General Dispensary, to witness my own operations for cataract—performed, as they were, in the ordinary way—with the view only of comparing with them their own modes of manipulation and extraction of the opaque lens—or, what is the same thing, their own not recent but old-fashioned practice.

*Apologies* to this matter, permit me to quote these words from the admirable address delivered, a few weeks since, at Edinburgh, before the Medico-Psychological Association, by Dr. W. A. F. Browne. “The study of the literature of medicine has become absolutely imperative, were it for nothing else than to prevent re-discoveries, and the prosecution of inquiries long since exhausted.”

I am, etc.,

JAS. GEO. DAVEY.

Northwoods near Bristol, Oct. 13th, 1866.



## Medical News.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND.** The following members of the College, having been elected Fellows at previous meetings of the Council, were admitted as such at a meeting of the Council, on October 11th.

Collins, John Hammett, Jumalapore, East Indies; diploma of membership dated July 26, 1839.

Cumming, Robert Butterfield, M.D. St. Andrew's, Malpas, Cheshire; June 16, 1835.

Hallsworth, Samuel Marsden, Atherstone, Warwickshire; October 2, 1840.

**APOTHECARIES' HALL.** On October 4th, 1866, the following Licentiate was admitted:—

Smith, Henry, Blackrod, near Chorley, Lancashire

At the same Court, the following passed the first examination:—

Anderson, William, St. Thomas's Hospital

Fawsitt, Thomas, Royal Hospital, Manchester

Prior, Richard Henry, King's College Hospital

Waller, Arthur, St. Thomas's Hospital

### APPOINTMENTS.

**ARMSTRONG, Dr. A.**, Deputy Inspector-General of Hospitals and Fleets, has been appointed Honorary Surgeon to Her Majesty, in the room of the late Dr. T. R. Dunn.

**EDWARDS, H. N., Esq.**, appointed Surgeon to the Shrewsbury Dispensary, *vice* H. Fenton, Esq., resigned.

**PARSON, Edward K., Esq.**, appointed by the Admiralty to be Visiting Surgeon at Portsmouth under the Contagious Disease Act of 1866.

### AEMY.

**CURTIS, Staff-Assistant-Surgeon J. L.**, to be Assistant-Surgeon 18th Foot, *vice* H. A. Coghlan.

**HUTTON, Assistant-Surgeon G. A.**, 60th Foot, to be Staff-Surgeon, *vice* E. H. Roberts.

**KILROY, Staff-Assistant-Surgeon P. L.**, to be Assistant-Surgeon 60th Foot, *vice* G. A. Hutton.

**PEAKE, Surgeon G. W., M.D.**, 18th Foot, to be Surgeon 40th Foot, *vice* J. E. Young, M.D.

**ROBERTS, Staff-Surgeon E. H.**, to be Surgeon Royal Regiment of Artillery, *vice* H. W. Voss.

**SMITH, Staff-Assistant-Surgeon W. P.**, to be Assistant-Surgeon 35th Foot, *vice* D. M. Davidson, M.D.

**YOUNG, Surgeon J. E., M.D.**, 40th Foot, to be Surgeon 18th Foot, *vice* G. W. PEAKE, M.D.

### To be Staff-Assistant-Surgeons:—

**COGHLAN, Assistant-Surgeon H. A.**, 18th Foot, *vice* R. M. Gilchrist, M.D.

**CORBETT, Assistant-Surgeon W. H., M.D.**, 6th Dragoons, *vice* J. L. Curtis.

**DAVIDSON, Assistant-Surgeon D. M., M.D.**, 35th Foot, *vice* W. P. Smith.

**POWER, Assistant-Surgeon J. L.**, 97th Foot, *vice* P. L. Kilroy.

**ROBINSON, Assistant-Surg. W. C.**, 34th Foot, *vice* D. P. Ross, M.D.

**ROBLT, E. F.**

**BROWN, H. T., M.D.**

**BUCHANAN, R. F.**

**BURNETT, W. F.**

**COMERFORD, H., M.D.**

**EATON, R. C.**

**FORD, W. A.**

**HANNAGAN, J. H.**

**HOBBS, H. A.**

**HODDER, F. L. W., M.B.**

**JAMES, H. N. L., M.D.**

**JENNINGS, U. A., M.D.**

**LAMBERT, R.**

**M'CRYSTAL, E., M.D.**

**M'CURTCHAN, J. S., M.B.**

**M'PHERSON, R. N.**

**MARTELLS, W. G.**

**NOTTER, J. L., M.B.**

**PATTERSON, T. W.**

**ROONEY, J. P.**

**RYAN, M. J.**

**STEVENSON, W. F., M.B.**

**THOMPSON, W. A.**

**WRIGHT, J. H.**

### MARRIAGE.

**COOPER, the Rev. Arthur Henry, M.A.**, eldest son of \*Sir Henry Cooper, M.D., of Hull, to Isabella Jean Reynolds, fourth daughter of Captain W. F. BAKER, at St. Andrew's, Islington, on October 6.

### DEATHS.

**FREEMAN, John Henry, Esq.**, Surgeon, at 361, Mile End Road, aged 53, on October 3.

**MURDOCH, William, M.D.**, at Rotherhithe, aged 60, on October 9.

**POWER, J. J., M.D.**, at Maidstone, aged 59, on October 5.

**M. ROSTAN**, Honorary Professor of Clinical Medicine in the Paris Faculty of Medicine, died on the 4th instant, in his seventy-seventh year.

**IRISH POOR-LAW INSPECTORSHIP.** The vacancy caused by the resignation of Dr. Purcell in the inspecting staff of the Irish Poor-law promises to be warmly contested.

**UNIVERSITY OF CAMBRIDGE.** The Professor of Anatomy gives notice that his course of Lectures on Human Anatomy and Physiology will commence on Tuesday, October 23rd, at 1 p.m., and will be continued on Tuesdays, Thursdays, and Saturdays, at the same hour.

**THE NAVAL MEDICAL SERVICE.** The *Navy List*, published on the 1st instant, shows that only two assistant-surgeons joined the service during the last quarter, and as two others resigned their commissions during the same space of time, the service is no better off in respect to a supply of medical officers than it was on the 1st of last July.

**NEWCASTLE COLLEGE OF MEDICINE.** The following is a list of the successful candidates, to whom prizes were presented on October 1st. *Winter Session, 1865-6.* *Anatomy.*—Medal and first certificate, R. Laing; second ditto, T. O. Wood; third ditto, J. W. Barkas. *Physiology.*—Medal and certificate, R. Laing. *Dissections.*—Medal and first certificate, R. Laing; second ditto, T. O. Wood; third ditto, J. W. Barkas. *Chemistry.*—Medal and certificate, James Gordon Black. *Surgery.*—Medal and first certificate, J. D. Bush; second prize, a pocket case of instruments and second certificate, F. W. Newcombe; third ditto, G. Longbotham. *Medicine.*—Medal and certificate, F. W. Newcombe. *Summer Session, 1866.* *Practical Chemistry.*—Medal and certificate, G. Rowell. *Botany.*—Medal and first certificate, G. Rowell; second ditto, F. S. Higgs. *Materna Medica.*—Medal and first certificate, F. S. Higgs; second ditto, G. Rowell; third ditto, J. G. Black. *Midwifery.*—Medal and certificate, R. Laing. *Medical Jurisprudence.*—Medal and certificate, G. Bolton. *Pathological Anatomy.*—Medal and first certificate, C. D. H. Drury; second ditto, R. C. Newton; third ditto, F. W. Newcombe.

**A GOVERNMENT INSPECTOR AT DONCASTER.** The Town Council of Doncaster has decided upon asking the Home Secretary to send an inspector to inquire into the cause of the outbreak of cholera in a certain district of the town where there were no less than thirty-one or thirty-two cases. Opinion is divided in the town as to the desirability of such a course; but it seems to be rendered imperative, from the fact that a large bone-depôt has been allowed to exist in almost the centre of the district where the cholera has been most fatal. To the existence of this bone-depôt the cholera has been attributed; but Mr. Fairbank, the medical officer of health, entertains a different opinion. No cases of cholera have occurred during the present week; and it is thought that the sanitary precautions taken have had no little to do with the disappearance of the contagion. The water-supply of Doncaster is very bad, so far as concerns its quality; and, had not the corporation liberally supplied pumps in every part of the town, there is no doubt the public health would have been greatly jeopardised. The water is pumped out of a navigable river, into which a great portion, if not the entire drainage of Sheffield falls; and lower down the stream, the Don, or, its tributaries, Rotherham, Barnsley, Swinton, Rawmarsh, Mexborough, Conisborough, and other populous places, empty all their sewage; and, beside this, water of the dirtiest description, from several of the large collieries in South Yorkshire, is pumped into the river. Should the inquiry have no other result, it is to be hoped that some practical scheme will be devised by which the water-supply will be improved.



**CONVICTION OF A DOCTOR FOR PROTECTING HIS WIFE.** Dr. Sweeny of Dublin was brought up in custody, charged with having assaulted a police-constable. It appeared that Dr. Sweeny was walking home with his wife at one o'clock in the morning, and the policemen, acting under orders recently given to the metropolitan force with respect to unfortunates, looked curiously at him and his wife, at which he was irritated. A policeman darted out of a laneway, and caught him by the shoulder and his wife by the breast, and asked him what business he had to be going with that young woman at that hour of the night; he then struck the policeman, and told him to begone, saying that the lady was his wife. Dr. Sweeny had to pay a fine of £1 for the assault.

**THE FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.** At a meeting of this Corporation, held on the 1st inst., the following office-bearers were elected for the ensuing year; viz.: *President*—J. G. Fleming, M.D. *Visitor*—A. Anderson, M.D. *Treasurer*—J. Coats, M.D. *Honorary Librarian*—G. Rainy, M.D. *Vaccinator*—J. Dunlop, M.D. *Councillors*—The President, *ex officio*; the Visitor, *ex officio*; W. Weir, M.D.; A. D. Anderson, M.D.; J. Watson, M.D.; R. S. Orr, M.D.; J. Coats, M.D. *Board of Examiners*—J. Adams, M.D.; G. Buchanan, M.D.; A. Anderson, M.D.; T. Watson, M.D.; W. Lyon, M.D.; A. Buchanan, M.D.; J. Morton, M.D.; R. Perry, M.D.; R. D. Tannahill, M.D.; J. B. Cowan, M.D. *Examiners in Arts*—Professor Ramsay; Dr. Bryce. *Clerks*—L. Hill, LL.D., and William H. Hill. *Librarian and Secretary*—A. Duncan, B.A.

**ROYAL COLLEGE OF SURGEONS.** The Council has published for a second year the Calendar of the College. The following is an analysis of the work. The Council, or governing body of the College, consists of twenty-four metropolitan and provincial Fellows, selected as vacancies occur from among themselves at an annual meeting in July. During the past collegiate year, there have been thirteen meetings of this body; the oldest member being Mr. Lawrence, elected in 1828. He was admitted a member of the College September 6, 1805, and has twice filled the president's chair. The youngest member of the Council is Mr. Charles Hawkins, the Government Inspector of Anatomy, elected in July last, having displaced Mr. Luke, a twice-elected president. The Court of Examiners consists of ten members, and during the past year have had 54 meetings, and examined for the fellowship 20 candidates, rejecting only one. For the "primary" or anatomical and physiological examination, 497 candidates have been examined, and 136 referred back to their studies for three months. For the "pass," or pathological and surgical examination, 410 have been examined, and 64 rejected for six months. During the year 18 assistant-surgeons presented themselves for examination for promotion to the rank of naval surgeon, all of whom were reported to the Admiralty as having passed to the satisfaction of the Court. The Board of Examiners in Midwifery have had four meetings for the examination of 43 candidates, 36 of whom passed. During the past year only two candidates were examined for the dental diploma, both of whom passed. Mr. Hodgson, having resigned his chair as an examiner, was succeeded by Mr. Quain, who in July last, immediately after his re-election into the council, became a vice-president. In the Midwifery Board Drs. Barnes and Priestley have displaced Drs. Oldham and Lee, and in the Dental Board Mr. W. A. Harrison was elected in the vacancy occasioned by the resignation of Mr. Bell. Mr. Partridge has been elected president, and Messrs. Hilton and

Richard Quain have been elected vice-presidents. The examiners in classics, mathematics, and French for the Fellowship of the College have disappeared altogether, and their places supplied by the Royal College of Preceptors, by which body all the preliminary examinations in arts, etc., are now conducted.

**MANCHESTER SCHOOL OF MEDICINE.** The following prizes and certificates were distributed at the opening of the winter session on October 1st. *Second year's scholarship* (£15).—Mr. T. H. Pinder; *first prize* (£5:5). Mr. F. M. Pierce; *second prize*, Mr. T. Fawsitt; *third prize*, Mr. J. Kershaw; *fourth prize*, Mr. A. O. McKellar; *certificate of merit*, Mr. J. Wharton. *First Year's scholarship* (£10). Mr. Wm. C. Barnish; *first prize* (£5:5). Mr. J. P. Sleightholme; *second prize*, Mr. T. A. Somerville; *third prize*, Mr. T. Whittington; *certificates of merit*, Mr. C. F. Rigg and Mr. James West Moss. The third year's scholarship, value £20 was not competed for. *Certificates of honour* were awarded to the following pupils: J. W. Moss, J. Fayer, W. C. Barnish, T. H. Pinder, J. P. Sleightholme, J. H. Fletcher, J. T. Fox, R. Patrick, R. C. Wade, C. F. Rigg, S. Buckley, H. W. Boddy, T. Greenhalgh, H. O. Pilkington, J. Porter, H. E. Collinson, S. Marsh, F. M. Pierce, J. Whittington, A. Boutflower, J. Wardley, J. Auderton, T. Fawsitt, A. Steward, J. B. Southam, J. Wharton, and R. W. Williams.

**QUEEN'S COLLEGE, BIRMINGHAM.** The opening of the Winter Session took place on October 2nd, when the following prizes and certificates were delivered to the successful students. *Descriptive and Surgical Anatomy*.—Medal and first certificate, Mr. H. L. Snow; second certificate, Mr. James Brown. *Practical Anatomy*.—Medal and first certificate, Mr. H. L. Snow; second certificate, Mr. James Brown. *Junior Anatomy*.—Medal and first certificate, Mr. A. J. C. Waters; second certificate, Mr. John Green. *Surgery*. Medal and first certificate, Mr. W. H. Clarke; second certificate, Mr. James Sawyer and Mr. Daniel Bradley, (equal.) *Medicine*.—Medal and first certificate, Mr. Daniel Bradley and Mr. W. H. Clarke, (equal.) *Physiology*.—Medal and first certificate, Mr. W. H. Meredith; second certificate, Mr. Brown. *Chemistry*. Medal and first certificate, Mr. George England; second certificate, Mr. Down. *Materia Medica*.—Medal and first certificate, Mr. T. H. Ravenhill; second certificate, Mr. England. *Midwifery*.—Medal and first certificate, Mr. George England; second certificate, Mr. A. J. C. Waters. *Botany*.—Medal and first certificate, Mr. Thomas Ravenhill; second certificate, Mr. Smith and Mr. Waters, (equal.) *Forensic Medicine*. Medal and first certificate, Mr. Morris; second certificate, Mr. Brown. *Practical Chemistry*.—Medal and first certificate, Mr. England and Mr. Down, (equal;) second certificate, Mr. T. H. Ravenhill. Professor Lloyd presented certificates in the Prosectorship of Anatomy to Mr. Brown and Mr. Snow.

**DRY NURSING AT OXFORD.** Some disgraceful disclosures have been made in Oxford of the practices of sending new-born children to dry nurses, where they die of inanition and debility. A nurse named Chard having applied for certificates and registers of deaths more frequently than usual, an inquiry was instituted into the death of a child, committed to her care. The registrar stated that his attention had for some time been directed to the mystery surrounding the birth of children in the care of Mrs. Chard, as also to their frequent death and disappearance. It appeared that the deceased was the illegitimate daughter of a respectable person, the father was unknown, and the baby was registered in an assumed name in order to conceal its parentage. The



coroner's officer described the condition of the house to be filthy in the extreme, and the children there were so emaciated and dirty as to be scarcely recognisable as human beings. The jury returned a verdict to the effect that deceased was found in a house totally unfit for habitation; that it died from debility; that the practice of medical men recommending children to be sent to such a place was censurable in the highest degree.

### OPERATION DAYS AT THE HOSPITALS.

**MONDAY.....**Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

**TUESDAY. ....**Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

**WEDNESDAY...**St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.

**THURSDAY....**St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

**FRIDAY.....**Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

**SATURDAY....**St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

### MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

**TUESDAY.** Pathological Society of London, 8 P.M.

**THURSDAY.** Harveian Society of London, 8 P.M. Dr. Maudsley, "On Some of the Causes of Insanity."

**FRIDAY.** Western Medical and Surgical Society of London, 8 P.M. Inaugural Meeting. The President (Dr. Fuller) in the Chair.

### TO CORRESPONDENTS.

\* \* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

**COMMUNICATIONS.**—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

**CORRESPONDENTS,** who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

**THE** Publisher begs to intimate that orders for JOURNALS sent by post must be accompanied by stamps for the amount. Price of each number is, by post, *sixpence*.

**THE** *Wien. Med. Woch.* tells us that "Marion Sims is a celebrated London accoucheur."

**CHOLERA IN PRISON.**—A paper with this title, on Cholera in the Perth Prison, was sent to the Editor some time ago; but the name of the author is not given. Will he oblige us by forwarding it?

**BLUE MIST.**—SIR: The following extract from the supplement to the *Universal Magazine* of 1747, may interest Mr. Glaisher and some others.

"In 1682, on the borders of Italy, a murrain infected the cattle, which spread into Switzerland, the territories of Wirtemberg, and other provinces, and made great destruction among them. The contagion seemed to propagate itself in the form of a blue mist, which fell upon those pastures where the cattle grazed, inasmuch that whole herds returned sick home; being very dull and forbearing their food, most of them would die in twenty-four hours."

When the propriety of the formation of a cemetery in Reading was discussed—more than twenty years ago—it was stated that a blue mist might be looked for and seen hovering over one of the churchyards of this town.

I am, etc.,

Reading, October 9th 1866. I. HARRISON.

**SCLOPETARIUM.**—A member asks the meaning and derivation of this word, which is used ("Vulnus Sclopetarium") in the *Weekly Sick Returns of the Army*. The following extract from Dr. Adam Littleton's Latin Dictionary, fifth edition, 1723, will answer our correspondent's inquiry. "Scloppetum, i. e., à Scloppo, sive sono quem edit cum displotitur: A musket or gun; a pot-gun." "Vulnus sclopetarium" is therefore, simply, "gunshot wound"; and so it is rendered in the table of classification of diseases, etc., given in Aitken's *Science and Practice of Medicine*. In Dr. R. G. Mayne's *Lexicon*, "eau d'arquebuse" is said to have been sometimes called "aqua sclopetaria".

**THE MEDICAL CLUB.**—SIR: I do not propose to discuss the advantages likely to be obtained by the members of the medical profession from increased social intercourse on terms of perfect equality, for I believe the establishment of our club in London may now be looked upon almost as an accomplished fact, though many of our brethren, I find, both in town and country, are waiting till after the proposed meeting under the auspices of Sir William Fergusson, before they give in their names. But it will be wise, both for present and intending members, to consider well the basis upon which the club should be formed, its local habitation, and its name, as these are matters that must be decided upon at the outset, and that will greatly affect the vitality of the institution; and I therefore thus briefly invite an expression of opinion in the pages of our JOURNAL.

I am, etc.,

B. CHEVALLIER.

Ipswich, October 9th, 1866.

**COMMUNICATIONS** have been received from:—Dr. FREDERICE J. BROWN; Dr. GILCHRIST; Dr. B. CHEVALLIER; Mr. I. BAKER BROWN; Mr. I. HARRISON; THE HONORARY SECRETARY OF THE HARVEIAN SOCIETY OF LONDON; Mr. S. WOOD; Mr. THOMAS NUNNELEY; Dr. J. G. DAVEY; Dr. JOHN BARCLAY; Dr. HYDE SALTER; Dr. W. NORRIS; Dr. MONCKTON; Mr. H. N. EDWARDS; and Mr. T. WATKIN WILLIAMS.

### BOOKS RECEIVED.

1. Diabetes: its Various Forms and Different Treatments. By George Harley, M.D., F.R.S. London: 1866.
2. Osteology: a Concise Description of the Human Skeleton; accompanied by an Explanatory Atlas of Plates. By A. T. Norton. London: 1866.
3. A Dictionary of Science, Literature, and Art. Part XI. London: 1866.
4. Chromo-Lithography of Diseases of the Skin. By A. B. Squire, M.B. London: 1866.
5. On the Relative Weight of the Brain. By E. Crisp, M.D. London: 1866.
6. Sanitary Measures and their Results. By T. Shapter, M.D., F.R.C.P. Second Edition. Exeter: 1866.

### ADVERTISEMENTS.

## Christian Medical Association.

—The ANNUAL MEETING is proposed to be held at the Freemasons' Hall, Great Queen Street, Lincoln's Inn Fields, on Friday, October 26th, at 8 p.m.

CHARLES BROOKE, Esq., F.R.S., in the Chair.

Gentlemen engaged in the study or practice of the profession are invited to attend.

Admission by tickets, by a private card of address, or on the production of a Student's entrance ticket to a Course of Lectures or to Hospital Practice.

J. H. GLADSTONE, Ph.D., F.R.S. } Hon.  
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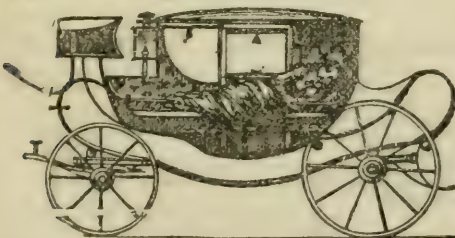
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THE

## Jacksonian Prize Essay

FOR 1865.

ON DISEASED CONDITIONS OF THE  
KNEE-JOINT.

BY

WILLIAM PAUL SWAIN, M.R.C.S.,

SURGEON TO THE ROYAL ALBERT HOSPITAL, DEVONPORT, ETC.

## SECTION III.—OPERATIVE INTERFERENCE.

THE progress of disease in the knee-joint must occasionally lead to the positive necessity for its removal. A rapid and acute affection may so depress the vital powers as to call for immediate interference on the part of the surgeon, in order that the patient's life may be saved; or the slower advance of some chronic malady may, little by little, reduce him to such straits as to demand the removal of the disease, lest continuous pain and copious purulent discharges should prove too much for his endurance. Or, again, long continued disease, perhaps ill treated, or entirely neglected, may leave a knee-joint so deformed as to be not only useless, but an absolute encumbrance to its owner. In each and all of these cases, a very grave responsibility rests with the surgeon in deciding, first as to the exact period at which operative measures should be had recourse to, and secondly as to the nature of the operation which should be performed. With regard to the first of these difficulties, Bryant has well remarked, that

"Every surgeon must be able to recall cases where disorganisation of a joint had taken place, whether from disease of the synovial membrane, cartilages, or bones, where the question of amputation or excision had been suggested; and which the patient or his friends had positively refused, and where, to crown all, a recovery had taken place." (*Diseases and Injuries of the Joints*, chap. ix, p. 139.)

That is to say, with an useful ankylosed joint. We must acknowledge the truth of this observation. Even the most acute insight into pathological conditions may yet fail to calculate correctly the power which any given individual possesses to resist disease or to repair its inroads. Nature, if she be fairly treated, will after all do the work of healing more completely than Art can ever hope to do; and it is a sad error to expose a patient to all the risks and distress of an operation, the result of which may, after all, be far inferior to what she herself might have effected. Yet, on the other hand, too long waiting on Nature's offices betrays the timid surgeon. He lets his patient slip from his grasp. His timely aid might have saved a life, although at the sacrifice of a limb; or he might have achieved a still greater triumph, and not only rescued his patient from impending death, but have left him with a limb, not indeed perfect as before, but still most useful

for the purposes of locomotion. A day, a week, or a month of too long waiting, and his chance is gone.

Perhaps the second difficulty referred to is the greater one; viz., the nature of the operation which should be performed for the removal of the disease.

*Excision of the Knee.*

The time was when no alternative existed for the surgeon, except the removal of an incurable knee-joint by amputation through the thigh. How many useful limbs have been thus sacrificed, and are, I fear, still being so, it is impossible to say. It is, however, satisfactory to find that the march of surgical science has provided another means of relief in excision of the diseased articular surfaces of the knee-joint; and the surgeon has now the opportunity of choosing whether he will remove the entire limb by amputation, or only the diseased joint, leaving a sound thigh and an useful leg and foot to his patient.

Great as is this addition to surgical science, I suppose there are few subjects which have caused more professional wrangling and discussion than this one of excision of the knee-joint. More than a hundred years have elapsed since Filkin of Northwich first performed the operation, and during the last fifteen it has been kept constantly under the notice of the profession by one of the most eminent professors of surgery in England, and has been more or less practised in nearly all the hospitals of the United Kingdom. It has been written about, and lectured about. Statistics about it, more or less reliable, have been collected from all parts of the world, and placed before the profession; and yet, in the face of all this, I fear I write but the simple truth when I state that there is very little more unanimity on the subject of knee-joint excision now than there was years ago, when first the dispute commenced. Nor am I inclined to think that this fact arises from any great fault on either side. Its first supporters may have been—I think they have been—too sanguine of success. They have promised a little more for the operation than now that it has, as it were, come of age, it is able to perform. It has been performed in cases, no doubt, unfavourable to its perfect success; and operators have been too hasty in returning as perfect cases those which time has proved to be anything but so. On the other hand, long before it had received a just trial, there was an evident tendency to "write it down". Men who had never performed the operation, some who had never even seen it done, wrote about it and talked about it. There were one of the most fearful innovators in surgery had ever witnessed. I remember an old and most experienced surgeon, who was intensely prejudiced against the operation. He was present when I excised a joint; and, when the knee was laid open, I heard him remark that it was the most horrible operation he had ever seen. The case did exceedingly well; and I know that my friend has much modified his opinions as to this procedure.

It is really superfluous for me to repeat the oft-told history of this operation. Butcher, Holmes, Hodges, the American surgeon, Professor Fergusson, and the late Mr. Price, have each and all of them laid before the profession most full and interesting details as to its rise and progress. The last named



surgeon has most laboriously collected a large number of cases of excision of the knee from the year 1761 to the end of the year 1860; and he has divided this period into three, thus:

	Cases.	Cured.	Died.	Amputated.	Died.
From 1760 to 1800..	17	7	10	0	0
" 1800 to 1850..	9	5	4	0	0
" *1850 to 1860..	238	150	52	36	7
Total.....	264	162	66	36	7

The first thing that strikes one in this table is the fact that, whereas in the first two periods 14 deaths occurred in 26 cases, or more than *one-half*, in the last period only 66 out of 264, or just exactly *one-quarter*, died from the immediate effects of the operation. In a foot-note appended to Mr. Price's table by Mr. H. Smith, it is stated that, at King's College Hospital, out of the first 24 cases, exactly *one-half* died; whilst in the last 29, only 5 deaths have taken place. These facts speak for themselves, and can leave no doubt that a better knowledge of the operation and after-treatment, combined with a more judicious selection of cases, has considerably reduced the mortality attending upon it.

Since 1860, Mr. H. Smith has obtained statistics of other cases of excision of the knee which have been performed by the British surgeons tabulated by Price, and the following is the result: 52 cases, 37 cured, 10 died, 3 amputated, 2 died, 2 doubtful as to the result.

These statistics, again, show an improved rate of mortality, more than two-thirds of the cases having recovered with "useful limbs". Nor do I think that we have as yet reached the limit of perfection. I trust that I shall presently show that there are many points the strict observance of which, both in the selection of cases for operation, and in the operation itself and after-treatment, will secure for it a yet greater immunity from the heavy death-rate which at present attends upon it. The term "useful limbs", quoted above, leads me to protest against a rather unfair attack which has been made upon the expression. The talented editor of *A System of Surgery* seems to have entered upon a crusade against the operation of excision of the knee. In addition to his article in the *System of Surgery*, he has written another in a periodical (*British and Foreign Med.-Chir. Review*, No. LIX, July 1862, p. 225), in which, giving him every possible credit for fair dealing, and for many truthful observations on the subject, I really think he has endeavoured to make the very worst of the operation. I shall refer to Hodges' essay at a later period; but I would just remark here, that the 208 cases he has tabulated are taken not exclusively from British sources; and this is the only explanation I can give of the difference of success, as shown by his statistics and by those I have already produced—a difference which, I trust I may be allowed to say, reflects credit upon English surgery. The term "useful limb", however, really seems to me to be perfectly explicit, and sufficiently indicative of the successful issue of any given case. I do not see how we can avoid accepting it *as such*, without directly impugning the honesty of the person who reported the case, and, in many cases, of the surgeon who performed the operation. It does not follow at all that, because the

editor of *A System of Surgery* once saw a limb amputated which had been reported as "a sound and useful one";\* suspicion should be cast upon all other cases to which this term is appended, without further comment. Many limbs may honestly be reported as "useful" ones, after excision of the knee, which are even "riddled with sinuses leading to diseased bone"; and it must be the experience of any surgeon who has seen much of excision of the knee, that, however troublesome sinuses and diseased bone may be to surgeon and patient, both are very frequently rewarded for waiting, by the most perfect result which surgery can procure.

Another point I would draw attention to. It is really no argument against excision of the knee, that a certain number of cases wherein it has been performed eventually require amputation. Excision of the knee has been frequently justifiable, even although amputation of the thigh has afterwards become a dire necessity. Nay, I would even go further, and say that it is a positive duty which the surgeon owes to his patient to give him the chance of saving a sound leg and foot, before having recourse to that last extremity—amputation of the limb. If the after-treatment of a case of excision of the knee be such as it should be, I contend that there are very few cases where, at the end of a considerable time, the patient is not as well able to undergo amputation of the thigh, if it be imperative, as he was before the operation of excision. Of course, I exclude from this observation all such cases as acute necrosis of the bone, etc., which are the usual causes of immediate mortality after excision of the knee. I think, too, that it is hardly fair to charge all the deaths following amputation after excision upon the excision operation. Who is to say that death would not have resulted if amputation had been resorted to as a primary procedure? In fact, the statistics of this operation are at present most unreliable, owing, I have no doubt, to the very incomplete manner in which our hospital records are preserved. In the case of simple amputation, it is easy to record and collect the fact either of death following the operation, or of recovery; but, in the case of excision, a lapse of time is required to test the true result of the operation, and during that time the patient too often passes from the observation of the hospital authorities, and no more is heard of him. Feeling, therefore, that a mere record of operations performed during any given period must of necessity be very incomplete, however extensive, I shall content myself with referring to those only with which I am either myself personally acquainted, or about which I have reliable information.

*Modes of Performing the Operation of Excision.* It now becomes my duty, in compliance with the more immediate requirements of this essay, to consider the diseased conditions in which this operation is advisable. And at this point I consider it to be most convenient to recount the method by which the operation is performed.

The patient being carried to the table, and placed fully under the influence of chloroform, an incision should be made across the joint sufficiently large to expose the ends of the femur and tibia. The old H-incision is, I think, now nearly abandoned; for it was in reality far more extensive than there is any

\* These cases were all performed by British surgeons.

\* See foot note to article in *Med.-Chir. Rev.*, LIX, p. 226.



necessity for. The horseshoe **U**-incision, extending from the back part of one condyle to the back part of the other, across the joint, below the patella, dividing the skin and ligamentum patellæ at one sweep, is a very useful and now common mode of proceeding. Care should be taken that this incision should be commenced and terminated well *behind* the condyles of the femur; as it will then be found to afford, when the limb is placed in position, two dependent points for the escape of matter. Another method—and in some cases a preferable one, as producing a smaller wound—is to carry the incision transversely across the joint. Mr. Henry Smith, in a note appended to Price's work, attributes the introduction of this plan to Sir W. Fergusson; but I think that Mr. Kempe of Exeter used it some years ago, and has continually done so with the best results. The joint having been laid open in front, an assistant should gently flex the limb. The flexion should be very gentle, or mischief will be done to the bone. There is a preparation, showing how the spine of the tibia was thus wrenched off; and I have the record of a case where the surgeon, in forcibly flexing the limb, tore off the entire epiphysis of the tibia. (See *Pathological Society's Trans.*, vol. xvii.) The surgeon may now introduce the fingers of his left hand into the joint, and, by drawing up the condyles of the femur, put all the parts on the stretch, and thus facilitate their division; for it must be remembered that, in the flexed condition of the joint, the external and internal lateral ligaments are relaxed. The position of these ligaments must also not be forgotten; they are placed nearer to the hinder than to the fore part of the joint. The lateral ligaments being divided, and the crucial (if they remain), the integuments must now be carefully dissected up from the femur, and the portion of bone to be removed exposed. In considering the anatomy of the femur, I have already referred to the extreme importance of cutting this bone through at a proper angle. Much of the after-success of the operation depends upon the manner in which this portion of it is accomplished. Owing to the width of the pelvis, the two femora are necessarily oblique in their axes, and the *internal* condyle is prolonged, as before noticed, in order to compensate for this, and that the articular surfaces of the femur and tibia may be parallel. Hence it follows that, in cutting both the bones, it is of the greatest moment to maintain this parallelism by taking care to make the slices removed of the same thickness throughout; or if, by any chance, any difference should be made in one section, that a compensatory allowance should be made in the other. It is also most important that the saw, when applied to the femur, should be held exactly perpendicularly to the shaft of that bone. And a difficulty arises here in practice, owing to the tilting of the thigh necessary in order to separate it from the tibia. An unwary operator may be misled by the position of the thigh, and apply the saw perpendicularly to the patient's body, instead of to the bone about to be sawn; the same rule applying, though in a less degree, to the tibia. When the femur is cut thus incorrectly, the tibia, if brought into apposition with it, must necessarily bow outwards, as is frequently seen. Two femora are sent in with this essay, to illustrate the correct and incorrect methods of cutting the bones. If the patella be fixed, as it frequently is, to the external condyle,

it may sometimes be included in the section; or it may be torn from its adhesions, if they be only fibrous. At any rate, the bone should in all cases be removed. Hodges states that the percentage of death on amputation, following cases in which the patella was removed, was 21.31; whilst in cases where the patella was left, the percentage was 60.54—giving 39.23 in favour of removal of this bone. It is hardly necessary to remark, that the smallest possible portion of bone, consistent with the entire removal of disease, should be sawn off.

Much difference of opinion exists as to the kind of saw that should be used. For my own part, I know of none better than the common hand-saw, made sufficiently broad in the blade to cut through the broad surfaces of bone with which we have to deal. Butcher's saw is used by many surgeons; but it is neither so firm, nor so entirely at the command of the operator, as the less complicated one above referred to.

After the section of the bones has been completed, any circumscribed patches of disease may be removed with the gouge, and the rough edges pared off with the bone-forceps.

It is frequently the case, that the contraction of the hamstring tendons is so great, that much difficulty is experienced in placing the femur and tibia in good apposition. Under these circumstances, it is advisable to divide these tendons through the wound, when, in all probability, the difficulty will be overcome. If, however, it is still impossible to place the bones in good apposition, it will then be necessary to remove another slice from the femur. This proceeding should, however, be avoided, if possible, as it materially shortens the limb, and imparts an air of bungling to the operation. As much of the synovial membrane as possible should be removed, whether diseased or not, as its presence materially retards the future good progress of the case. Any suspicious-looking tissue should also be taken away; a pair of stout scissors, cutting on the flat, being very useful for this work.

It is very necessary to arrest all hæmorrhage before the limb is finally put up. I think we are too sparing in our ligatures in this operation. Every bleeding point in the soft tissues should be tied. I have frequently seen the most free hæmorrhage from the cut edges of the periosteum. A careful search for bleeding points should be here made. A little patience and a stream of ice-water will generally arrest oozing from the surfaces of the bones. It is most distressing to the patient, and a fertile source of ill success, to have to take down the limb, reopen the wound, and search for bleeding vessels. That free secondary hæmorrhage does sometimes supervene, we know from various recorded cases; but it has never been my lot, in a pretty extensive personal experience of the treatment of excision cases, to meet with one that required the after-application of a ligature, the actual cautery, or a styptic of any kind. I am convinced that this danger is overrated, and that ordinary care at the time of the operation may prevent its occurrence.

All hæmorrhage having ceased, the cut ends of the bones should now be brought into apposition, great care being taken to prevent any of the soft parts slipping between them. Just at this stage of the proceeding, the patient should be most fully under the influence of chloroform, in order that no



spasm of the muscles may interfere with the complete adjustment of the limb. This is a point the neglect of which is a *very* frequent cause of damage to the limb. I have frequently seen severe spasm of the muscles of the thigh suddenly pull the femur up and render the adjustment of the limb most difficult.

The bones being adjusted, the limb should be immediately placed on the retaining apparatus, whatever that may be. I have no hesitation as to my own choice in the matter. There is no apparatus equal to the iron splint described, shown in Fig. 4,\* and which is, I believe, the only one ever used now by Sir W. Fergusson. The side splint is, I think, in very many cases, a superfluity; and I have frequently dispensed with its use throughout the entire run of the case. The box advocated by Mr. Butcher (Fig. 5) is far inferior, although that eminent surgeon has turned

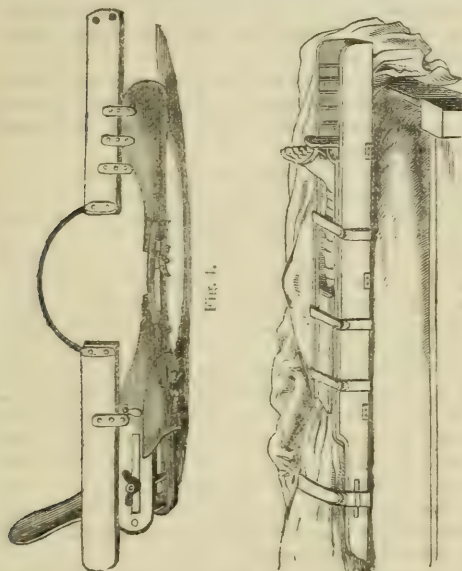


Fig. 4.

Fig. 5.

out of it many good cases. My objections to it are, first, that it is of wood, and absorbs the discharges; secondly, that it is very cumbersome, and cannot be swung; and thirdly, that, in order to get at the limb, a portion if not the entire retentive apparatus must be undone, thus exposing the limb to the risk of jars and starts very detrimental to its well-being. Some surgeons use an ordinary McIntyre splint, which is in many ways most inconvenient. The splint should be well padded, great care being taken that the pad in the thigh and leg part should overlap the edge of the splint, to prevent galling at any part. That portion of it immediately under the knee should be covered with Macintosh sheeting, and should be made rather full, so as to project into the popliteal space. Small supplemental pads, also covered with Macintosh, should be at hand; one especially being often required to go under the head of the tibia, to prevent its tendency to fall backwards behind the femur. Webbing straps and buckles should also be at hand. In my own cases, I am not only most anxious to see the splint well prepared, but I also prepare the limb itself for its long sojourn

in the splint. All the prominent points of bone, especially the malleoli, the heel, and the tendo Achillis, should be covered with amadou spread with soap-plaster. The foot should be carefully bandaged from the toes up to just below the tubercle of the tibia. A bandage should also be firmly applied to the thigh from above downwards. I believe this latter precaution to be a most useful one; for not only does it to a very great extent control spasmodic action of the femoral muscles, but it also prevents matter from burrowing back amongst them—a complication most tedious to deal with, and often fatal to the good result of the operation. All these preparations should be made in the ward before the operation. A little care and supplemental bandaging will prevent the permanent bandages from being soiled during the operation.

The limb is now to be placed in the splint; and, the bones being in perfect apposition, I am in the habit of fixing it by four strips of adhesive plaster—one a little above the malleoli, another just below the head of the tibia, another just above the condyles of the femur, and the last at the upper part of the thigh. As a final step, the wound should be brought together by two or three wire sutures, the sides being left open for the free exit of all discharges. There is a double object in leaving the wound open to the last moment. First, we are able to secure more perfect adaptation of the ends of the bones; and secondly, to stop any further bleeding points which may present themselves in the soft tissues. Finally, a bandage is applied, further confining the limb to the splint, but leaving the wound exposed, which should only be covered by a square piece of wet lint.

The patient should now be removed to bed, placed on a water-pillow, and the leg swung in a "Salter's swing" (Fig. 6). I make a great point of the water-

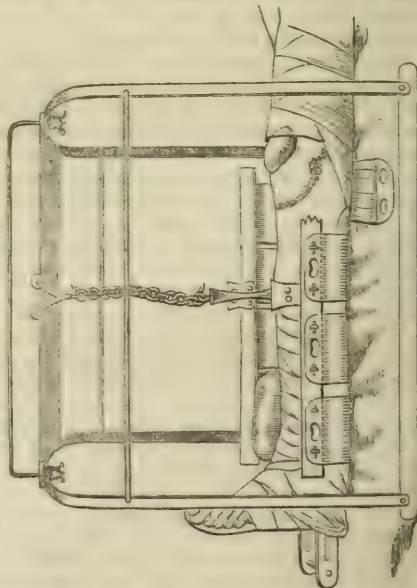


Fig. 6.

pillow. By it the pelvis is as it were swung, and the patient can move about with the greatest freedom, without a single jar being communicated to the limb. If the patient be, as is sometimes the case in females, of

\* I have to thank Dr. Druitt for his permission to borrow Figs. 4, 5, and 6, from his well known *Surgeon's Vade-Mecum*.



an excitable nervous temperament, the administration of a subcutaneous injection of one-third of a grain of morphia, before the effects of chloroform have passed off, has a most quieting effect, and will often procure long and refreshing sleep.

*After-Treatment.* In a case managed as above described, the after-treatment is of the simplest kind. Throughout, one great object must be kept steadily in view; viz., the perfect immobility of the limb. In a well managed case of excision, there is not the slightest possible necessity to touch any of the retentive appliances for at least a month or six weeks after the operation; and then, in all probability, the limb may be once for all removed from the splint, and placed in some other support. I find that cotton-wool, carefully tucked in under the edge of the bandages nearest the wound, and changed once or twice a day, effectually prevents the matter from running up by the sides of the splint, and then collecting under the bandages and becoming offensive. If the discharge is very profuse, a drainage-tube inserted on each side, at the lower point of the wound, will conduct off a great deal of pus, and prevent its soiling the splint and bandages. When suppuration is fairly set in, it is often useful to syringe out the wound with a solution of Condy's fluid, or with the "red lotion"; but, of course, any local application will be made in accordance with the particular condition of the case. I have never seen it used, but I can quite conceive that the application of a bag of ice to the parts immediately after the operation, and the retaining it continuously for some days, would prevent the approach of much evil, and be a source of great comfort to the patient.

The position of the limb should be a continual source of care. The judicious application of a pad, strap, and buckle may rectify any commencing displacement. The bowing outwards of the joint is one of the most troublesome distortions we have to meet with. To prevent this, I have had a "truss-pad" made, which, taking its fixed point from a bar attached to the inner side of the splint, passes over the joint, and presses the limb inwards and a little downwards. A very good drawing of this apparatus is appended. (Fig. 7.)

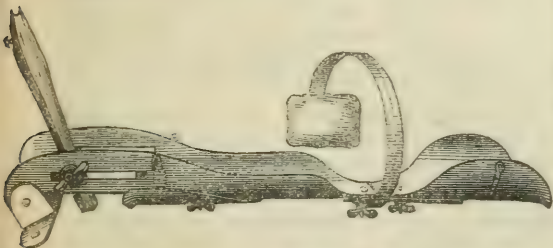


Fig. 7.

I have thus minutely described the steps of this important operation, and the after-treatment of the case, because I am convinced from my own observation, and from the accounts I have read, that frequently very many of the precautions which I have recounted are entirely neglected, and cases which might have turned out successfully have been lost or suffered amputation. Not long ago, I saw a case where, on account of not very excessive secondary oozing, the limb was taken down on the evening of the operation, the sutures were removed, and the actual

cautery freely applied. Again, about the third or fourth day, when suppuration has freely commenced, I have known the limb removed from the splint (the wooden trough of Butcher) to cleanse it. Price, in his analysis of cases, gives many examples where limbs were undoubtedly sacrificed to bad after-treatment. For instance, in one case, the cause for amputation was stated to be "exhaustion, and the pain from dislocation which had occurred." (Price, *On the Knee-Joint*, p. 77.) The patella was allowed to slip between the ends of the bones, and "the patient died from exhaustion and irritation after some months." In another case, "considerable difficulty was experienced in keeping the bones in apposition: irritation of their extremities, and the consequent lighting up of unhealthy suppuration, induced necrosis of the lower end of the femur: so that amputation was needed after some weeks." (Price, *op. cit.*, p. 85.) In another case, amputation was resorted to "on account of non-union, necrosis, and displacement of the cut ends of the bones." Three cases—"a clumsy flat leather splint with the first case, the McIntyre in the others, with too frequent shiftings, being used to support and steady the limb"—very soon came to amputation. In two cases, "mechanical irritation of the cut ends of the bones induced such an amount of indammatory mischief in both of the bones and periosteum, that death was thereby the consequence." In another case, "on the third day the dressings had been changed, and a pillow and sand-bags substituted for the splint." In another, "the patient was shifted every few days;" in another, "the tibia and femur were allowed to shift their positions"; and in all these amputation was had recourse to. Thus twelve cases are recounted where the want of success following this operation must be entirely attributed to insufficient care in the after-treatment.

I need hardly point out that, until the treatment of these cases is better understood, statistical records of ill success must be taken for what they are worth. Sir W. Fergusson, in his lectures on "The Progress of Anatomy and Surgery during the present Century," delivered at the Royal College of Surgeons, has very aptly compared this operation to a compound fracture of the femur or upper end of the tibia. Would any surgeon in his senses take down a compound fracture every three or four days to see how it was going on or to clean the splint? And if, as is more than likely, such a case came to amputation, or the patient died of "irritation", would this be used as an argument against the attempt to save the limb, and in favour of primary amputation? I think it would rather be set down as an indication that the surgeon who thus acted did not know his business, and had sacrificed his patient's limb or life. I know that there are many more difficulties to contend with in treating a case of excision of the knee, than in a compound fracture of the lower extremity; but the principle should be the same in both cases—perfect and prolonged immobility secured by the use of appropriate retentive apparatus. When surgeons thoroughly recognise this principle of action, we shall begin to find out that the results of the operation of excision of the knee-joint are not quite so bad as some would have us think they ever must be.

[To be continued.]



# Addresses and Papers

READ AT

## THE THIRTY-FOURTH ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

[Held in CHESTER, AUGUST 7th, 8th, 9th, and 10th. 1866.]

### ON THE REDUCTION OF DISLOCATIONS (MORE ESPECIALLY OF THE HIP AND SHOULDER) BY MANIPULATION.

By THOMAS NUNNELEY, Esq., Leeds.

THOUGH the reduction of dislocated bones by what has been called manipulation, in contradistinction to violent extension, whether this be effected by manual or mechanical appliances, has probably, at various times, been practised ever since dislocations were recognised as ills to which flesh is heir, it seems only within a very few years to have been tried in the first instance as a reasonable proceeding, or to have been adopted otherwise than when the more orthodox plan of extension could not be resorted to, or, having been resorted to, had failed. In fact, it was regarded as a makeshift—not as a legitimate surgical proceeding; one that might perhaps, by hap-hazard, succeed when proper methods had failed; not upon any known and rational principle, but by luck, in spite of the violation of all reasonable calculation. Even now, if we may judge from the very scanty reference to cases in which manipulation has been practised, which have appeared in the periodical press; the total omission of all reference to it in some modern works on surgery; and the very slight and passing notice in others recently published, it would seem to be little known or practised. Where it is referred to, it is so, as only applicable to cases of dislocation of the hip-joint, and of these, in two forms alone—on the dorsum ilii and into the ischiatic notch. Mr. Cock and Mr. Wormald,\* whose names have been mentioned as the surgeons in this country who have practised the method, appear to have done so in two or three cases only of these forms of dislocation; and even Dr. Reid, of Rochester, United States, to whom, I believe, is attributed the honour of having introduced the plan as a legitimate one, does not appear to be aware of the extent to which the method is available; for he speaks only of reducing dislocations on the dorsum ilii and into the ischiatic notch by manipulation; whereas I believe it to be as applicable, not only to the two other forms of dislocation to which the hip-joint is liable, but equally so to all those to which the shoulder-joint is obnoxious. Indeed, it seems to me very difficult to account for the limitation of the practice to the two forms of dislocation of the hip just named; for, supposing the method to be applicable to them, the same reasoning would apply equally to the other two forms of dislocation of the hip-joint; and, even with increased force, to those of the shoulder-joint.

As it is probable that more cases of dislocation of the hip have, during the last few years, been treated in the General Infirmary at Leeds, and the reduction of

them by manipulation has been put in practice more extensively than in most of the other hospitals of the country, it seems only proper that the result should be given to the profession at large. If other experience should confirm, as I fully believe that it will, the very favourable opinion at which I have arrived of its great superiority in every respect over the method of extension which, following the prescribed dicta of so many great authorities in every country, has been, and still is, almost universally adopted, it will be recognised as one of the greatest improvements in modern surgery. I will, as briefly as possible, relate the facts of each case, and then add such few remarks as the results appear to justify.

No. 1. March 5th, 1859. Benjamin Appleyard, aged 23, mechanic. Dislocation of femur into the ischiatic notch, from falling from the step of an omnibus. Easily reduced by manipulation. Mr. S. Hey's case.

No. 2. Feb. 27th, 1861. William Frobisher, aged 25, collier. Dislocation on dorsum ilii, caused by three tons weight of coals falling upon him whilst in a stooping position. Manipulation tried and failed. Reduction easily effected by the pulleys. Mr. S. Hey's case.

No. 3. August 26th, 1861. Emma Nellest, aged 21, Dislocation into the ischiatic notch, from getting her leg (left) between the spokes of a cab while it was in motion. Reduction was attempted by manipulation and failed. The pulleys were then successfully applied. As the patient was being carried downstairs from the operation-room to her ward, the head of the bone was heard to leave the socket. On her being placed in bed, all the symptoms of dislocation were again present. The pulleys were at once reapplied as she lay in bed, and reduction again effected. It was, however, found impossible to keep the head of the femur in the acetabulum. On Sept. 11th, the dislocation having recurred for the sixth time, a long splint was secured to the whole length of limb by means of starched bandages, as in fracture of the neck of the femur. This was kept on for nearly three months. When removed, the woman could walk without help, and the limb was in proper position; but after some time she returned to the hospital very lame. A mechanical support was now applied, which enabled her to walk well; and when last seen she had apparently recovered. Doubtless, in this woman, the acetabulum had been fractured. Mr. Smith's case.

No. 4. February 28th, 1863. John Maltby, aged 18, collier. Dislocation of right femur upon dorsum of ilium, caused by a fall of earth upon him. Easily reduced by manipulation without chloroform. Mr. Smith's case.

No. 5. March 29th, 1863. Mary Appleyard, aged 19, a very stout farm-servant. Head of femur thrown into the ischiatic notch. Attempts were made to reduce it without chloroform, when the head of the bone was put on the pubis. She was then put under chloroform, and both manipulation and the pulleys unsuccessfully tried. The following day the pulleys succeeded. Mr. S. Hey's case.

No. 6. October 17th, 1863. Joseph Phillips, aged 56, mason, admitted with compound fracture of skull with depression into frontal sinus. On the 19th, it was discovered that the right femur was dislocated into the thyroid foramen. On the 20th, it was reduced by pulleys, chloroform being given. Mr. Smith's case.

No. 7. February 6th, 1864. William Dawson, aged 31, labourer. Dislocation of left femur upon dorsum ilii, from falling from a height of thirty feet. Easily reduced by manipulation under chloroform. Mr. S. Hey's case.

\* After the reading of this paper, Mr. Jonathan Hutchinson informed me that the plan had been practised at the London Hospital. Unfortunately, I have not seen any reports of the cases so treated.



No. 8. March 4th, 1864. William Styant, aged 72, farmer. Dislocation of right femur on dorsum ilii, from having been knocked down and run over by a horse and cart thirteen hours before. Repeated attempts had been unsuccessfully made by extension before his admission to effect reduction. Reduced with the greatest ease by manipulation. Chloroform given. Mr. Nunneley's case.

No. 9. April 16th, 1864. Hugh Mc'Loughlin, aged 20, navy. He had been completely buried by a fall of earth. Dislocation of right femur upon dorsum ilii. Easily reduced by manipulation. Chloroform given. Mr. S. Hey's case.

No. 10. April 22nd, 1864. Wm. M. Kew, aged 30, labourer. Dislocation of left femur into the ischiatic notch, owing to a fall of earth upon him. Reduction by manipulation, with some difficulty. Chloroform given. Mr. Pridgin Teale's case.

No. 11. June 11th, 1864. John Dickinson, aged 13, collier. Fracture of left femur, dislocation of right femur upon dorsum ilii, owing to his having been knocked down and pushed for many yards by a loaded coal-wagon. Easy reduction by manipulation under chloroform. Mr. P. Teale's case.

No. 12. August 8th, 1864. Fanny Fry, aged 30 months. Dislocation on dorsum of ilium caused by a gate falling upon her. Reduction easily effected by manipulation under chloroform. Mr. P. Teale's case.

No. 13. May 19th, 1865. Abraham Wardman, aged 34, a cart-driver. Dislocation on to the dorsum ilii. Manipulation fully tried under chloroform, and failed. The head of femur could be felt rolling round the acetabulum, but could not be got into the cavity, or, if so, immediately escaped. The pulleys were used more than once, with as little success; but the inversion of the limb was lost, and it became straight. A long splint and extension were used. He recovered with an useful limb. At first, the joint was very stiff and the limb weak; but after a time he was able to resume his work. It was supposed there was fracture through the acetabulum. The accident was occasioned by the man falling and the cart passing on to his body, dragging and rolling it up over a heap of stones. Mr. S. Hey's case.

No. 14. July 25th, 1865. Charles Stenson, aged 20, navy, a remarkably thick-set muscular man. Dislocation on dorsum ilii caused by a fall of earth. Great difficulty was anticipated; but the reduction was effected by manipulation in the most easy manner possible in less than thirty seconds. Chloride of olefant gas (Dutch liquid) was given. Mr. Nunneley's case.

No. 15. October 16th, 1865. James King, aged 42, a quarry-man. This man fell a considerable distance into a quarry, where he lay all night in heavy rain. He was not brought to the Infirmary until forty-two hours had elapsed. He was greatly bruised over the body; several ribs were broken on the left side. The forearm was fractured, and the femur of the same side was thrown on to the dorsum of the ilium. Reduction was effected with the greatest ease in thirty seconds. Chloride of olefant gas given. Mr. Nunneley's case.

No. 16. Feb. 12th, 1866. Henry Stead, aged 33, labourer. Dislocation of left femur into ischiatic notch. Chloroform given. Manipulation tried and failed. Pulleys then were used, which with a lifting towel succeeded. Mr. Wheelhouse's case.

No. 17. April 17th, 1866. Patrick Cabroy, aged 21, a navy. Dislocation of right femur on to the dorsum ilii, with a fracture of the leg on the same side. Manipulation under chloroform tried and failed. Pulleys were then used successfully, but with considerable difficulty. Mr. P. Teale's case.

No. 18. May 2nd, 1866. Edwin Thompson, aged

11. This boy was knocked down by a loaded coal-wagon drawn by a pony in the pit. He was dragged a long way, and then the wagon passed upon him, carrying him a considerable distance and eventually resting upon him. He was greatly cut and bruised all over the head and body. It was an extreme case of dislocation into the thyroid foramen, for the head of the femur could be both seen and felt resting upon the descending ramus of the pubis. Reduction was most easily accomplished by manipulation under Dutch liquid. Mr. Nunneley's case.

No. 19. May 26th, 1866. William Redfearn, dyer, aged 31. Dislocation into ischiatic notch, fifteen hours before, while quarrelling and wrestling. He admits having had some beer, but says he was not "to be called drunk." His adversary threw him and fell upon him. Chloroform was given. Manipulation was fully tried and failed. The head of the femur could be felt moving upon the acetabulum, but could not be got into it. The pulleys were then fully tried, with no better success. No noise or giving way was perceived; but when the pulleys were removed, it was found that the limb was everted, instead of being inverted. It still remained an inch shorter than it should be. Very considerable swelling followed. The limb remained everted. It was supposed that an impacted fracture of the neck of the femur had occurred, as well as the dislocation, and that the extension by the pulleys had separated the bone. A long splint, with extension, was used. The man has recovered an useful, though shortened and everted, limb. He took the chloroform very badly, and was never fully under its influence. Mr. Nunneley's case.

No. 20. July 10th, 1866. George Diggle, aged 41, a strong muscular man, while riding on a cart which was being drawn up a steep embankment, was, with the horse and cart, thrown over it, and fell several feet. He received a wound on the head, a fracture of the right wrist, an injury to the left one, a severe skin wound of the left knee, and a dislocation of the left hip low down on the dorsum ilii. Reduction by manipulation was easily effected. Chloroform was used in large quantity before spasm and convulsive rigidity of the muscles could be overcome. Mr. T. Pridgin Teale's case.

No. 21. Sept. 28th, 1866. Robert Burden, aged 24, coal-miner, crushed by a heavy fall of earth while at work, *six weeks* before his admission into the Leeds Infirmary. At first, it was supposed that the lower third of the left femur was fractured, as well as its head thrown on to the dorsum of the ilium. For the fracture, he was treated by Mr. Smith of Barnsley. The man was put thoroughly under chloroform. On the first manipulatory attempt, the adhesions which had formed were both felt and heard to give way; on the second, the head of the bone was made easily and speedily to enter the acetabulum. Mr. Wheelhouse's case.

No. 22. May 31st, 1866. —, aged 22, brick-layer's labourer, a very stout muscular man, fell from a high scaffold and dislocated the left humerus under the pectoral muscle. Chloroform was very moderately given. The forearm was flexed, the arm raised and brought well over towards the opposite shoulder, the humerus gently rotated two or three times, then suddenly forced upwards and across the body, when the snap of its passing into the socket was heard. Not half a minute was occupied in the manipulation. Mr. Nunneley's case.

Nos. 23 and 24. — Parker, admitted on July 23rd, 1866, with dislocation of both humeri under the pectoral muscles: a thick-set, muscular farm labourer, aged 22. He is subject to epileptic fits. *Five weeks* before admission, he was seized with a fit when sitting in a chair. He fell to the ground. It was



afterwards found that the right shoulder was dislocated. It would seem that prolonged attempts, made with considerable force, both with and without chloroform, were unsuccessful in reducing the dislocation. Three weeks afterwards, and two weeks before his admission, he had another fit and fall, when the left shoulder was put out. No attempt was made to reduce this. It was impossible to ascertain whether the falls or the convulsive muscular action had caused the mischief; but, however induced, the characteristics of the dislocation were exceedingly well marked. The muscles about the joint were so rigidly contracted, that no attempts were made by manipulation, until the patient had been put under chloroform, of which he required more than common, to produce anaesthesia and muscular relaxation. When under its influence, the left humerus was easily reduced, on the third movement, in the space of two minutes. The right humerus was more difficult to manage. The adhesions were felt to give way, and the head of the bone to be brought close to the edge of the glenoid cavity, but not into it, under the movements. The foot was then placed in the axilla, with the intention of making extension from the wrist; but, on the arm being carried across the body, the width of the boot-sole in the axilla acted as a fulcrum, and the bone instantly slipped into the socket, without any extension whatever being made. Mr. Nunneley's case.

No. 25. Oct. 8th, 1866. G. Rowley, aged 45, railway foreman, while attempting to prevent a man from entering a train after it was in motion, had the right arm dislocated into the axilla. He was immediately brought to my house. As he was still suffering some depression from the accident, no anæsthetic was given. Reduction was readily effected by manipulation, the bone returning into the glenoid cavity with a loud snap. Mr. Nunneley's case.

Of these twenty-five cases, twenty-one were dislocations of the hip, and four of the shoulder. Mr. Smith had three cases of the hip; Mr. S. Hey, six cases of the hip; Mr. Nunneley, five cases of the hip, and four of the shoulder; Mr. Wheelhouse, two cases of the hip; Mr. T. P. Teale, five cases of the hip.

Of the twenty-one dislocations of the hip, fourteen were upon the dorsum of the ilium, five into the ischiatic notch, and two into the thyroid foramen, or near to it. One was converted into a dislocation on the os pubis.

Of the four dislocations of the shoulder, three were under the pectoral muscle and one into the axilla.

The ages were as varied as possible. One man was of the unusual age of 72 years, and one a child of the, perhaps, still more unusual age of only thirty months. In both cases, the symptoms were remarkably well marked; and in both, reduction was most easily accomplished by manipulation. With two exceptions only—the young child, and the farm servant girl, who was employed at man's work, and who was as muscular and strong as most men of her age—all were male subjects, and most of them young athletic labourers, in whom reduction might be expected to be as difficult as it is ever likely to be.

Out of the twenty-one cases, manipulation was tried in all but one; it succeeded in fourteen, and failed in seven. In these seven, who were afterwards subjected to the pulleys, three were reduced on the first attempt; one failed in the first attempt, but succeeded with considerable difficulty in a second effort; three failed altogether; and in another, though it was thought the bone was reduced, subsequently it was again found to be misplaced, and could not be permanently reduced—making four cases in which, doubtless, fracture of the acetabulum or of the neck of

the bone accompanied dislocation, and prevented reduction. Of these four cases, three recovered in a few months, with very little deformity. There was some shortening, for which a high-heeled shoe had to be worn; and some loss of motion remained; but still the mischief was far less than was anticipated. In the fourth case (No. 3), the woman had, for twelve or fifteen months, to wear a stiff leather support to keep the bone *in situ*; but she also, it is said, was then enabled to walk well without it. She is now lost sight of.

In estimating the value of manipulation, as compared with extension, in effecting reduction of the various forms of dislocation of the hip and shoulder-joint, it is obvious that all these four cases must be excluded from the calculation. In the fourteen cases in which manipulation succeeded, it did so with difficulty in only one case; in all the rest, the reduction was easily accomplished. In three or four cases, certainly, less than one minute was occupied; in two of them, not more than thirty seconds were required to put the bone in position; and in the remainder, where there was the greatest difficulty, in no one was the time occupied more than ten minutes. So that, compared with the average time taken up in reduction by extension, all may be said to have been easily reduced. Indeed, when reduction is so easily effected, the effect is almost magical—so easy and simple does the proceeding appear to the bystander, more especially if he has witnessed the preparations, the various assistants required, the time often occupied, and the force exerted, in an ordinary reduction of dislocated limb, when effected either by manual or pulley extension. If intelligent, he must regard it as the very perfection of surgery. If not so, it would seem as though the distorted limb had merely to be lifted up, and, by some magical influence, instantly laid again, restored to its normal form, without much effort or skill on the part of the manipulator, who requires no other assistance whatever. It is, however, only so to the uninitiated bystander; for certainly important considerations, founded on the anatomy and physiology of the parts, must be carefully studied and thought of before success, as a rule, will reward the attempt. Without this, harm, rather than good, is likely to result; and, if the displaced bone be moved at all, it most likely will only be to substitute one form of dislocation for another, as from the ischiatic notch into the thyroid foramen, from the dorsum ili on to the pubis. In estimating the comparative value of reduction by manipulation, it is only fair to mention, successful as the practice has been in the hands of my colleagues and myself, it is highly probable that, after the method becomes more familiar to us and others, and the required conditions better understood, the greater and more favourable will be the general results; for to each of us the practice was new, and had to be done for the first time by each of us. I need hardly remind my hearers that it is precisely in such manual feats as these that practice makes perfect; and that those who have before done it, or seen others do it, are likely to perform better than those who have not had the advantage.

The most important condition to be insured is a relaxed, but not perfectly helpless, flaccid, uncontractile condition of the muscles; as it is by the contraction of the muscles, which are attached near to the head of the dislocated bone, that reduction is mainly accomplished. The importance of constantly bearing this in mind I cannot too strongly impress upon those who may feel inclined to attempt the plan of reduction by manipulation. If the muscles which are more immediately concerned be in a state of active, rigid contraction, as they commonly are after a dis-



location has existed for a short space of time, and the patient has recovered from the immediate shock of the accident, they will almost inevitably prevent those movements of the bone which are essential for its being brought into a position for slipping into the socket, whence it has been removed; while, on the other hand, if they be incapable of any contraction whatever, it will frequently be found to be impossible for any manipulatory movements of the surgeon to replace the bone; or, being replaced, for its being retained in its position. I feel confident that I have seen both of these causes materially interfere with success, particularly the latter one, when the muscles have been entirely paralysed, owing to the anæsthesia having been rendered too profound. In the wish to prevent any muscular resistance whatever, the necessity for some contractility has been forgotten, or not understood. If the patient be still suffering from the shock of the injury, sickness, drunkenness, or, from age or any other cause, be in a depressed condition, he will hardly require to be put under chloroform or any other anæsthetic; but, on the contrary, if the patient be young and vigorous, if the muscles are in strong contractile action, or have been shortened by the loss of their normal opposing resistance, particularly where the dislocation is of long standing, or where there are adhesions to overcome, then the anæsthesia should at first be sufficiently profound to allow of free manipulatory movements being effected, so as to have overcome all such resistance by the time returning contractile power in the adjuvant muscles may be ready to pull the bone into the socket.

As the first commencement of manipulation, particularly in cases of recent date, the movements made with the limb should be very gentle, not rough nor abrupt. The limb should be well flexed: then, when all the muscles are relaxed as much as possible, and, so to speak, thrown off their guard, the limb should be suddenly and rapidly, but not violently, rotated on its axis, and completely abducted or adducted, as the case requires, and at the same time depressed or raised, when the adjuvant muscles will be perceived to rapidly contract. Thus the bone is partly pushed by the surgeon, and partly pulled by the muscles attached near to its neck into its place. A snap is commonly, but not invariably, heard; and the reduction is accomplished. This, I believe, can only be rapidly and brilliantly accomplished under the muscular conditions which I have indicated.

The sound heard, and the impression made upon the surgeon's sense of touch, on the slipping of the head of the bone into the socket, are so peculiar, that I do not think he will often be deceived as to whether the reduction has been effected or not, after he has once successfully accomplished it.

I need hardly detain the members by any very minute description of the precise manner of proceeding in each form of dislocation, as this must necessarily be varied to some extent with each form of dislocation, and must be guided by the surgeon's own knowledge of the anatomy of the joint; the object being, I would merely say, to use the limb as a lever to bring its displaced head into as near a position to its socket as is possible; at the same time calling into action those muscles which will immediately act upon it in pulling it through the ruptured capsular ligament into the socket, and at the same time relaxing those which may have a contrary effect.

As a rule, I think the patient should be laid on his back upon a mattress placed upon the bed, the floor, or a large table, so as to be firmly supported. When the muscles are thought to be sufficiently relaxed, and the patient is quite quiescent, the surgeon, sup-

posing the dislocation to be on the dorsum ili, or into the ischiatic notch, should mount upon the mattress, and, standing above him (if it be a dislocation of the shoulder, standing beside the patient on the affected side will be the proper position), quietly seize, with both hands, the leg of the dislocated limb; gently flex it upon the body; adduct it; then quickly rotate the head of the bone, which brings the muscles into play; and, almost at the same instant, suddenly and forcibly abduct the limb and bring it down into an extended position, when, if the movements be successful, the reduction is effected. If the head of the bone be in the ischiatic notch, while the movements will be of essentially the same character, the flexion will be required to be somewhat less than when it is high upon the dorsum; while the abduction, as the limb is rotated, must be more forcible, or the head of the femur will not be lifted out of the notch over the high edge of the acetabulum; and care, as has already been said, must be taken, or, instead of passing into the cavity, it will be thrown into the thyroid foramen. Should the dislocation, whether primary or secondary, be on this foramen, the movement must be one of full adduction, instead of abduction, so as to bring the head of the bone near to the socket.

Though this plan of reducing dislocations has been spoken of as one more especially adapted for cases in which the head of the bone is in the ischiatic notch, I believe it will be found that, in this position, reduction by manipulation will be more difficult, and more frequently fail, than in any other form of dislocation to which the hip is liable.

I may just add that, of anæsthetics, I prefer the Dutch liquid (chloride of olefant gas), or the bromide of ethyle, to chloroform; as, amongst other advantages, they both seem to me to have decidedly less tendency to induce muscular contraction and that violent struggling which chloroform so commonly induces before the system is brought fully under its influence, and which it is of importance to avoid, as the more quiescent the muscles are the more easily and readily will reduction be accomplished.

N.B.—Two of these cases have occurred since the papers were read at the meeting of the Association at Chester, but have been added in order to make the series more complete. One of them (No. 21), the case of dislocation on the dorsum ili, which had existed for six weeks, is of great interest and importance, as proving with what facility long-standing dislocations, even where strong adhesions have formed, may sometimes be reduced by manipulation.

**METHYLATED SPIRITS.** There is a provision in a recent Act of Parliament against the use of methylated spirits, either as a beverage or as a medicine. By the 29th and 30th of Victoria, chap. 64, it is declared that no person shall use methylated spirit or any derivative in the manufacture, composition, or preparation of any article whatsoever capable of being used either wholly or partially as a beverage or internally as a medicine, or shall sell or have in his possession, under a penalty of £100; and the article, as well as the vessel in which the same is contained, to be forfeited. The provision is not to apply to the preparation of sulphuric ether or chloroform, or to affect the power of the Commissioners of the Inland Revenue to allow methylated spirit to be used by persons authorised by them in such branches of the arts and manufactures of the United Kingdom as they may sanction or approve. No alteration is to be made in the mixture called "finish," made from methylated spirit.



# Original Communications.

## THE THEORY OF CHOLERA COLLAPSE.

By GEORGE JOHNSON, M.D., F.R.C.P.

I HAD formed a mental resolve that, in future, I would make no reply to criticisms upon my cholera doctrines. Dr. Woakes, however, appears to invite a reply to his very courteous criticism. I accept the invitation, and I will be as brief as possible.

I believe that the cholera-poison, like strychnia, causes cramp of the muscles by being conveyed to them through the blood. I have no reason to suppose that the minute arteries supplying the muscles are contracted. The notion that the poison is cut off from the muscles by spasm of their small arteries, is, I think, purely imaginary. Dr. Woakes asks why, if a blood-poison contracts one set of muscles, it does not contract them all; and why not the heart in particular, through which all the blood in the body passes. Now, we know that most poisons have textural affinities; they affect certain tissues and certain parts of tissues, to the exclusion of others. But we cannot explain this. We cannot tell why the poison of measles mainly affects the skin and the mucous membrane of the eyes and the air-passages, or why that of typhoid fever has a special affinity for the glands of the ileum. We do not even know why the sweat goes off by the skin, and the urine by the kidneys. The argument, that the heart should suffer most from blood-poisoning, because all the blood goes through its cavities, is, I believe, a fallacy. Its liability to be poisoned, so far as regards the mere quantity of blood, would be measured by the amount supplied to its tissue by the coronary arteries, and not by the volume of blood passing through its cavities. But, in fact, the liability, or freedom from liability, depends upon that very real, though indescribable influence, "textural affinity". Dr. Woakes is not correct in saying that I make "the theory of spasm of the pulmonary arteries the main pathological condition of cholera." I suggest this as a probable explanation of the fact that the blood is abruptly stopped at a particular part of the circulation. I am quite aware of the influence which is exerted upon the movement of blood through the capillaries by the interchange of materials between the blood and the tissues. Dr. Woakes argues, that a suspension of these changes, in consequence of an altered condition of blood, is the cause of the imperfect circulation, affecting first the systemic capillaries, and secondarily the pulmonary. Now here his theory is quite inconsistent with indisputable facts. During collapse, we know that the pulmonary arteries and the venous trunks are full, while the systemic arteries are nearly empty. If there were a primary obstruction in the systemic capillaries, or in the minute systemic arteries, the trunks of the systemic arteries would be as full as the pulmonary arteries are actually found to be. The systemic circulation is diminished in proportion to the smallness of the stream of blood which passes through the lungs, just as it would be diminished by compression of the aorta. There is no evidence of impediment in the systemic capillaries during collapse: there is positive evidence to the contrary, in the fact that the systemic arteries are so empty that the radial pulse is often not to be felt. This statement

of facts is so indisputably true, that it would be useless to argue the question with any who deny its truth.

With regard to the suppression of bile and urine, I would ask Dr. Woakes to read carefully my paper "On the Physiological Correlation of the Lung, Liver, and Kidneys," published in the *JOURNAL* for February 17th, 1866. He is not so good a physiologist as I take him to be, if, after reading that paper, he does not admit that there is some truth in this part of my theory. He is quite in error in stating that "no carbonic acid is found in the respired air during collapse." The amount of carbonic acid exhaled is diminished, as is the excretion of bile and urine, exactly in proportion to the arrest of the circulation, and the consequent suspension of the respiratory changes, with all the correlated phenomena.

Dr. Woakes says that rice-water stools occur before collapse. I admit that copious watery pale stools, pale from the copious dilution with fluid, occur before full collapse; but the genuine flocculent rice-water stool, as I should restrict the term—the stool in which bile can be detected only by chemical tests—is always exactly coincident with collapse. I undertake to say, from an inspection of the stools alone, whether the patient who passed them is in full collapse.

He says that, if spasm of the pulmonary arteries were the cause of collapse, collapse should always be sudden. But why so? From all that we know of the contractile power of the arteries, there is reason to believe that their contraction may be gradual or sudden, partial or complete, according to the intensity of the exciting cause. And, if it be asked why the choleraic poison should excite spasm of the pulmonary, and not of the systemic arteries, the reply is, that this is another instance of textural affinity. We know that the pulmonary and the systemic arteries have different vital endowments. The systemic arteries resist the passage of black un-aërated blood, which the pulmonary arteries readily transmit, as it is their proper office to do. Again, Blake's experiments prove that certain salts injected into the veins pass freely through one set of arteries, but are arrested by the other set. We, therefore, can have no difficulty in understanding that the poison may excite spasm of the pulmonary, though not of the systemic vessels.

Dr. Woakes, I trust, does not suppose that I consider the intestinal discharges to be a consequence of the arrest of the circulation. I believe them to be a direct result of the action of the cholera-poison, first on the blood, and then on the mucous membrane of the alimentary canal; and I believe this to be as essential a part of the natural process of cure, as the eruption on the skin in a case of small-pox. One of the main reasons why collapse is so deadly is, that the arrest of the circulation impedes in a corresponding degree the eliminative process, so that the retained poison or ferment has more time to spoil the blood.

I believe that I have replied frankly to all Dr. Woakes's objections. I do not think it necessary to offer any further criticism on his theory. I think, however, that my own is more in accordance with the undoubted facts of the disease. He does not appear to have had any experience of the treatment which he recommends. When he has tried the plan, he will, perhaps, tell us the result of macerating his patients in a mixture of tepid water and intestinal discharges. Can he be sure that the cutaneous surface, while admitting the water, will refuse admission to the morbid poison which is thus presented to it, and allowed to remain in contact with it?



## ETHER SPRAY IN STRANGULATED HERNIA.

By JOHN BARCLAY, M.D., C.M., Banff, N.B.

On the evening of Tuesday, the 25th of September last, I was asked by Dr. Wallace, of Turriff, to see along with him a patient who suffered from strangulated hernia; and the following is an account of the case.

G. F., aged 35 years, a farm labourer, had always enjoyed very robust health till about two years ago, when he noticed a swelling occur suddenly in his left groin. This he found he could reduce at will by manual pressure, and little trouble was occasioned by it, and no medical advice had ever been sought by him on account of it, as it only made its appearance now and then when he was subjected to hard work, and he had never any difficulty in accomplishing its reduction himself. Thirty-two hours before I saw him, he had been engaged cutting oats in the harvest-field, work requiring a good deal of muscular exertion when the crop is a heavy one, when he suddenly experienced a severe pain in the left groin, and on examination, found that the swelling had come down. I need scarcely here remark that he had never worn a truss. He now found that to work longer was impossible, so he proceeded home and got to bed. No advice was asked, however, until the following day, when Dr. Wallace saw the patient, and found him complaining of eructations, nausea, sickness, and vomiting, pain of the bowels and constipation. On being asked whether at any time he had been the subject of rupture, he replied that he had not. An examination of the usual seats of the disease, however, showed Dr. Wallace that a hernia existed in the left groin, and which, no doubt, caused the symptoms complained of. There was no tenderness in the swelling, no discoloration, and though the patient complained of a good deal of pain over the abdomen, the pulse had not yet become affected. After a steady, gentle, and cautious application of the taxis, Dr. Wallace found that he could not return the hernia, so calomel and opium were prescribed, with the effect of allaying the pain and relieving the vomiting; and additional assistance was sought for by the doctor in anticipation of the necessity for operative proceedings.

About seven o'clock on the evening above referred to, Dr. Wallace and I visited the patient, and found him asleep. On awakening him, he complained of pain over the belly, though not quite so severe as in the morning, much tenderness in the swelling, and constant eructations and sickness. At the request of Dr. Wallace I made a very gentle attempt to return the hernia, but found that the pain induced by the most gentle handling of it could not be borne, so I at once desisted. I had brought with me Richardson's ether spray apparatus, thinking it might be useful in lieu of ice, which is difficult to be had, so after consulting with Dr. Wallace, it was determined to invert the patient, apply the ether spray short of freezing the skin, then to attempt reduction, and, if failure was the result, to operate by the knife.

The head and shoulders then being supported on the floor by some pillows, and the buttocks raised as much as possible against an inclined plane extemporised by an inverted bedroom chair, the ether spray was directed in the usual way on the swelling, for about forty seconds, when a minute spot of skin appeared white. The spray was at once removed, and, on applying the fingers of my left hand on the swelling for about two seconds, accompanied by the most trifling pressure, plump up (or rather down) went the hernia, to the great delight and satisfaction

of us all. And such a result was exceedingly gratifying in many respects. The man made a first-rate recovery.

I have not up to this time seen or heard of a case where the spray was used for a similar purpose, but I think there can be no doubt but that in a great many cases of strangulated hernia, its employment is to be preferred to that of ice, or even that of chloroform.

## Transactions of Branches.

## NORTHERN BRANCH.

## ON THE SELF-ELIMINATION OF POISONS.

By WILLIAM MURRAY, M.D., Newcastle-on-Tyne.

[Read June 22nd, 1866.]

THERE exists in the human body a sphere for the operation of almost all the physical forces which are at work in the organic world; and, in all probability, the correlation of these forces with the vital force brings about the life and functions of which the body is possessed. If this be true, we shall find that the general laws which regulate the forces of the outer world apply also to the regulation of the vital economy. To select one of these laws and apply it, may test the truth of our remark. The great forces around us do not manifest their power, nor even their existence, unless they meet with appropriate material to act upon; e.g., the chemical forces are without manifest existence till bodies with an affinity for each other give them an opportunity to act; and the electrical force is without effect in the presence of non-conductors. So that to present appropriate conditions and material to act upon is necessary in order to produce the forces and call forth their effects. In like manner, there are powers in the body latent till appropriate material is introduced, which calls them into action; and we desire to show that, when certain poisons are introduced, they afford a material on which the forces of the body act in such a manner as to eliminate the poison; in other but less definite terms, poisons bring into play a *vis medicatrix nature* which destroys them. I wish, therefore, to demonstrate that we are often dependent on the poison for producing the very action which best of all eliminates it; and further, that, were no such extraordinary action set up by the poison, it would remain in the body till removed by the ordinary processes of elimination, and, while so remaining, would do harm.

The great and almost universal principle of action and reaction finds a beautiful illustration in the action of poisons on the body, and the consequent reaction of the body on poisons.

At the outset, I ought to state that I do not use the word *poison* in a narrow or limited sense. I give it a larger signification than is allotted to it by medical jurist or toxicologist; and I mean by it any substance which is foreign to the body as food or drink, and which has the power of altering or deranging the natural structure or functions of the tissues. I therefore include by the term many substances which we call medicines, whose therapeutic effects depend upon a power to poison or alter the action of a part, so as to enable it to overcome conditions which are the consequence of disease. For instance, a diuretic medicine, such as digitalis, is a poison which excites the kidney primarily for its own elimination; but, in so doing, a dropsical accumulation is removed or reduced. The effects of poisons cannot, however, be called therapeutic or medicinal



in all cases; they are sometimes purely morbid, but nevertheless they lead to the elimination of the poison. Such, for instance, is the suppuration which follows the introduction of virus, where the poison is eliminated in the pus of the pustules or abscess which follow. This principle holds equally true in the case of poisons which produce cutaneous eruptions; it is true of the exanthematous fevers, where the eruption carries off the poison; and it is true of blood-poisons of every kind, which lead to inflammation, desquamation from epithelial surfaces, or suppuration. When the poison is eliminated, it either comes away as a secretion from a free surface, or it is contained in cells which are themselves discharged. The former holds good with the milder poisons; the latter especially applies to the severe poisons.

We say, therefore, that poisons lead to their own elimination by the action they set up in the cells of the various tissues; and so acting, they sometimes produce a therapeutic, sometimes a morbid effect; but in either case their action is self-eliminative.

In order to explain this great law, which pervades not only the science of pathology, but also the whole domain of the therapeutic action of medicines, I shall first describe its application to individual cells, then illustrate by examples its application to diseases depending on poison in the system, and conclude by showing that the curative action of medicine depends upon its operation.

1. What occurs in a cell when a poison acts upon it? This depends very much upon the kind of cell so acted upon, and for this reason we must study the process on three different classes of cells, remembering that in all cells there is an absorption of nutritive matter, which, being applied to the growth of the cell, becomes endowed with the cell's properties. In the first class of cells, this process of the absorption of nutritive matter, and the endowing it with vital properties, forms the chief part of the cell's life and work; the nutritive material being retained in the cell till used or oxidised in the performance of its work, and then cast out as waste or decomposed matter. Such cells exist in the nervous system, and in all non-secreting organs; when a poison acts upon them, and they are stimulated by it, they rapidly fill with nutritive matter, with which the poison passes into their interior, they multiply, and the result is what we call an inflammation, with effusion, exudation, or suppuration, as the case may be. It is on this class of cells that poison acts most seriously, because it is so long retained in their interior; hence an especial danger in our poisons being determined to the nervous system. Cells of the second class absorb matter into their interior, and, having changed its chemical and vital characters, discharge it as the elements of a secretion. The cells of the liver, pancreas, and salivary glands are of this class. When a poison acts upon them, their action is increased, whereby they secrete largely from the blood; and, having a special affinity for the poison, they withdraw the poison from the blood, and throw it rapidly out of the system. When our poisons act on the secreting organs, they are therefore somewhat rapidly eliminated. The third class of cells is purely excretive; they simply withdraw materials from the blood into their interior, and pass them on without change as the constituents of an excretion. The individual elements of the excretions preexist in the blood, and are simply filtered off by these excreting cells. The cells of the kidney, the skin, and the bowels are of this kind; a poison entering them excites them to increased activity, whereby more poison still enters, and keeps up in them the eliminating process till the poison is exhausted. It is fortunate when our poisons select these cells for their

chief seat of action, for two reasons. A desquamation of the skin or renal tubes, or a large discharge of epithelium from the bowel, is a slight matter, compared with similar cell-changes in the brain or other vital organ; and, secondly, when once a poison is eliminated by the skin, kidney, or lower part of the bowels, reabsorption of it can but slightly occur. The practical conclusion of all I have said amounts to this: that we are to endeavour to determine the attack of our poison to the organs with excreting cells—the skin, the bowels, the kidney; and to promote the activity of these organs as far as possible within the bounds of health; and, when one excreting organ fails, or is unequal to the work, to excite by medicine the eliminating powers of the rest.

When the stimulus of a poison is applied moderately, we get increased activity in the functions of a part; when the stimulus increases, we get the various degrees of cell-multiplication, ending in the production of exudation-cells, pus-cells, and other departures from the normal standard of cell-development.

2. Passing to the second division of our subject, let us now consider the application of our law to those diseases which depend upon the presence of a virus in the system. We often gather valuable information by observing things under their simplest aspects first. We shall, therefore, regard the effects of poison or virus introduced through the skin by the ordinary nettle or by a bug-bite. We have first the elevation of the epidermis in white patches, and around these considerable vascularity of the skin; the white patches consist of epidermic cells in a state of great activity and tumefaction; and we find that, after the lapse of a certain length of time, the pain, swelling, and poison have disappeared; in short, the excessive action of the cells has disposed of the poison, without its entrance to the system. As a rule, we shall find that where poisons excite great local irritation, with excessive cell-action, the constitutional effects of the poison, *ceteris paribus*, are diminished.

We adduce as our next illustration the exanthematous fevers, which, we admit, depend on the introduction of a special virus. This virus, having found its way into the system, is the occasion of a series of processes which have for their object the elimination of the poison.\* In the exanthemata we have, with the first symptoms, rapid growth of epithelial cells in the skin and kidney, and, according to the able researches of Dr. Fenwick in the mucous membrane of the digestive canal; from each of these excreting surfaces epithelial cells are discharged, laden with granular matter, the result of their increased activity; each cell having performed its quota of eliminating work, brings away with it a portion of eliminated poison. In these active exertions of the eliminating organs, it is not so much a new kind of action, as an increased degree of that same action which constitutes their normal function. An extraordinary amount of effete matter is circulating from the increased waste and oxidation going on in the system, and the poison is stimulating the cells to their increased work. In measles, the respiratory mucous membrane joins with the skin in the work of elimination. In small-pox, the virulence of the poison sets up still more decided cell-changes, and elimination does not take place till the cells have reached the pus-cell stage. In each and all of these,

\* And I affirm that these salutary processes, which we call symptoms, are as dependent on the poison for their production as those other symptoms in connection with more vital organs, which seem to have no beneficial result. In fact, the disease in these cases leads to its own cure, according to a beneficent law, by which poisons necessarily set up that very action which will lead most rapidly to elimination.



we doubt not that the right organs for elimination are selected by the poison, and the right kind and degree of cell-activity is set up for the most effectual disposal of the poison. Let us remember that, as for the body in health, so also here are laws which regulate the body in disease; and it is for us to watch lest anything disturbs the laws which govern these natural efforts. When they are too slight, let us encourage them; when too active for the endurance of other important vital functions, let us try to modify them, and let us try to remove any hindrance which may prevent them following the course which makes for health. We cannot regard these eliminative efforts as the result of some instinctive power which resides in the body to meet emergencies; they must follow the poison as effect follows cause; and, though not so clearly seen step by step, I believe they in no wise differ in principle from the production of hydrogen gas by adding sulphuric acid to zinc filings, or carbonic acid by adding it to chalk. In the former case, the poison is doubtless as directly the excitant of its own elimination, as is our strong acid the cause of carbonic acid or hydrogen being set free.

Passing to another class of diseases depending on the introduction of a poison, we have syphilis, dissecting wounds, and poisonous bites, which affect the whole system. In the worst of these cases, the poison does not produce local effects with profuse suppuration and discharge, and the organs chiefly affected at first are not organs of excretion; thus ulterior and more serious processes are required for the elimination of the poison. In a case of syphilis, I regard the inflammation of an inguinal gland as a process set up by the poison, which will lead to its own elimination; and I regard a suppurating bubo as containing, in its discharge of pus, a large quantity of eliminated poison. In this I see a reason why soft chancres with suppurating buboes have but a slight secondary effect upon the system; while a hard chancre without a suppurating bubo is almost always followed by secondary symptoms. A bubo, therefore, is to be regarded as a natural effort to cure the disease. I regard each of the secondary symptoms of syphilis as the means used by Nature to throw off the poison and to cure the disease; and in the most approved methods of treatment I see an admirable illustration of my principle. Each of these, whether the mercurial or iodide treatment, depends upon the fact that we give a mineral poison which excites the eliminating glands to throw it off; and this excitement of the eliminating glands, when kept up, gradually drains off another poison, which, acting upon the skin or mucous membrane, is slowly removed with considerable disfigurement of the surfaces at which the eliminating process occurs. The physician comes in, and exchanges the elimination by a morbid process into elimination by a medicinal process.

Before leaving those diseases which depend upon a poison introduced from without, I beg to refer to cholera as a good illustration of our theory. The chief symptoms of cholera are evidences of activity in the eliminating organs. The poison has been introduced; and what we regard as the disease are really efforts to throw out the poison. The patient dies when the elimination ceases, or when the poison is too strong for the eliminating process. The diarrhoea, the vomiting, and so on, are Nature's efforts; and our conclusion is, that no cure will ever be found for cholera. To attempt it is as absurd as to seek for the philosopher's stone. What, then, are we to do? Certainly not to interfere with Nature, but to follow her; to help the eliminating organs by eliminating medicines such as calomel; and to support

the strength. We must become the servants of Nature, for we can never be her masters; and, if we look up the bowels, or stop elimination, we must pay the penalty of the encounter with Nature's efforts by seeing the patient die. If I might dare to disagree with Dr. George Johnson, I would say that his treatment partakes too much of mechanical evacuation, and too little of medicinal elimination. Cholera, then, can never be cured, nor can Rinderpest, nor any other disease depending on a poison; because what we call disease is really a violent effort to regain health. All we can do is to see that the symptoms indicate that the disease is following its laws, and in no way falling below or passing their bounds. I would no more think of interfering with what I call the normal symptoms of cholera, than of stopping the vomiting which is throwing a dose of arsenic off the stomach.\*

If I were asked to prove that poison is thrown out by the morbid process it sets up, I might adduce the vaccine pustule which is produced by vaccine virus, and from which vaccine virus is discharged. In such an instance, the thing is clear, a poison comes in, cell action with inflammation is set up by it, and this very process reproduces or brings out the poison. Another instance, equally clear, is to be found in gout, where uric acid pre-exists in the blood, sets up a morbid eliminative process in a joint by which the acid is eliminated from the blood into the joint, and thus the blood is purified; the beautiful experiments of Garrod, showing that fly-blisters over inflamed joints in gout eliminate the poison, give us a valuable practical hint here. Doubtless, rheumatism has its poison thrown out in a similar manner, and when these poisons are known to have a strong affinity for vital parts, and are liable to be eliminated by them, rational medicine comes in and diverts the action of the poison to the great eliminating organs, the skin, the kidneys, and the bowels.

3. I must conclude this somewhat lengthened paper by showing that the effects of many of our medicines depend on their powers of self-elimination. They set up an eliminative action, and thus carry with them out of the system large quantities of the secretions of the organ on which they act. It may be well to illustrate this by referring to medicines which act upon each of the great secreting organs. It will be necessary to show, in the case of each mineral medicine, that its mineral base at least appears in the secretion of the organ on which it acts. With organic substances, this is not necessary, as decomposition of them often occurs in their passage through the eliminating organs; such, for instance, is the decomposition of benzoic into hippuric acid, and such also the decomposition of vegetable acids, which pass out in urine in combination with the alkalis as carbonates.

Looking to the liver first, I will take as an illustration the salts of mercury as the great promoters of biliary secretion. Do we find calomel in the secretions of the liver? Most decidedly; and we find it in the secretions of every organ whose activity is increased by it. In the case of the liver, we would say that between the mercurial particles and the hepatic cells there is a special affinity, which brings into play a force or forces by which the calomel is withdrawn from the blood. The greater the quantity of calomel, the stronger becomes the process for its elimination; and the osmotic forces, finding ap-

\* While, however, a cure for cholera can never be found, we may find an antidote for the poison; and we may learn when and how to interfere to relieve those symptoms which do not mark elimination. For instance, I should suggest that the spasm of the pulmonary arteries, which produces collapse, be treated by the administration of chloroform, which, by its local effect, as in asthma, would effectually relax the vessels.



propriate material to act upon, and acting through the animal membranes as through a dialyser, select for their action those substances which make up a secretion, and with them mercury is eliminated. The mercury gives, as it were, a fillip to the hepatic cells.

Again, do we find our diuretics eliminated by the kidneys. Most assuredly. To name a few, we find antimony and nitrate of potash so eliminated; so also with juniper, turpentine, and uva ursi. The acetate and other salts of potash having a vegetable acid in their composition are eliminated as alkaline carbonates. Many organic diuretics are decomposed in passing out of the system; but some still preserve their entirety, and appear in the urine. We have here, then, another instance of the secretion of an organ being increased by a class of substances which it eliminates from the system.

Sudorifics act in the same manner on the skin, because they are partially eliminated by the cutaneous surface. To take sulphur as an example, we find it opens the skin, and is thrown out by the skin. I might here advert to the great advantage of combining these self-eliminating medicines with specifics. By so doing, we excite the cells of any one eliminating organ on which we may wish the specific to act.

I have tried and found, by crucial experiments, that when arsenic is given, it often fails to cure a skin-disease till sulphur is given with it to determine its action to the skin.

The action of iodide of potassium on the salivary gland is peculiar, inasmuch as the salt being swallowed with the saliva is re-absorbed, to be again in part eliminated by the saliva, until entirely removed by the kidneys. That this is practically true, is proved by the fact that iodine may be detected in the saliva for several days after taking a single dose.

The same is more or less true of all poisons which are eliminated into the digestive canal by the salivary glands, the stomach, liver, pancreas, or small intestine. They are eliminated and re-absorbed, and again eliminated, till wholly removed by the purely excreting organs. In this we see another reason why we should determine as far as possible the action of poisons to the skin, kidneys, and bowels. Some poisons are eliminated by the stomach, and unless vomited are very liable to re-absorption; e.g., arsenic injected under the skin is often eliminated by the stomach and may be detected in its contents; and when this occurs in those animals which cannot vomit because of the shape of the stomach, the effects of the arsenic are greatly increased because it is re-absorbed. I well remember performing with Dr. Harley some experiments to this effect; and in the case of the non-vomiting animal the effects were so distressing that we felt it necessary to kill the animal outright.

Finally, aperient medicines for the most part do not act by their local effect on the coats of the bowels, but, entering the blood, they are eliminated by the intestinal glands, and carrying with them the watery parts of the blood and mucus with epithelium, they produce watery evacuations.

I have already trespassed too far upon the kind attention of this meeting, and must now conclude. The issue of my paper leads me to look upon the symptoms of diseases depending on a poison in the system as of the same nature and in the same light as I regard the action of medicine or effects; and I am compelled to regard them both as salutary. I look upon the diarrhoea of cholera and typhoid, the rapid oxidation of fever, the arthritis of gout and rheumatism, the cutaneous eruptions of the exan-

themata and syphilis, a bubo, or a suppurating gland from a dissecting wound, as being the effects of poison no less salutary in their tendency than the purging of calomel, the diuresis of antimony, or the sudatorial effects of sulphur. They are each and all our friends, and they invite us to unite with them in driving out our common enemy the poison; and they tell us to interfere only when our experience shows us that without us they cannot perform their work, or can perform it only in such a way as to seriously injure our patient. Surely, then, the highest office of the physician is to watch with careful eye lest the eliminating processes are carried too far for the strength of the patient, lest in fever our patients' tissues should be burnt away, lest the eliminating organ should be injured in the work, and lest the poison fail to operate upon the organs best calculated for its elimination.

## Progress of Medical Science.

### ANATOMY, PHYSIOLOGY, & PATHOLOGY.

**EPITHELIUM OF THE AIR-VESICLES.** Dr. C. O. Weber says that there is no doubt of the existence of this epithelium, at least in the fetus. In a fetus four months old, it may be easily isolated from a pulmonary vesicle in the form of a small spherical mass. (*Virchow's Archiv*; and *Gazette Méd. de Paris*, June 16th, 1866.)

**CARIES IN THE ANTHROPOMORPHOUS APES.** M. Kirchoff communicated to the Academy of Sciences a paper, read at the meeting on June 4th, in which he describes caries as having been met with by him in several crania of apes which he had examined. The skulls of four out of nine chimpanzees, and of one out of thirty orang-outangs, presented the disease more or less extensively. The bones of the skull were diseased in nine cases, and in some the teeth. (*Gaz. Méd. de Paris*, June 16th, 1866.)

**CHEMICAL PATHOLOGY OF THE BRAIN.** Dr. Adam Addison discusses this subject in the *Journal of Mental Science*. The results deducible from his observations are, he states, as follows. 1. A confirmation of the assertion that the different anatomical parts of one and the same brain present great differences in their quantities of water and fat (with the addition that these differences appear to be greater when complicated by insanity). 2. A confirmation of the fact that the gray substance is far poorer in fat than the white. 3. A confirmation of the law that the quantity of matters soluble in ether stands in an inverse relation to the quantity of water. 4. In the greater number of the foregoing cases, the results as to the quantities of water were slightly higher than those of other experimenters on sane brains. 5. The quantities of fat were generally smaller, and that in two cases of idiocy, one of dementia, and one of chronic melancholia, they were below the quantity found in the new-born child, and in two cases not greater than the amount found in embryonal conditions of an early stage. 6. The quantities of phosphorus did not have a parallel connection with the degree of intelligence. 7. In three cases of hemiplegia, the average quantity of fat in the corpus striatum, optic thalamus, and gray substance of the hemisphere opposite the paralysis, was less than the average quantity in the same parts of the other side. 8. In a case of cancer cerebri the cancerous mass contained less fat and more albuminates than the unaltered cerebral substance.



*We are requested to remind members of the Association that the Annual Subscriptions became due on the 1st of January. They can be paid either to the Secretaries of the Branches; or to the General Secretary, T. Watkin Williams, Esq., 13, Newhall Street, Birmingham.*

## British Medical Journal.

SATURDAY, OCTOBER 20TH, 1866.

### OUR SOLDIERS: HOW WE KILL THEM.

THE Report of a serious outbreak of yellow fever in the island of St. Thomas gives us an occasion to publish a summary of one of these fearful inflictions, to show how our great army managers at the Horse Guards provide for these things—how they anticipate the evil, and how they meet it when it comes.

Deputy Inspector-General Barrow, in the fifth volume of the *Statistical, Sanitary, and Medical Reports*, has published a Report of the epidemic of yellow fever which occurred last year in Bermuda. This Report is published by authority, and presented to Parliament, and, as Professor Maclean of Netley (who last year made it the special subject of a clinical lecture) remarks, was "written for our learning".

The scene of the epidemic in Bermuda was St. George's Town, a hotbed of filth and cesspools, lying in a basin, undrained, cut off from all winds, and densely populated—the very place for yellow fever to "run riot in", as Dr. Barrow says. Yet here, in this focus, where corruption invites the direst of fevers, our Government quarters its valuable and costly soldiers. And in what kind of barracks? Sanitary and barrack commissioners have laid down, in their minute detail, rigid rules for the construction of barracks. How these rules are carried out in the yellow fever zone, Dr. Barrow explains for us. "The barracks are intolerably hot in summer, as the prevailing south-west wind is completely cut off by a lofty wall within a few feet of the rear of the building." Their "ventilation is bad, and the men's rooms scarcely raised above the level of the ground, low ceilings, small windows, crowded outbuildings, privies placed to windward, and water-tanks close to the dwellings; the whole area inclosed by a wall, which obstructs the sea-view, and keeps off the southerly winds." The hospital is "intended for forty-eight patients, but is fit for only twenty-four;" and the wards are fitted with water-closets *à demi*—i. e., without water. To make the picture complete, there is a burial ground a few hundred yards off, "quite full of graves". Did the *Lancet* Commissioners

ever meet, in metropolitan workhouses, such a combination of health-destroying elements as these? How is it, then, that public indignation, which has been so excited in reference to union workhouse evils, should have silently let pass such a frightful condition of things as here described, and which culminated in so fearful a mortality?

Speaking of this inviting condition for the advent of the yellow fever offered by St. George's, Professor Maclean remarks: "Is it too much to say that it is a disgrace to our civilisation, that such a state of matters should be found in a town under British government, and in a station where British soldiers are quartered?" Forewarning has been no forearming here. Again and again have epidemics raged, to the destruction of our soldiers; but still has the lesson been taught in vain. In 1843, 15 officers, 297 men, 29 women, and 30 children, were slaughtered by the fever; and even this last deadly lesson of 1865, Professor Maclean anticipates, will be as unheeded as the preceding lessons have been.

The tale, as told by authority, is this. Yellow fever appeared in Bermuda towards the end of June 1865. On July 15th, part of the 2nd Regiment, 756 strong, arrived from Gibraltar. Seven companies were encamped at Bowz Island; and three "at the Navy Tanks, within half a mile of St. George's, now known to be a tainted district." On the very same day, a sergeant of the 39th Regiment (which the 2nd Regiment came to relieve) was smitten with yellow fever; and on the next day, Dr. Hunter, health-officer, called on the commanding officer of the 2nd Regiment, and urged him instantly to move his men away from the infected spot. But doctors' advice in matters sanitary is usually not favourably received, and was here once again fatally unheeded. The 39th Regiment, happily, sailed for England. On the 23rd of July appeared the first case in the fated 2nd Regiment, and from that day forwards the men fell thickly; and then only, and too late, when the regiment had become "thoroughly tainted", was it moved to Ferry Point; and yet only half moved, for six officers and fifty-six men were left behind. Moreover, incredible as it may appear, in defiance of all warnings, the head-quarters, the commissariat, the civil departments, and the general hospital establishments, where the sick were treated, were all left behind, in the very focus of disease. Fast as the orderlies in attendance on the sick were struck down, fresh men were sent in from the camp, until at last such was the drain of life, that "there seemed a probability of the whole force being expended." At this period it was that Dr. Barrow appeared upon the scene. On the 23rd and 25th of August, two medical officers arrived from Halifax, and seven (including Dr. Barrow) from Canada. Dr. Barrow at once took the position of principal medical officer. He found all the medical men of



the force prostrated and worn out. There had been 238 cases of fever, and 65 deaths, of which 53 had occurred at St. George's. There were 100 sick in the general hospital, and 13 were admitted on the day of his arrival. His first act was to remove from St. George's every man "he could induce the military authorities to send into camp, and to hire blacks to carry on the service lately performed by soldiers." He was met with "difficulties", and there had been all along "difficulties"; but, happily, they did not stop him. His description of the state of the General Hospital is fearful. Seventy men were thrust into a place fit only to hold thirty-five. And this is what he tells us: "The sick were not only lying around the wards, but may be said to have covered the entire floor." Professor Maclean, in his lecture referred to, thus sums up the matter: "There lay these unhappy men on the floor of this pesthouse, ejecting black vomit over one another." Dr. Barrow went at once into this scene of horrors with his brother officers. They pitched tents, and brought the sick into them; yet still did the epidemic rage, and the sick pour in. All the medical officers who had come from Canada, including Dr. Barrow, were struck down, and four of them died. At St. George's, 290 cases were treated, and 107 died. Of the officers who were left there, thirty took the disease, and fourteen died.

Professor Maclean, commenting on these facts, says that "it would be difficult, even in the lamentable history of Crimean blunders and disasters, to find anything more painful than this." But what is still worse, his "experience leads him to fear that the lesson will have yet to be taught again and again"—in fact, that the ignorant stubbornness, which resists the teachings of sanitary science, will still continue to direct the health department of our army. Assuredly it will do so, so long as the medical officers of the army are looked upon only as men of the "Civil Department"—so long as they are permitted to have no *command* even in matters touching the health of the soldier. We have had our Lord Herbert's Commission, and our Parliamentary Inquiry into the State of the Health of our Army; and we have our Netley, and our sanitary science, and our sanitary officers; and in this lamentable case we have a specimen of the progress actually made by us in this direction! Our army medical men are taught at Netley special sanitary knowledge, for the very purpose of saving our soldiers from visitations of this kind. They are fully possessed of the requisite preventive knowledge; but they are powerless in its practical application. Stubborn and unknowing officialdom steps in, and thwarts and ignores them and their science. The Report will be presented to Parliament; people in office will shake their heads at the details; and, unless public opinion steps in, the same terrible tragedy, under

the rigid rule of redtapeism, will, in due course of time, be acted over again.

We know not what may be the value attached to the lives of our soldiers, as human beings and as defenders of the country, by Horse Guards people. But, if officialism be dull to the teachings of humanity and science, it may perhaps open its eyes to another view of the matter. We would suggest that even the money transaction in this proceeding is a very bad one. If a made-up soldier be worth £150 as an article of commercial value, it follows that the loss of five hundred men is a sheer loss of £75,000 to the country. And we need not tell our brethren that death and destruction, of the kind we are now dealing with, are completely unnecessary; that they result, not from the will of Providence, but from the wilfulness of those in office, who refuse to use the means—the scientific knowledge—which Providence has placed at our disposal for their prevention and anticipation.

We cannot conclude without again asking, How comes it that public indignation has not been stirred up by the press at large to anticipate the recurrence of such outrages to science and sanitary laws as those here described? How is it that public monitors who have so furiously raged together against workhouse mismanagement—have strained their gullets at a gnat, and yet quietly swallowed this enormous camel of official misrule?

#### ARMY MEDICAL MEN AND ARMY MEDICAL DIRECTION.

In last week's JOURNAL, we alluded to an appointment lately made by the Army Medical Direction; and have, it appears, left some obscurity behind us in dealing with the transaction there related. A correspondent asks whence came the extract—"Another, an army surgeon of great ability and high attainments, has resigned his commission to establish himself in the same specialty at Edinburgh." The words are Dr. Hunter's, and are to be found in the fifth edition of his *Letters*. He is speaking (in order to show the excellence of his treatment) of the splendid business he and his like were doing. "The practice in London," he says, "now requires the services of no less than four medical men." One physician, who enjoyed a large practice, and "for thirty years held an important medical appointment, has become so zealous a convert" that he forsook them both to join Hunter in his London practice. Dr. Hunter also tells how the blessings of his new light were being widely scattered. One convinced man had become a second Hunter among the weak-chested ones of Dublin. And, as even Edinburgh, with its mighty medical host, was not to be excluded, he informs us, as we stated, that "an army surgeon of great ability," etc. This we quoted because it



seemed to us probable that the gentleman whose merit was thus highly certified to by Dr. Hunter was the same person as he who, as reported, has again been received into the bosom of the service. It struck us that this certificate of worth (as well as, no doubt, the gentleman's own intrinsic merits) might have assisted once again in securing for him the favour of our Army Medical Direction. We hope, if this supposition be true, that Dr. Hunter will, in his next edition, tell us why the once retired army surgeon forsook his line of business, and once more returned to his original business in Her Majesty's Line. Dr. Hunter adduces, as a proof of "the deep and firm hold which the system of treatment introduced by me has taken of the professional mind", the facts above mentioned. Why, then, did the army surgeon forsake this excellent feast at Edinburgh to return to the Lenten diet of Her Majesty's service? Was the canny Scot too much for the "cute" Yankee? Or is the other hypothesis correct; viz., that our Army Medical Direction-General has become enamoured of the Hunterian (modern style) method of curing lung- and throat-affections by the inhaling and puffing-out vapouring system; and so enamoured, that it has resolved to re-introduce into the army, for the benefit of the soldier, one who has practically made himself a master of the business. If such were the Direction's mind, of course the above testimony of Dr. Hunter's to the "ability and high attainments" of the gentleman in question, must have been both highly gratifying to the Army Medical Board, as well as serviceable to the individual himself. To have been an army surgeon, to have forsaken the service to follow in the footsteps of Dr. Robert Hunter (author of *Letters, etc.*), and once again to become an army surgeon, is, we apprehend, a remarkable alternating movement—an original feat not unworthy of record.

Certainly, the Horse Guards may boast that they have at least a Medical Direction which sits high up above all vulgar professional prejudices, which knows how to appreciate talent wherever it finds the thing. Let our brethren in the army be thankful that they have at head-quarters those to care for their interests who understand the folly and emptiness of professional etiquette, and of all that foolish pride and hurtful prejudice which are bound up in the old-fashioned idea of what is called the honour and dignity and morality of the profession. Let our army medical brethren rejoice that they have to direct them those who are not ashamed to play the Dead March in Saul over the departed ghosts of these dusty worn-out orthodox worthies. Let them rejoice that they have to regulate their grades those who are not too proud to shake hands with scientific worth, even though its science be somewhat *quasi*, and the condition of its hands doubtful; who care little what waters they fish in, or what kind of fish they catch,

provided only they get the article which is up to the level of their own ideas of fitness. Our army medical brethren must remember that they are in *service*; and that people cannot pick and choose their bedfellows; that they must be contented to sit down in fellowship with whatever companions Her Majesty's representatives, in their wisdom and discretion, may provide for them. Free-trade in physic is the order of the day. If a whole college of first-rate hygeists be admitted into the service—if

"Ambubaiarum collegia, pharmacopola,  
Mendici, mimæ, balatrones: hoc genus omne",

find favour with the authorities—what right have army medical officers to complain?

It is hard to believe that any Examiner of the College of Surgeons can continue to hold office longer than ten years, after the opinion lately expressed in the resolution of the Council. Our own strong opinion is, that ten years is double the time during which an Examinership ought to be held. The office is one not only of honour, but also of considerable emolument. It is one, also, which requires, or which ought to require, the possession of advanced—*i. e.*, the latest—anatomical and physiological knowledge; such as can only be possessed by those who are engaged in the teaching of anatomy and physiology. Moreover, the emoluments of the office would naturally be, in many cases, a matter of no small consideration to Fellows of the College who are so engaged; they being, for the most part, men occupied rather in scientific pursuits than in the enjoyment of wealthy practice. To them, therefore, the Examinership would be a valuable encouragement; and, on the other hand, the College would have in their assistance just that particular knowledge in which at present they are most defective. We sincerely trust that the Council will no longer delay the proper infusion of this special knowledge into the Examining Board; and that they will elect Fellows, though they may not be on the Council, who will be accepted by all as representatives of anatomical and physiological knowledge. We may add, that the profession at large will undoubtedly expect the immediate retirement from the Examinership of the Fellows who have held office more than ten years. The resolution of the Council is clearly a standing condemnation of their further adherence to office. We shall, therefore, expect to have shortly to announce the retirement from office of Mr. South, Mr. Luke, and Mr. Caesar Hawkins—these gentlemen having, all of them, laboured as Examiners for upwards of fifteen years. We still hope that the Council will reconsider its resolution as to the proposed ten years of office. We are thoroughly satisfied that a fair and full arguing of the question would lead to the conclusion, that five years' tenure of an Examiner-



ship is tenure enough; that the good of the College, and a liberal consideration of the claims of the Fellows at large to partake of the benefits of the office, require that no man should be allowed to hold it for a longer term.

THE well known scientific labours of the late Dr. SNOW assuredly give to the sisters he has left behind him a strong equitable claims upon the civil list. His brother has, we hear, resolved to memorialise the Government on their behalf, and will assuredly receive the favourable influence of the faculty in support of his application. We are glad to hear that the secretaries of several medical societies have undertaken to bring the subject forward at their meetings with a view to obtaining a strong expression of opinion such as may assist in furtherance of the objects of the memorial.

THE following, which is taken from an official part of the *Times*, requires confirmation. It reads very like an invention of the enemy.

"Miss Shaw Stewart and eight attendant lady nurses from the hospital at Netley have taken up quarters in the infirmary at Woolwich, and for some days past have performed day duty at the Herbert Hospital, attending on the invalid soldiers, dispensing medicines, etc. The inmates complain, however, that they are unnecessarily deprived of the privilege of having their wants attended to by nurses of their own sex provided by the well-organised Army Hospital Corps, to whom they have been accustomed; and it appears to be generally considered that the introduction of the lady nurses is an innovation from which no benefit can possibly be derived. It was stated yesterday, that the number of patients in the Herbert Hospital amounted to about three hundred, and that nineteen in twenty had been understood to have expressed a dislike to the attendance of female nurses being thrust upon them contrary to their desire."

M. BOUVIER, *apropos* of contagion of cholera, told the Paris Medical Society that he had had two cases of cholera in the Hôtel Dieu since he entered on duty there.

"Three cases of cholera had occurred in the ward a few days before my arrival, two of whom were immediately transported to the special cholera ward. Both of my patients who took the disease occupied the beds of two of these cholera patients, and were in good condition of health when they came into the hospital."

THE Hertfordshire Medical Association have passed a resolution expressing their disapprobation of the discussion by members of the profession of medical subjects in the public journals. "It is futile for any useful result, and seldom fails to compromise the dignity of true science."

Dr. L. Beale says his observations show "that in cholera there is evidence of shrinking and casting of the villi, which absorb the nutrient constituents of

the food, and wasting and degeneration of the follicles of Lieberkuhn, which secrete a vast quantity of fluid required for the solution of the nutrient matters about to be absorbed."

ON Oct. 14th, no death from cholera was registered in Paris.

The last published statistics of Paris, for the three months from April to July, show the birth of 13,405 infants. Of these, 9601 were legitimate, and 3854 natural. There were 4877 marriages. During the same period, there were 11,114 deaths, of which 5780 were males.

Several papers have announced the death of M. Jobert, who has for some time past been afflicted with insanity. *L'Union Méd.* of the 16th instant states that the announcement is incorrect, although he still remains in a very precarious state. M. Jobert was born in 1799, at Lamballe (Côtes-du-Nord), the name of which place he added to his own. He passed his examination in 1828, and became successively surgeon to the hospital St. Louis and to the Hôtel Dieu. After the revolution of 1830, he was named surgeon to the Hospital of St. Cloud and consulting-surgeon to the King, and appointed to the chair of clinical surgery. In 1852, he was named surgeon-in-ordinary to the Emperor. He is a member of the Institute and of the Academy of Medicine.

A Commission at Lyons, formed to report on the curative method of stammering, proposed by M. Chervin, state that, having followed his theoretical and practical demonstrations, and witnessed the good results of his method, they consider it a means of cure, physiological and gymnastic. They recommend that a grant be made, to enable him to practise on the children of the poor; and hope that his system will become popular in all the primary schools, so as to enable teachers to correct in their pupils the evil, before it becomes permanent.

Dr. Ochswadt, head of the hospital department during the Schleswig war, says that between February and November, of 11,352 patients who came under his observation, 19.4 per cent. were suffering from syphilitic diseases. In peace, the number of syphilitic is not more than about 3 per cent. in the Prussian army. Dr. Fränkel suggests that in future during war it will be as necessary to supervise prostitution as to provide hospitals for the sick.

Dr. Després has retired from the editorship of the *Gazette des Hôpitaux*; and in this wise. He wrote a series of articles against the contagion theory of cholera. The proprietor of the journal, without consulting Dr. Després, somewhat repudiated his articles; and, in fact, inserted a letter opposed thereto, without his knowledge. Thereupon the doctor throws up office.



## THE CHOLERA.

THE deaths from cholera registered on Tuesday were no fewer than thirty, besides seven from diarrhœa. The central districts, with the smallest population, are now the worst, for, of eight deaths in the north, four, in hospitals, were brought from the central districts. This brings the mortality of the latter up to nine; whereas the eastern districts, with nearly double the population, had only eight deaths altogether.

Since the outbreak of cholera in the district of the University College Hospital, ninety-one cases have been admitted, and 5954 persons suffering from diarrhœa received relief.

Since the 2nd inst., there has been a decided diminution in the number of cholera patients in Vienna and its neighbourhood. The present number is about 150 to 200 cases, and from 60 to 70 deaths, daily.

Up to the 2nd inst., 7,650 persons were officially known to have been seized in Berlin with cholera, of whom 4,840 had died, 1,908 recovered, and 982 remained under treatment. During the great festival week, from the 17th to the 23rd of September, in spite of the stirring about the streets from morning to night of enormous crowds of people, when, no doubt, excesses in diet were the order of the day, no exacerbation of the epidemic occurred.

The general spread of cholera throughout Germany has within the last weeks become more and more pronounced. In Breslau, the number of cases up to September 30th was 5,875, and of deaths 4,153. In the Neumark Brandenburg, the disease has raged in a truly formidable manner. The first town where it appeared was Arnswalde, where upwards of 600 persons were swept away by the plague—*i. e.*, exactly 10 per cent. of a population of 6,000. The town contains little more than 400 houses. And, whilst here the disease has somewhat subsided, it has invaded other towns with great vehemence. In Neudamm there is hardly a house without a case of cholera, and recovery is quite the exception. In Soldin, the disease is as yet restricted to three or four streets; but in these scarcely a house, and comparatively few individuals, have escaped. Five per cent. of the population have fallen victims to the epidemic already, and every day it is drawing some fresh houses in its circle. In Königsberg, the disease has not yet invaded entire rows of houses; but, in the vast majority of cases, it has rapidly ended in death, and continues unabated in virulence. The country around has been less severely visited. Most of the villages have remained free; and in those invaded, the disease has emerged in isolated cases only.

The uncommonly warm and pleasant autumn favours the spread of cholera in Wilna and its vicinity. The first case, some six weeks since, was that of a soldier who had come from Petersburg (where the disease was then at its acme), and who was seized at the railway station, from whence he was taken to the military hospital. The next day, another case occurred, likewise in a soldier, who had brought the disease with him from Petersburg. Both cases ended fatally, as did that of the nurse who had tended the patients. These seizures were not followed by any more, until a soldier from Kowno (where the epidemic prevailed), who had come to the camp at Wilna, was seized, and thereupon received into the military hospital, half an hour distant from the town. The next cases were those of two soldiers from the camp, which lies an hour and a half distant from the town, of two inmates of the military hospital—a male nurse, and a patient convalescent from some other affection. Thenceforward stray cases oc-

curred in the town and in the camp, and since a fortnight the disease has become epidemic; yet the number of seizures has not yet on any day exceeded sixty, within a population of 60,000. The largest contingent is furnished by the Jews, who number 30,000. The new Jewish hospital is overcrowded, and two rabbis have died within three days. Here, as in Petersburg, extensive and excellent provision has been made to receive the evil guest. The town is divided in cholera districts, in each of which there is a reception-room, with medicaments, utensils, and attendants, under the direction of a physician, from where the first assistance may be obtained for cholera patients. The hospitals have separate cholera divisions in detached houses. A medical officer, sent here by the Government, treats the disease with bloodletting and hydrocyanic acid. (*Deutsche Klinik*, No. 40, October 7th, 1866.)

In the village Uchdorf, near Königsberg in der Neumark, the disease appeared early in July, when it befel thirty persons, of whom seven died very rapidly. Thereupon the evil appeared to be extinct, as four weeks elapsed without any further seizures; but the disease was imported afresh by a man from Vidniz, a village about four miles distant, and which is said to have lost 40 of its 500 inhabitants through the epidemic. The cases in Uchdorf now attained to the figure of 106, of which 31 ended in death. The victims were for the most part persons in the prime of life, not more than three old people and six children being counted among the dead. Fresh seizures are yet occurring daily. No medical man resides in this locality; only the well-to-do people sometimes send for assistance to Königsberg. (*Ibid.*, No. 41, October 13th, 1866.)

Dr. Livois, mayor of Boulogne, states that between the 31st August and 7th October, 1866, there have been in Boulogne 385 deaths from cholera. The average number of deaths *per diem* being ten; number of English died of cholera between these dates, twelve, including three sailors. The mayor is surprised that people should think anything of ten deaths a day from cholera in Boulogne.

In Belgium, the cholera has been very virulent. Since the commencement of the epidemic to the 15th of September, the number of attacks have been 49,558, and the number of deaths 27,340, or more than half the total number attacked. The population of Belgium is 4,940,570, so that the scourge has carried off 1.67 per cent. of the inhabitants. The deaths are thus distributed among the various provinces:—Antwerp, 4,413; Brabant, 6,993; West Flanders, 1,278; East Flanders, 4,722; Hainault, 2,804; Liege, 5,544; Limbourg, 165; Luxembourg, 762; and Namur, 629.

The cholera at Berlin, after abating considerably, has remained unaltered for the last fortnight. It still keeps up its fatal character, so that we have from ten to twenty deaths a day in a total of thirty cases.

Cholera has appeared in the town of Aderno, twenty miles from Catania. The Catanese are emigrating. Some are packing up for Malta, preferring an incarceration in the lazaretto to the possibility of catching cholera. The Malta Government has consequently put on a long term of quarantine (twenty-one days) on arrivals from all the ports of Sicily. Malta communications with the coast of Barbary are likewise obstructed.

Dublin has been also made subject to a quarantine of fifteen days.

The alarm of an outbreak of cholera at Alexandria has completely subsided.

The accounts of the cholera at Naples are still very distressing.



## Introductory Lectures.

### ST. MARY'S HOSPITAL.

MR. HAYNES WALTON delivered the inaugural address. Following that rule of order which says "seniors first," he addressed himself to the many physicians and surgeons present, and attributed the goodly gathering of them to the fellowship which the laws of St. Mary's had established between the hospital, the school, and the profession, adding, that it deserved to be well known that the medical governors of the hospital took part as committee men in all that concerned practice and teaching. In most committees they acted on the same footing as the regular medical officers. He asked them in the name of *confrères* to continue to join heartily in the work, and to assist in the many questions that were ever requiring to be answered. He assured them the demon jealousy would not pursue them, that any improvements might enter more readily through them, and any neglect or abuse be the more quickly and smoothly put down by their assistance. The student should forcibly recognise whatever of good supervision emanated from them, as there could be no secret working among the staff, no unchecked selfishness, therefore no corroding suspicion. He thanked them for what they had done, as science, suffering humanity, and the students benefited by them. In addressing himself to the pupils, and new-comers, he thought it well to tell them something of their educational home, to cast a retrospective eye, and to glance at the things that were. It was right that the history of the establishment should be unfolded at that time, fifteen years from its inauguration, and that the present policy should be developed. There had been no failures. Mr. Walton then gave a sketch of the success of the hospital, and alluded to the enlargement in the new wing which was being built, praising its internal arrangements and organisation. The success of the school was then pointed out, and this he considered more astonishing than the successes of the hospital, as the conditions necessary for its prosperity were of a different nature and more difficult to be reached. No happy accident brought this about. The most promising feature in the new hospital was the largeness and completeness of its staff, and the high reputation of the individual members for teaching, writing, and practical knowledge. St. Mary's was well represented in the profession, as the examining boards of their colleges and other bodies testified. It stood high in public estimation, and it had pleased her most gracious Majesty to look there for some to be among those whom she selected to attend her and those most dear to her. He pointed out the general proficiency of the students who had been educated there. It was, he said, the subject of remark by examiners as well as in private life. In the list of honours the students had not disappointed the professors. A large number had sought the competitive examinations, and entered the public services, a fact which showed that these men had confidence in their acquirements. In all that concerned the school in the coming session, in legislation and administration, all had been done that could be done for the student's welfare, and to render his teaching as complete and easy as possible. It need be told the students, for it was scarcely well understood, that the work was not all on their side. The teachers had a great deal of care, labour, and fatigue, and in many instances more than the students. The teaching of elementary matter was

always drudgery to a proficient in his subject, and he hoped a remembrance of this would be a check to any restless spirit that might be in a lecture room. The student of the present day had everything to his hand; in his (Mr. Walton's) time it was not so. He then alluded to the very long period which had passed without any change in the medical staff. For years it was unaltered, and even now the old faces abounded. It was not until late in this year that death entered its ranks, and now it fell to his (Mr. Walton's) lot, in his capacity of a public lecturer, to notice the sad calamity, and to allude to the solemn end of our nature, which all healthy minds regarded with instinctive dread. The lecturer then gave a short biographical sketch of his late colleagues, Mr. Ure and Mr. Toinbee. He then turned to the freshmen, who had taken the most momentous step in their life. He urged them not to be daunted by the magnitude of their task, for in three or four months the phantom fright would vanish. There were few studies more difficult than those in which they were about to engage, and much would be required of them during the next three or four years in mental training. The subjects were numerous, lengthened, and intricate, and the sooner they knew this the better. The practice of medicine was not a mere empirical art, nor a mere routine. At the present time there was no more varied or difficult curriculum anywhere established than was required in this country from the candidates for the medical profession. After enlarging on the importance of character, without which knowledge would be useless, and giving some valuable hints in reference to the hours of study, he particularly directed their attention to the necessity of cultivating a knowledge of anatomy and physiology, and hospital practice. Anatomy was the foundation and framework of the profession. Unfortunately it would present itself in unattractive form, and must for a time, except to a very few, be a repulsive study. A surgeon ought to be as familiar with anatomy as with the clothes he wore. He should be able to find any part or object without any puzzle of the memory. When he so knew it he would be master of numberless professional details, and be ready for all emergencies. He pointed out the manner in which dissections should be conducted, and sketched a strong contrast between anatomy acquired by practice in the dissecting-room and the faint trace which memory might retain of ideas not originally impressed by the absorbing sight and the vivid touch. At present medicine did not entirely rest on that basis which was claimed for an exact science. This state of things must not make them heretical, because it arose not from error on the subject, but from want of more knowledge, more time to learn, and more learners. They could not deal with animate as they did with inanimate matter, for it was subject neither to the like laws nor amenable to the same treatment. Neither could they at will take it under their own control, since it was governed by certain vital processes of which they were mainly ignorant, and further, it was under the influence of the mind, which would not yield itself to man's government. They might not be astonished that the treatment of disease in those practical days was constantly undergoing a change. It must not be long before they discovered that a large portion of their attendance in the wards consisted of what they gathered of the natural history of the disease, the phases, and the termination rather than the treatment of any particular disease. In conclusion, he urged the students to work with their teachers. They would be as pleased to assist as the students to get their help. The diligence of the pupil roused the master. For



them to secure the highest attainable advantages there must be association, a social tie, and through this would arise proper respect on both sides. The students should regard the professors as friends ready to help them, and as fellow-students only a little in advance.

### QUEEN'S COLLEGE, BIRMINGHAM.

DR. DAVID NELSON delivered the Inaugural Address. He said that the College seemed to aim at becoming more and more of the nature of an University, not only from the mental instincts of the founder and the vast extension of wealth and intelligence in the neighbourhood, but also from that tendency to a co-ordination of all the sciences which characterised the present age, and made it view nature as a totality, and not in separate parts. In 1853 he urged to the same purport that, however separate the various portions of creation and of the sciences might seem to be, yet were they all blended in nature with one cosmic philosophy. Mr. Sands Cox had begun the College on a medical system alone, but had taken pains to base the medical department upon a preparatory department of literature and general science. Besides this, the medical sciences of themselves comprehended a very wide field of varied learning, including mathematics, mechanics, botany, anatomy and physiology, natural philosophy and chemistry, besides those subjects of inquiry which are more purely medical and appertaining directly and exclusively to the arts of conservation and curation of the body.

Dr. Nelson proceeded to dwell specially upon the benefits which the microscope had conferred upon those who pursue such researches, and said of medicine that it was the discriminative art, which, under the guidance of those faculties called by the general name of judgment employed the subsidiary sciences as a means to an end, namely, the prevention and cure of disease. He drew special attention to the advances of chemistry, as one of the principal hand-maids of medicine, more particularly in the success which had attended some of her efforts to build up from simple inorganic molecules materials of a nature almost identical with those that had hitherto been produced under the vital principle alone. This proved that the expectation of further discoveries of that kind was based upon established facts; and that they who were now striving in their secluded laboratories to attain such ends were not to be viewed as idle dreamers, but as pioneers of future discovery, useful to the world even by their failures, and in their success glorious. Medicine, being a composite science, is necessarily complicated. Attempts to simplify it so as to make one process of cure serve for all purposes, and thus bridge the difficulties thereof by a sort of juggle, have been made in all times and under manifold forms, but such efforts had always diminished the more science had advanced; and at the present day not a single philosophic physician believed in any panacea. He next reviewed the department of law, showed the requisites for forming a sound-judging practitioner, and quoted from the work of Warren upon this subject to prove how strongly that eminent gentleman had advocated the extension of literary and scientific as well as legal knowledge amongst that body, such information being necessary for the due performance of their professional functions. As to the engineering and architectural department, he said that, considering the locality, it might have been expected that this, of all the others, would have been the most successful. When he considered the wealth, and the

amount of mechanical contrivances constantly in operation in Birmingham and neighbourhood, and how necessary was scientific skill to the safe and economical management of such proceedings, it was surprising that so little advantage had been taken of this further effort of Mr. Sands Cox for the benefit of his native town. There were doubtless sundry gentlemen in the neighbourhood who had not only attained to such accomplishments, but had also gone through regular university courses and obtained distinguished degrees. But there were a vast many more who had made no such progress, and who, therefore, were both damaged in a monetary point of view and in point of social position. Engineering was now in the greatest requisition, on account of the gigantic works everywhere in progress; and proofs of the skill and genius of engineers were to be found in all parts of any civilised country, but still they would do well not to confine their views to mechanical appliances alone, even though combined with elegance of taste; but to study general literature and science, and the grand models of ancient and foreign art, which, while it would tend to induce a sense of personal humility, would really exalt their minds to the highest pitch of contriving excellence. As to the theological department, which owed its existence to the pious generosity of Dr. Warneford, no such branches of knowledge could be out of place in that high walk. Some of the ordinary ministrations of the clergy might not require the exercise of the highest accomplishments any more than ordinary duties in other lofty pursuits; but he who possessed the most accomplishments, would be most fit for the effectual exercise of his holy offices. To understand aright the accepted Word of God, it was necessary to study His works; and to study them properly demanded an acquaintance with the natural sciences. Scripture was constantly recurring to illustrations of the attributes of God drawn from the magazine of creation; and so much knowledge of nature was equivalent to so much knowledge of God, and his attributes. He thought, from his arguments, that it would be seen that one of the principal functions of a teacher in things divine, was to trace to their final fountain head all those various rills of distinctive knowledge the channels of which have, no doubt, been worked out by the keenness of the human intellect, while pursuing this or that particular track of inquiry; but the original source of which was traceable to, though hidden within, the bosom of the Deity. Dr. Warneford, he said, recognised this truth practically by founding the Warneford Prize Essay, the object of which was to multiply proof upon proof of the stamp of God upon nature. Besides these special and ordinary courses of professional study, he went on to recommend the College as a means of instruction in various parts of literature and science, interesting to the general scholar, and private gentleman, who, he said, might attend with advantage upon sundry courses of instruction, such as chemistry, botany, or natural history, according to their tastes or objects in life, without tying themselves to all the courses of any special department. Under such rightly guided efforts for the good of the community at large, assistance might be expected from the friends of sound education as well as the Government, so as to improve the Library and add to that museum which already contained such valuable treasures. He alluded to the fact of so many former students of the College being in positions of high public utility here and elsewhere; and founded thereon a claim for public support to the institution which had trained them so well for their present duties. He concluded by giving some excellent advice to the students.



## ST. GEORGE'S HOSPITAL.

DR. J. W. OGLE delivered the inaugural address. He said that on mature reflection it had appeared to him that an introductory lecture was not the opportunity, as some had accounted it, for a dissertation upon any abstract philosophical or transcendental theme, nor the fit occasion for a tirade which to so many was a mere platitude on such questions as medical education and discipline in the reform and organisation of the profession. He thought he should act most serviceably in making his remarks as plain-spoken and as practically subservient as possible to the personal requirements of the majority of those present, bearing in mind the immediate objects which in that place of education they always had in view, not, however, forgetting the adage, "*Difficile est propriè communia dicere.*" First, there were the veterans among them—the Nestors or Corypheï, if the term might be allowed—to whom experience with length of days had secured the respect of the profession, the only tribunal whose judgment was decisive, and the suffrages and gratitude of the public. They could scarcely forget their former impressions and requirements in that place, and would welcome as future compeers those who sought to tread in their steps and to emulate their example. Secondly, there were those who, having fulfilled their course of required study, and being freed from the necessary restrictions of the pupil life, were starting for the course which was before them in the world. Then came those who, not having yet attained to the position of the latter, were nevertheless anxiously expecting it, and looking for the rewards of their exertions, being as yet immersed in the numerous and important studies of their curriculum. And lastly, but by no means least in importance, were those who, having determined as to their choice of a profession, now came forward and enlisted in those ranks to which all present were so proud of belonging. He must congratulate them on the choice they had made of that hospital. In addition to the many advantages which were there to be obtained, he might be allowed to state that he believed the facilities for prosecuting study and for observation which were open there to all students were unequalled in any other metropolitan hospital. He alluded especially to the almost unrestricted access to the patients at all hours. In this they had to thank the wise permission of the board of governors of the hospital, who knew how much it was to the well-being of their charitable institutions that highly trained and efficient medical men should grow up within its walls. They were awaiting the completion of structural and other arrangements, which would enhance still further the value of the advantages offered. At the beginning of their career the question for them to ask and to be informed upon was, What was disease?—which it would be their business to learn, to treat, to combat, and to subdue. They would have to divest their minds, as far as possible, of popular theories on this subject, and to bring scientific thought to bear upon it. It would be foreign to his present object to enter into any consideration of the various agencies by which the disturbance of functions was induced, but it was in the clear realisation of the truth that the correctness of their thoughts as to the treatment of disease must depend. This was a matter which was at the very threshold of all their practical inquiries, and would meet them, so to say, at every turn, and it was one which, he conceived, would be, by the novice at any rate, almost entirely misunderstood. Intimately connected with this consideration was, of course, the abstruse question of the origin and nature of that upon which

health (the opposite of disease) depended—namely, the principle of life. Happily they had not in those their studies, either in physical or metaphysical inquiries, to agitate themselves on such matters, diving as it were into the arcana of eternity; but there was an allied question which still vexed not only philosophical thinkers and historians, but also observers of the present moment, to which, though it would probably be never settled to the satisfaction of all, he would briefly allude. It was one which had lately, and would also for the future, occupy the attention of medical men and of physical inquirers, as its interest was much enhanced by the advance which had lately been made in their knowledge of the so-called physical forces, and especially of their conservancy and correlation. The inquiry was whether there was such a thing as vital force or vital energy, and whether they might rightly speak of vital processes. These were terms which until lately were constantly on their lips as physicians and physiologists. The present tendency was no doubt to discard them from the medical vocabulary. Modern enlightenment and direct experiment had shown that many actions and functions which could not formerly be understood as depending upon physical phenomena, that was on phenomena witnessed in matter of substance unconnected with what was termed organic life, and which were therefore ascribed to some peculiar power or force superadded to physical actions, really depended upon such actions, and on such alone; whilst recognising that many of these actions, such for example as digestion, respiration, the power of forming and maintaining the temperature of the body termed "innate heat," were physical actions. It was very clear nevertheless that at any rate a large number of the processes of what was called life could not even yet be explained on merely physical principles, such as they knew them. For his own part, irrespective of the moral or theological tendencies of objections, even if all the processes which they termed functions of organs or parts were positively found to be referable to and could be ranged under physical actions, he should still detect something additional, and wholly different from them in which they acted together. After pursuing this subject, Dr. Ogle touched on the practice of medicine. Physiology and anatomy were the basis of pathology; and to claim for their practice more of a scientific or logical character than was warranted by fact was simply self-deception or charlatanism. The greater part of the practice of physic rested upon experience, and was in the best sense of the word, empirical. Dr. Ogle strongly recommended patience and perseverance. They were entering a profession, than which none was more varied in character, none more interesting in detail. No profession demanded of its members more clearness of conception, more ready command of knowledge, and therefore it was well that they should entertain the deepest sense of their responsibilities. He earnestly recommended them never to let go of the golden thread of Christian sympathy.

THE UNITED STATES MARINE HOSPITAL AT CINCINNATI was lately sold at auction for 75,000 dollars. It cost the Government 250,000 dollars ten years ago.

HORSEFLESH AS FOOD. It is scarcely two months since the sale of this new kind of food was officially authorised in Paris, and the consumption is now considerable. The establishments for the sale of the flesh are under the surveillance of the Government veterinary inspector. A manufactory of horseflesh sausages has just been opened in the Avenue du Clichy.



## Association Intelligence.

### SHROPSHIRE SCIENTIFIC BRANCH.

THE annual meeting of the above Branch will be held in the Museum of the Natural History Society, Shrewsbury, on Wednesday, October 24, at 3 o'clock. The general business will be then transacted, and several interesting papers read, etc. Edward Burd, M.D., President; William Newman, M.D., St. Martin's, Stamford, Vice-President.

The members will dine together at the Raven Hotel at 5.30 P.M.

SAMUEL WOOD, *Honorary Secretary.*

Shrewsbury, October 8th, 1866.

### SOUTH EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.

THE next meeting is appointed to be held at the West Kent General Hospital, Maidstone, on Friday, October 26th, at 2.30 P.M. Frederick Fry, Esq., will take the chair, and will be pleased to see his numerous friends.

Dinner will be provided at the Star Hotel, at 4.45.

Papers have been promised by Dr. J. V. Bell, "Ague in connection with Gout"; by Dr. S. Monckton, "On Brain Disturbance in the course of Rheumatic Pericarditis".

FREDERICK J. BROWN, M.D., *Hon. Sec.*

Rochester, October 9th, 1866.

### BATH AND BRISTOL BRANCH.

THE first ordinary meeting of the session will be held at the Victoria Rooms, Clifton, on Thursday evening, November 1st, at 7.15 P.M.; J. S. Bartrum, Esq., F.R.C.S., President, in the chair.

The following papers are expected:—T. Green, M.D., "Delirium Tremens"; A. Prichard, Esq., "Case of Gonorrhoeal Rheumatism"; W. B. Herapath, M.D., F.R.S., "On the Use of the Spectroscope and Micro-Spectroscope in the discovery of Blood Stains"; "On some Cautions arising out of the recent Sudden Deaths at Cardiff Union Workhouse"; F. Poole Lansdown, Esq., "Case of Excision of the Knee-Joint".

C. STEELE, } *Hon.*  
R. S. FOWLER, } *Secs.*

12, Meridian Place, Clifton, October 1866.

### BIRMINGHAM AND MIDLAND COUNTIES BRANCH: GENERAL MEETING.

THE first General Meeting of the present session was held at the Midland Institute on October 11th; Dr. CARTER, President, in the chair. Twenty-six members and visitors were present.

*Communications.* 1. Mr. FURNEAUX JORDAN exhibited a specimen of Chronic Rheumatic Arthritis of the Hip-joint removed from a woman a little beyond middle age.

2. Mr. ALFRED BAKER read a paper on Recurrent Fibroid Tumour; illustrated with specimens and cases.

Several of the cases mentioned by Mr. Baker were typical of this affection; but the last case brought before the Society was remarkable; inasmuch as a tumour of the arm which, previous to and after removal, presented all the general and microscopic characters of a fibrous tumour, was followed, about a year after removal, by a tumour at the cicatrix, of

undoubtedly malignant character, as evidenced by its rapidity of growth and its general and microscopic appearances.

An interesting discussion followed, in which Mr. Gamgee, Mr. Furneaux Jordan, Dr. Steell, and Dr. Russell, took part.

## Correspondence.

### ON MANAGEMENT OF THE PEDICLE IN OVARIOTOMY.

LETTER FROM JOHN CLAY, ESQ.

SIR,—Having a great objection to discuss personal matters in the public papers, I had hoped to have avoided the necessity of saying anything about the "due credit" which Mr. Spencer Wells says in his lecture at Chester has, he thinks, not been given to me with regard to the introduction of the principles of combining *compression with cauterisation* in ovariectomy. But, after the letter which you published last week from Mr. I. B. Brown, I am induced to submit to you the following plain statement in the hope that it may lead to a proper understanding of the facts of the case—at least, so far as I am concerned.

Mr. Brown states, in your impression of Saturday last, "I must claim for myself whatever credit is due for being the first to use a particular kind of clamp along with the actual cautery to the pedicle. This clamp has been described in the *Lancet*, and is similar to the clamp used in the spaying of sows." If Mr. Brown had added that the instrument he describes was a modification of my "clam", no further explanation would have been necessary. That this is the fact, is proved in that number of the *Lancet* to which Mr. Brown refers, when he says, "This instrument is, I think, an improvement on the 'adhesion clam' of Mr. John Clay." Again, when Mr. Brown narrated the case to the Obstetric Society where he first applied the actual cautery to divide the pedicle, he styled me "Dr." (not Professor, as he states in his last letter); whereupon I wrote to him to ask if he referred to myself, and he frankly acknowledged that he did, and that it was my instrument to which he referred, and that he had from the first used a modification of it to divide adhesions, and that now he employed it to divide the pedicle, and that I was fully entitled to the credit of first bringing out the instrument, etc.; and he authorised me to publish his letter, which I did in some of the medical periodicals for April 1865.

My instrument differs from that used in the spaying of the sow in three particulars.

1. In consisting of two blades, which are connected by the male blade being pushed into a "notch" in the female one.

2. In having a narrow groove in which to run the cautery.

3. In the handles being slightly separated, so as to add to the compressing power of the instrument.

Mr. Brown's modification consists—

1. In making the male portion, for sliding into the notch, curved, instead of being nearly straight.

2. In making the groove for the cautery wider, moveable, and roughened.

3. The compressing power he applies by means of a screw.

I make no other comments upon these alterations than this, that, in my opinion, they do not affect the principles which I claim for my instrument. The "particular kind of clam" to which Mr. Brown refers,



must be considered a modification of my "clam", for which, as I have before stated, he has given me every acknowledgment; but I contend that both instruments are different to that used in the spaying of sows.

I think I ought to state that Mr. Brown was not the first to suggest the application of the actual cautery to the pedicle in ovariectomy. When I published a description of my instrument, I stated, "It is probable that hereafter it may be found of service in dividing some forms of pedicles of ovarian tumours." In 1862, Braithwaite, in his *Commentary on Midwifery, etc.*, strongly urges its employment for dividing the pedicle. In the same article, it appears that Dr. Tanner of Ledbury suggested the division of the pedicle by electric cautery. Mr. S. Wells also wrote to me at the time that my case was published by Dr. Dewes, stating that if cautery was applicable for dividing adhesions, he thought it might be used to divide the pedicle.

I may, therefore, in conclusion, state briefly that Mr. I. B. Brown, early in 1865, fully acknowledged my claim as the inventor of the "clam" for dividing adhesions in ovariectomy; but Mr. Brown is entitled undoubtedly to the fullest credit of being the first to use the actual cautery to divide the pedicle in ovariectomy, using for that purpose a particular kind of clamp, which, I may add, is a slight alteration of my "adhesion clam". I must, therefore, also claim whatever credit there may be due for dividing the principles of the clamp, and for first applying it in the operation of ovariectomy, but not of course to sever the pedicle. In the first application which I made of the "clam", I removed nine inches by seven inches of omentum, thus showing what the instrument was capable of accomplishing; and I also suggested its being capable of further application and extension "in dividing some forms of pedicles of ovarian tumours".

I am, etc.,

JOHN CLAY,

Professor of Midwifery, Queen's College, Birmingham.

95, Newhall Street, Birmingham, Oct. 15th, 1866.

## RECENT IMPROVEMENT IN SURGERY.

LETTER FROM HENRY GREENWAY, ESQ.

SIR,—In to-day's JOURNAL, I find a letter from Dr. J. G. Davey, relative to the correspondence on the above subject which appeared in your last week's number. He commences by saying that suction-instruments ("of a kind") for the removal of cataracts "have been for generations in use."

As far as I have been able to ascertain, this is not exactly correct. Suction instruments may have been known for generations, but have only been used at intervals, to be again laid aside in consequence of the difficulty or danger attending their use. As Dr. Davey does not mention the "kind", I have yet to learn that my claim to be the first to devise an instrument "whereby parts within the eyeball could be acted on by suction with ease and safety" does not hold good. As regards the antiquity of the operation, I believe most surgeons interested in ophthalmic surgery are acquainted with that fact, for, on the revival of the operation by Mr. Teale, jun., he alluded to its history.

Dr. Davey then gives an account of the operation of extraction by suction as performed by the Cingalese surgeons. As one of the "things not generally known", we must feel indebted to him for the information. I presume he would scarcely speak of their mode of procedure as a safe one, however easy it may be; for, irrespectively of the injury inflicted on the cornea, there would be a fair chance of removing not only the lens, but the vitreous humour.

The quotation from Dr. Browne's address, which forms the last paragraph in Dr. Davey's letter, is not happily chosen, however good it may be in itself. Coupled with the former part of the letter, it savours somewhat of censure. I do not think "the study of the literature of medicine" before 1860 would have enabled Mr. Teale to successfully revive an operation which had fallen into disuse from the mode in which it was performed; neither would it have "prevented re-discoveries", as far as my labours are concerned; and my latest informant and censor has only told me that suction instruments "of a kind" for the removal of cataract have been for generations in use (known?).

If Dr. Davey had carefully read my letter in the JOURNAL of the 6th instant, I do not think he would have written in the strain he has chosen. He has, as far as the operation in question is concerned, unintentionally proved there was room for "improvements in surgery."

I am, etc.,

HENRY GREENWAY.

Plymouth, Oct. 13th, 1866.

P.S.—I would here say I have given instructions for further improvements to be made in my suction instrument. In the mouthpiece there will be placed a valve, allowing free suction but preventing an accidental back current of air into the eye. It will also have the effect of retaining in the instrument that which has been withdrawn from the eye. The cannula will be prolonged upwards nearly to the closed extremity of the hollow handle in which it will lie. This arrangement will, from the circuitous course the current must take, allow of very gentle action. As the handle and the cannula within will both be of glass, a graduated scale might be placed between the two. I mention this, as a graduated tube has already been introduced to the profession; but I cannot see that measurement is of much service, for whilst there is any opaque lenticular matter remaining in the eye it must be extracted. The suction tube will join the handle at right angles, as in my original instrument, and in front of the operator's hand. This prevents any accidental doubling of the India-rubber tube on itself, and gives the operator a greater command over the instrument.

**AMERICAN CHILDREN.** The registrar of the city of Boston reports that in the year 1865 the births in that city were only one in thirty-six of the population. The registrar states that while the population of Boston has been uniformly increasing for many years, the birth-rate has with equal uniformity been declining, and has fallen from one in twenty-six in 1850 to one in thirty-six in 1865. The birth-rate, he says, has been declining throughout the United States for the last seventy years. In considering what may be the causes of this unsatisfactory result, the registrar suggests that it may be that immigration swells the aggregate of the population with more proportionate rapidity than marriages are formed; but he has also to suggest the possible desire of Americans to avoid the natural increase of their families, a desire which, it may be feared, leads to a large amount of secret crime. It appears that only one in four of the children born in Boston in 1865 was the offspring of parents both of whom were natives of the United States. The majority of the children born in Boston in the year were the offspring of parents both foreign born. In fact, in natural increase Boston is not a native American city. A New York paper represents that the unwillingness of American women to be the mothers of large families is to be attributed partly to the unruly nature of American children.



## Medical News.

**ROYAL COLLEGE OF PHYSICIANS OF LONDON.** At a general meeting of the Fellows, held on Wednesday, October 17th, the following gentlemen, having undergone the necessary examination, and satisfied the College of their proficiency in the science and practice of medicine, surgery, and midwifery, were duly admitted to practise physic as Licentiates of the College:—

Barrick, Eli James, M.D. Vict. Coll., Canada  
Coleman, Alfred, Dulwich  
Dennis, Henry, Guy's Hospital  
Goulet, Arthur, New Wimbledon  
O'Sullivan, Thomas George, Limerick  
Taylor, James Mare, Hanley, Staffordshire  
Williams, Joseph Arthur, M.D. Vict. Coll., Canada

### APPOINTMENTS.

\*SWALES, Edward, Esq., appointed Inspector of the Government Hospital established at Smeerness for the reception of patients under the Contagious Diseases Prevention Act.

### ARMY.

ATEINSON, Staff-Assistant-Surgeon J., to be Assistant-Surgeon 3rd Foot, *vice* T. Teevan.  
CHARTRES, Surgeon J. S., 100th Foot, to be Staff-Surgeon, *vice* R. W. Jackson.  
CHOKER, Staff-Assistant-Surgeon A., to be Assistant-Surgeon Royal Regiment of Artillery, *vice* A. D. Gulland, M.D.  
GULLAND, Assistant-Surgeon A. D., M.D., Royal Artillery, to be Staff-Surgeon, *vice* J. J. Mulock.  
JACKSON, Staff-Surgeon R. W., to be Surgeon 100th Foot, *vice* J. S. Chartres.  
MORAT, Staff-Assistant-Surgeon G. B., M.D., to be Assistant-Surgeon 73rd Foot.  
TEEVAN, Staff-Surg. T., to be Surgeon 3rd Foot, *vice* E. Touch, M.D.  
TOUCH, Surgeon E., M.D., 3rd Foot, to be Staff-Surgeon, *vice* J. Davys.

### ROYAL NAVY.

ARCHER, Archibald L., M.D., Surgeon, to the *Clio*.  
BENNETT, William R., M.D., Surgeon, to the *Star*.  
BOGG, E. W., M.D., Assistant-Surgeon, to the *Duke of Wellington*.  
COLAHAN, Thomas N. W., Esq., Assistant-Surgeon, to the *Egmont*.  
ELLIOTT, J., Esq., Surgeon, to be Staff-Surgeon.  
MACDONALD, J. D., Esq., Surgeon, to be Staff-Surgeon.  
M'SWINEY, J., Esq., Surgeon, to be Staff-Surgeon.  
MORGAN, D. L., M.D., Surgeon, to be Staff-Surgeon.  
MURPHY, John, Esq., Surgeon, to the *Sylvia*.  
ROBERTSON, Adam, M.D., Assistant-Surgeon, to the *Vixen*.  
SLOGGETT, W. H., Esq., Staff-Surgeon (additional), to the *Fisgard*.

### YEOMANRY CAVALRY.

JAMES, D., M.D., to be Assistant-Surgeon East Lothian Yeomanry Cavalry.

### VOLUNTEERS. (A.V. = Artillery Volunteers; R.V. = Rifle Volunteers):—

CHALDECOTT, T. A., Esq., to be Honorary Assistant-Surgeon 15th Surrey R.V.  
HARCOURT, G., M.D., to be Captain 15th Surrey R.V.  
LOVE, J. H., Esq., to be Assistant-Surgeon 5th Suffolk R.V.  
RAWDON, H. G., M.D., to be Honorary Assistant-Surgeon 1st Lancashire Engineer Volunteers.  
RICHMOND, S., Esq., to be Honorary Assistant-Surgeon 19th North York R.V.  
WATERS, J., Esq., to be Hon. Assistant-Surgeon 5th Surrey R.V.  
WELLS, C., Esq., to be Hon. Assistant-Surgeon 2nd Surrey A.V.

### DEATHS.

WALNE, D. Henry, Esq., Surgeon, of 72, Guildford Street, on Oct. 3.  
WALTER. On October 11, at Dover, aged 92, Anne, widow of the late John Walter, Esq., Surgeon, of Romney, and afterwards of Dover.

DR. BARNES has resigned the office of Medical Officer of Health for Shoreditch.

DR. LAYCOCK. We are glad to hear that Professor Laycock has so far recovered as to be able to drive out in a carriage.

THE METROPOLITAN POOR-LAW MEDICAL OFFICERS ASSOCIATION have elected Drs. BURROWS, JENNER, and SIEVEKING honorary members.

**SEWERAGE OF LIVERPOOL.** The borough engineer of Liverpool has been authorised to expend £2,000 per month, in ventilating the sewers of that town.

**COWHOUSES.** A cow-keeper was last week refused a licence to keep a cowhouse near Drury Lane, at which he intended keeping some fifty cows.

**ROYAL COLLEGE OF SURGEONS.** Last year, *mirabile dictu*, only two candidates presented themselves at the College of Surgeons for the dental diploma.

**HORNETS AND WASPS,** says Dr. Crisp, do a vast deal of good by destroying insects in all stages of development.

**THE QUARANTINE.** Surgeon Negus, R.N., appointed to the *Hibernia*, at Malta, arrived with his family on September 29th, but would have to perform fifteen days' quarantine.

**CHOLERA.** Mr. J. N. Radcliffe is engaged under the direction of the Privy Council in drawing up a report touching the origin and spread of the present epidemic of cholera.

**THE GREENWICH HOSPITAL PENSION** of £80 a year, for a deputy inspector of hospital and fleets, vacant by the death of Dr. T. E. Dunn, has been awarded to Mr. John Watson, retired inspector-general.

**CONTAGIOUS DISEASES ACT.** Mr. Sloggett and Dr. Peter Leonard have been appointed inspectors and visiting surgeons of certified hospitals under the Contagious Diseases Prevention Act.

**DR. GIBBON** objects to the removal of cholera patients to hospitals. He considers that thereby the spread of the disease is increased. The patients should be kept at home and their discharges disinfect.

**SCOTCH MEDICAL STUDENTS** complain that the army medical competitive examination takes place in March. If it took place in April many, they say, would be able to offer themselves that now cannot do so, as they are unable to graduate before April.

**ROYAL COLLEGE OF SURGEONS.** From a short account of the library of this institution published in the last Calendar of the College it appears that there are now 31,157 volumes, comprising 13,076 works and 34,373 tracts, pamphlets and theses.

**THE CATTLE-PLAGUE** entered upon its second year in Great Britain in the third week of June. The general result of the sixteen weeks' review is a decrease of 11,760 cases of cattle-plague as compared with the corresponding period of 1865. The cattle-plague has now entered upon its seventieth week in Great Britain.

**ST. GEORGE'S HOSPITAL.** Dr. John Clarke, son of the late Sir Charles Clarke, has been appointed Lecturer on Midwifery and Obstetric Physician to St. George's Hospital. The very valuable museum, formed by Sir Charles Clarke and his brother Dr. John Clarke, was presented to the hospital some years back by the late Mr. Stone.

**FATAL GUN ACCIDENT.** At an inquest held at Bletchingly, it appeared that the deceased, Mr. William Thomas Sargent, surgeon to the 17th Surrey Rifles, and also to the Reigate Union, was in the act of stepping into a friend's vehicle, an Irish car, for the purpose of changing his shooting ground, and while taking his gun, one lock of which was defective, after him, the hammers must have caught the footboard of the car and caused the explosion. The charge entered the left breast, and penetrated the lungs, causing death in about two hours. The jury returned a verdict of accidental death. The sad event has caused deep regret throughout the whole neighbourhood of Reigate, where the deceased was so well known and so highly respected.



**SLAUGHTERHOUSES IN THE METROPOLIS.** At a special session of the Strand Union, several applications were made for renewal of licences for slaughter-houses within the districts. There was no opposition; the parties had not obtained other places for the slaughter of cattle, and wished the licences to be continued. The chairman said the licences would be granted; but he believed that the legislature intended to deal with the matter in the next session, and he had no doubt that all slaughterhouses would be prevented being licensed within the metropolitan district.

**SANITARY IMPROVEMENT OF EDINBURGH.** At a meeting of the town council it was agreed to proceed with the scheme of sanitary improvement promoted by Lord Provost Chambers. The scheme involves an expenditure of about £200,000. The improvements proposed include the clearing out of old properties in some of the more densely crowded localities, and the opening up of other portions by cutting new streets through them. It also includes the formation of a wide street to the north of the University, by which the Museum of Science and Art, recently inaugurated by his Royal Highness the Duke of Edinburgh, will be thrown open to better view.

**THE VALUE OF A TOOTH.** In the Manchester County Court, an action was brought against a druggist to recover the sum of £5:5 damages alleged to have been sustained by the plaintiff, in consequence of the defendant, who professes to extract teeth, having pulled out one of the plaintiff's sound teeth instead of extracting a decayed one. The defence was, that the plaintiff first pointed out the sound tooth as the one he wished extracted, but this was denied by the plaintiff. His Honour said that the defendant ought to have used a little more care in ascertaining for himself which tooth he ought to extract. He should give a verdict of £2:2.

**DEATH FROM AN OVERDOSE OF GOUT MEDICINE.** The deputy coroner for Westminster has held an inquiry into the death of Dr. Thomas Hall, inspector-general of hospitals, who died at a lodging-house, No. 3, Northumberland Court, Strand. Evidence having been given, after considerable deliberation the following verdict was returned: "We find that the deceased, Thomas Hall, died from the effects of purging produced by an overdose of Saville's mixture, kilo colocynthine, and we are of opinion that the medicine was taken while the said Thomas Hall was in a state of unsound mind." The Deputy Coroner. You think he took it by mistake? The Foreman.—Yes, we think so.

**INFANTICIDE.** Dr. Lankester read a paper on Infanticide at the Social Science meeting in Manchester. A great majority of the mothers who gave birth to illegitimate children in London were, he said, domestic servants. Nine out of every ten of the children that were killed were destroyed within two hundred yards of the houses in which they were born. It was also a startling fact, that of the unfortunate mothers who murdered their infants one in six died. A prominent part in the discussion which followed Dr. Lankester's paper was taken by Dr. Mary Walker of New York. This lady attributed child-murder very much to the desire of mothers to hide their shame, and this arose in a great measure from the want of sympathy on the part of their own sex. One great thing would be accomplished when the seducer was regarded with as much scorn as his victim was now. There was not so much infanticide in the United States as there was in this kingdom—at least, she judged so from the accounts she had read. She accounted for this by the fact that in America they were more temperate. Her observation of immoral

men and women was, that the large majority of them were habitual drinkers. In America, children were not looked upon as responsible for the acts of their parents; and the speaker quoted instances to prove that illegitimacy was no bar to social position. Neither were children unduly respected because their parents happened to be very well-to-do. The lady concluded by laughingly saying that she did not wish to talk politics, but that such was the effect of republican institutions.

**SEWAGE GASES.** A "Civil Engineer" gives reasons in the *Builder* for the excessive death-rate in Liverpool, as compared with London, reasons which, right or wrong, are at any rate sufficient to account for the uncomfortable fact. In London the "main sewers are abundantly ventilated." Bad gases arise, but we get them continuously and largely diluted. "This," the "Engineer" asserts, "has been the salvation of London," i.e., it has kept it from much acute disease, while inducing all through the metropolis a low type of vitality, except in those whose "comforts" render them more or less independent of outward influences. In Liverpool sewage gases are concentrated till a deadly strength is attained. Then, again, in all the better parts of London cess-pools are universally done away with; they are the rule in Liverpool, and in several other northern towns. Liverpool, again, is very short of water; the whole stock in the Rivington reservoirs would supply London for about six days. Yet Liverpool was the first town in England to provide itself with sanitary laws, and if expenditure on sewers and waterworks were enough, it ought to be the healthiest large town in Europe. Liverpool spends a little fortune every year in passing local Acts through Parliament. Yet nothing comes of them but a steadily increasing death-rate. Dr. Trench's report gives overcrowding and drunkenness as the chief causes of the excessive mortality. Some years ago the corporation bought a plot of ground at the north end of the town, intending to let it at low rates for the erection of improved labourers' dwellings. Nothing has yet been built upon it; and that fabulously rich body is talking of applying to the Public Loan Commissioners for £13,000 at 4 per cent., to be spent in building a block of model lodgings. Things of this kind seem to move slowly in Liverpool. Moreover, the mayor's "regulations as to lodging-houses" have been sent back by Mr. Walpole, with the remark that "the maximum cubic space fixed is as small as, or smaller than, the minimum in other regulations submitted to the Secretary of State, and that it cannot be accepted, even in the face of the practical difficulties which exist, as more than a minimum space."—*Pall Mall Gazette*.

#### OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY....Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

WEDNESDAY...St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.

THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

SATURDAY....St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.



# Clinical Lectures

DELIVERED AT

CHARING CROSS HOSPITAL.

BY

HYDE SALTER, M.D., F.R.S.,

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS; LECTURER ON  
MEDICINE AT CHARING CROSS HOSPITAL MEDICAL SCHOOL;  
AND PHYSICIAN TO THE HOSPITAL.

## LECTURE XI.

### ON THE DIAGNOSIS OF DROPSIES.

*Diagnosis of External from Internal Abdominal Dropsy. Diagnosis between Primary and Secondary or Indirect Dropsies.*

GENTLEMEN,—I wish to call your attention to-day to some cases illustrating the Diagnosis of Dropsies.

The seat of certain dropsies is often diagnostic of their cause. Dropsy as a general symptom, taken in the broad, may result from an almost endless variety of diseased conditions; and it is only by determining the characters and particular features of the dropsy in each case, that it becomes diagnostic of the disease that generates it. Of all the circumstances of dropsy that impart to it a diagnostic character, its localisation is, perhaps, the most important and indicative. This circumstance, taken alone, is almost sufficient, in a great number of cases, to determine the diagnosis. Thus, if I were asked what dropsy of the face pointed to, I should say disease of the kidneys; if I were asked what dropsy of the abdominal cavity pointed to, I should say disease of the liver; and if I were asked what dropsy of the legs pointed to, I should say disease of the heart or lungs. And, in the majority of instances, I should be right, especially if these dropsies occurred without any other distribution.

The particular point for to-day—that to which I would especially direct your attention—is the diagnosis between external and internal abdominal dropsy; between the accumulation of fluid in the peritoneal cavity, and the accumulation of fluid in the subcutaneous areolar tissue of the abdomen: in other words, between ascites and cedema of the abdominal wall.

From what I have said just now, you will see the importance of this:—Ascites points to the liver; subcutaneous dropsy does not. The determination of this question, therefore, determines approximately whether we are to regard the liver as concerned in the diseased process, or not. But, though you may admit the importance of the distinction, you may be disposed to regard the discussion of the method of making it as a superfluous inquiry. This, however, is not the case. Many a time I have had patients sent to me as labouring under ascites who have not had a drop of fluid in their peritoneal cavity, but the increased girth of whose abdomens has been entirely due to cedema of the abdominal wall.

On what rules, then, may we fall back for the resolution of a case in which there is undoubtedly an increase of the girth of the abdomen, in which that increased girth is undoubtedly due to fluid, and in which the causes of dropsy undoubtedly exist? How

shall we determine, in such a case, whether the effusion is external or internal to the abdominal cavity?

1. If the effusion is external—if the abdominal enlargement is due to cedema of the parietes—the following conditions will be found to be present.

a. On attempting to pinch up the skin of the abdomen, we shall find that we pinch up a thick firm “roll” of integument, firm and doughy, an inch or more in thickness; and we generally find that the lower down on the abdominal surface that we attempt thus to pinch up the skin the thicker is the roll of integument which we raise; because the lower is the abdominal surface the more developed is the cedema.

b. We find the umbilicus deep-set, and deep-set in proportion to the cedema. This is always the case; and the reason of it is this:—At the umbilicus the skin and the deep fascia are fastened to one another, and cannot be separated; elsewhere, from the intervention of a loose and extensible areolar tissue, the one can be freely raised from the other. Now, it is into this areolar tissue that the dropsical effusion takes place; and by this effusion, and in proportion to it, the deep and superficial fasciæ are separated from one another, and the skin raised. In proportion, therefore, to the effusion which raises the skin from the deep fascia will be the depth of the pit at the point where it cannot be raised. This deep-set umbilicus is very characteristic, and I would especially recommend your attention to it.

c. Again, the parietes have a peculiar white opacity about them—an unnatural and uniform whiteness; and this, I think, is in part due to another appearance—an absence of any visible veins. The superficial veins lie in the subcutaneous areolar tissue; and this is so thickened and distended by the cedema, and the skin thereby so much raised, that the veins are no longer immediately beneath the surface.

d. Another characteristic of cedematous abdominal parietes is a peculiar quaggy vibration in them when they are tapped—a sort of jelly-like tremor. This may even be seen, but it is better felt by the hand. It is very important to recognise it, because it may be confounded, and often is confounded, with the true “fluctuation” of ascites. It is best felt in this way:—Place one hand lightly on the surface, and with the fingers of the other hand “flick” the skin close by; the peculiar thrill or tremor will be at once felt. And it will be found that the further the hand is removed from the point “flicked” the fainter are the vibrations, until, at some little distance, they are quite lost. I do not think they can ever be felt quite across the abdomen, from one side to the other. As far as they can be felt, the sensation is as if they were conducted along the surface, and never as if they were conducted through the abdominal cavity. I shall recur to these points presently, in contrasting this spurious fluctuation of cedema with the true fluctuation of ascites.

e. Again, the phenomenon so distinctive of cedema—pitting—is always present. Sustained pressure leaves the impression of the fingers; if we attempt to pinch up the infiltrated integument, by so doing we squeeze the fluid from it; and, on releasing it, depressions are left corresponding with the parts pinched.

f. Another appearance, and one which should



always raise a suspicion of oedema wherever you may see it, because it is indeed but another form of pitting, is visible marks of the bedclothes, or folds of the patient's dress, on the skin.

The three first of these signs—the thickness of integument when pinched up, a deep-set umbilicus, and an invisibleness of veins—you get equally in very fat subjects; and for this simple and manifest reason, that fat, like oedema, raises the skin, and inserts a material in the subcutaneous areolar tissue. But you will have no difficulty in distinguishing the one from the other: the proportionate distribution of fat elsewhere, the patient's condition in other respects, and, above all, the presence or absence of pitting, will leave no doubt upon your minds.

2. If the effusion is internal—free in the peritoneal cavity—the following signs will be present.

a. In the first place, if the fluid is in any appreciable quantity, sufficient conspicuously to enlarge the abdomen, there will be what is called “fluctuation”. This is something very different from that quaggy tremor which I have described as characteristic of oedema of the abdominal wall. I think a better name for it would be “vibration”. It depends upon the transmission across the abdominal cavity, from one side to the other, of a vibration imparted by a light stroke. It is best elicited in this way:—Apply your hand to the lateral or inguinal region of one side, and then flick or touch lightly the surface on the opposite side; you will find at each touch or stroke a little single wave transmitted through the fluid, and impinging on the fingers on the opposite side. The sensation which it imparts can never be mistaken when once felt; and you should all of you take an early opportunity of making yourselves practically acquainted with it: it will make a clearer impression on your minds than any description of it I can give you. It differs from the spurious vibration of oedema in these three points. In the first place, distance makes no difference to it; it is felt just as plainly completely across the abdomen as half-way—indeed, I think, better; whereas the strength of the vibrations in the spurious form is always proportionate to the shortness of the distance between the part felt and the part struck. In the second place, it consists, not of a quaggy tremor, but of a single wave; the impulse on one side being transmitted unchanged to the other. In the third place, it is evidently transmitted, not along the surface, but through and by the contained fluid.

When I said just now that distance makes no difference to it I should have qualified this expression in one particular, for distance does make a difference as to the *time* at which the vibration is felt; for, if the distance is great, as from one flank to the other, the vibration impinges on the fingers at one side, at an appreciable interval after it has been imparted at the other, the interval being proportionate to the distance. This lapse of time between the stroke and its resulting wave is one of the most striking and characteristic parts of the phenomenon.

From what I have said you will see that a vibration felt near the part struck is of no value as implying the existence of a true so-called fluctuation. It is only when transmitted quite across the abdominal cavity, that it implies the accumulation of fluid in the peritoneum.

b. In the second place, if we have fluid in the abdominal cavity we shall have dulness of percus-

sion in the most dependent parts, and to an extent corresponding with the amount of the fluid. If the patient is supine, the dullest parts will be the flanks; if he is erect, the hypogastric, or hypogastric and umbilical regions.

c. Again, the umbilicus, instead of being deep-set, as in oedema, is unnaturally flattened out—indeed, in some instances protruded. The distending fluid dilates the umbilical orifice, and then drives through it a sort of hernia, the fluid within which, acting like a wedge, dilates the orifice more and more, till a considerable dropsical hernia exists, raising the thin integument over it to the size of a walnut, or even half a billiard-ball, through which there is often an appearance of an opalescent transparency, like that of a hydrocele. This appearance, however, is exceptional; the common appearance of the umbilicus in ascites is merely an unnatural flatness or very slight prominence.\*

d. Lastly, instead of an absence of veins in the abdominal wall, there is often, in ascites, a great conspicuousness of them, sometimes even amounting to a varicosity. This depends on two causes: the veins are *visible* because, by the distension, the integument is stretched and thinned out, and therefore rendered more diaphanous; and they are *enlarged*, because the incumbent weight of the accumulated fluid exercises such a pressure upon the inferior cava as to impede the return of blood through it, and compel it (the blood) to find its way back to the heart by the superficial collateral venous circulation formed by the anastomosing epigastric and internal mammary veins.

Now let me call your attention to some cases in the hospital illustrating the practical application of these rules. We have two patients with abdominal enlargement due to dropsy—Mary Jones and George Davis; and they illustrate very well the striking contrast between external and internal abdominal dropsy.

In Mary Jones's case, which is one of chronic bronchitis, the enlargement of the abdomen is entirely due to an oedematous condition of the abdominal walls. Here we have the thickening of the integument, making it almost impossible to pinch it up, and then only in a roll an inch or an inch and a half thick; the deep-seated umbilicus; the quaggy tremor; and the pitting. The oedema of the abdominal wall is but a part of the general oedema; the legs, as you have seen, are enormously oedematous.

In the case of George Davis, which is one of mitral disease, we find, on the other hand, that while the abdomen is greatly enlarged, the abdominal wall is extremely thin; when we pinch up the attenuated skin, it has not much more than the thickness of paper. We find, too, the flattened umbilicus, almost effaced by distension; the conspicuous veins meandering over the surface; and, above all, true fluctuation.

There is one more point in relation to the diagnosis of dropsy, on which I would wish to say a few words to you.

I have two cases in the hospital at the present time, both of which are characterised by the following four circumstances:—

\* Since this lecture was delivered, I have seen a case in which this dropsical umbilical hernia was well developed as a result of ovarian dropsy; it gave me the impression, on first seeing it, that the case was one of ascites.



1. Mitral regurgitant disease ;
2. A greatly enlarged liver ;
3. Ascites ;
4. Œdema of the lower extremities.

One of these cases is that of George Davis, to which I have just referred ; the other is that of John Flynn, a boy aged 12 years, lying in the Bow Ward, Bed No. 14.

Now, with regard to these cases, the two following questions suggest themselves :—

1. Is the enlargement of the liver due to primary hepatic disease, and the ascites, therefore, true hepatic ascites ? or is it due mainly to hepatic congestion dependent on the impediment to the circulation through the heart, and the ascites, therefore, not true hepatic ascites, but indirectly cardiac ?

2. Is the œdema of the legs the direct and immediate result of the heart-mischief ? or does it result from impediment to the return of blood through the inferior cava, produced by the pressure which the incumbent weight of the ascites exercises upon that vessel ? or is it due to the pressure of the enlarged liver upon the inferior cava in the supine posture ?

According to the answers we may make to these questions we shall arrive at one or other of the following conclusions :—

That the liver is the seat of organic disease of such a nature as to obstruct the circulation through it.

That the ascites is the direct result of this liver-disease.

That the liver is not diseased at all, but is enlarged because congested.

That the obstruction, therefore, which gives rise to the ascites, though immediately at the liver, is primarily at the heart.

That the œdema of the legs is due to the systemic venous stasis of the heart-disease.

That it is due to the pressure of the enlarged liver upon the inferior cava in the supine posture.

That it is due to the incumbent weight of the ascites pressing on the cava. This last will give rise to two alternatives ; for if we consider the ascites due to liver-disease, then the œdema of the legs is a secondary hepatic symptom ; if the ascites is due to the heart-disease, then the œdema is a secondary cardiac symptom.

You see, then, to how many alternatives our answers to these two questions may give rise.

Now, with regard to the first question—the nature of the liver-enlargement—I came to the conclusion that, in the case of Davis, it was secondary to the heart-disease—due simply to congestion ; and that the liver was not the seat of any real disease at all : for the following reasons :—First, the patient was of an age, 20, at which organic enlargement of the liver is not common ; secondly, there was nothing in his antecedents or habits—no intemperance—to make liver-disease likely ; thirdly, the liver was not the seat of any pain or tenderness ; fourthly, although greatly increased in size, it was not altered in shape ; fifthly, the very existence of the ascites rather pointed to the cardiac origin of the liver-enlargement, for such a cause of enlargement would necessarily also be a cause of ascites. In the case of Flynn, I thought at first that the liver was the seat of independent enlargement unconnected with the heart ; the enlargement was so great and the ascites so moderate. And even now I do not feel certain. No doubt the volume of an organ so highly vascular as

the liver may vary within very wide limits according to the amount of its turgescence. We know, too, that the liver is more advantageously placed for having its circulation influenced by the state of the heart than any other organ of the body. And yet, as a clinical fact, we find that it is comparatively rare for the liver to undergo any great amount of enlargement as a result of mere passive congestion from heart-disease. Is the organ so greatly enlarged in these cases on account of the youth of the patients ? Does the liver in the young yield more readily to the enlarging influence of mechanical congestion than in those of more advanced age ?

With regard to the part that ascites or enlarged liver might be supposed to play in the production of the œdema of the lower extremities, that question is, I think, set at rest in the case of Davis, in whom, for some days past, the ascites and enlargement of the liver have both been greatly diminishing, while the œdema of the legs has been continuously increasing. Had the latter been due to either of the former, it also must have diminished as well. It is clear, then, in the case of Davis, that the œdema of the lower extremities is to be assigned entirely and directly to the heart.

The future of these cases, gentlemen, must resolve the other alternatives that I have indicated to you ; and I have pointed them out in order that you may see how complex and dependent a symptom dropsy is, and how many and what varied conditions it may imply.

**FACTORY-SMOKE AND HOUSE-SMOKE.** From the researches of Dr. Crace Calvert, F.R.S., it is ascertained that whilst dwelling-house smoke is comparatively harmless, factory-smoke is highly deleterious. He explains that the smoke from private dwellings carries with it only carbonic acid, carbonic oxide, and sulphuric acid gases, and a small quantity of the most volatile hydrocarbons, the less volatile products forming "soot," which remains in the flue. The gases, the escape of which continues but a few minutes after firing, have but little or no action on vegetation or man. In burning coal under steam-boilers the results are very different. The fuel is not, as in private dwellings, perfectly consumed, but there is a continuous distillation of deleterious tarry products, which by the draught of the tall factory chimney are carried, with all the other noxious products, into the cold atmosphere at the top of the stack, where they quickly condense and fall, to poison all within their reach. (*Mining Journal*.)

**SUDDEN BLANCHING OF THE HAIR.** The *Boston Med. Journal* cites from a recent number of *Virchow's Archiv* a case of sudden blanching of the hair. The case occurred in Professor Mosler's clinic. The patient was 34 years old, and was suffering from delirium tremens. On the fifth day of his stay in the hospital, the visiting physicians and the patients noticed that the hair upon his face and head had become grey. On looking at himself in a mirror, he exclaimed, "Ach, Gott, mir sind die Haare grau geworden." A microscopical examination showed the presence of a great many minute bubbles at the white points, both in the cortical and central portions of the hair. The pigment was perfectly preserved throughout the whole shaft of the hair, and had undergone no change whatever. As the hair gradually is changed to grey, the pigment disappears, but in this instance, the rapid whitening during a single night was produced by the development of gas within the substance of the hair.



# Addresses and Papers

READ AT

## THE THIRTY-FOURTH ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

[Held in CHESTER, AUGUST 7th, 8th, 9th, and 10th, 1866.]

### ON A PROBABLE NECESSITY FOR THE REVIVAL OF THE LEPROS HOSPITALS OF GREAT BRITAIN.

By ERASMUS WILSON, F.R.S.

THE attention of the British government was, a few years since, drawn to the fact of the prevalence of leprosy, the elephantiasis of the Greeks, among the population of our possessions in the East Indies, and the matter was considered of sufficient importance to warrant the appointment of a committee of the College of Physicians to investigate the circumstances of the disease. That committee has obtained very valuable information on the subject from every part of the globe where British representatives are to be found, and has published portions of their report from time to time; the conclusion of the report being at present, as we believe, in the printer's hands. In the course of this inquiry, I was honoured with the request of the committee to lay before them my personal experience of this remarkable disease, and I had the opportunity of presenting to that body a report of upwards of twenty cases which had fallen under my notice within the space of a few years. My statement will be published in an appendix to the report of the "Leprosy Committee of the College of Physicians", and need not, therefore, be further alluded to in this place.

To four of the cases, so reported upon, I am about to draw attention; but more especially to two other cases which have come under my notice during the last three months, making a total of six cases. The subject of one of the six cases is dead; two are under the protection of parents; but the remaining three, although respectably connected, are without guardianship, and are deprived of the means necessary for their maintenance, and for the supply of the comforts which their condition demands. I have purposely avoided reference to the question of treatment, otherwise I might say that the whole surviving five individuals are wanting in the means necessary for the proper treatment of their disease, inasmuch as that treatment could only be carried out effectually in an institution devoted to the purpose: hence my proposition of a *probable necessity for the revival of one or more of the ancient leper hospitals of Great Britain*, or the establishment of one especially devoted to the reception and treatment of this formidable disease.

The first case (No. 1) to which I call attention is that of a young lady who was consigned to my care like a bundle of goods, and with the intimation that the announcement of her death would be the happiest words that her relations and friends could receive. I obtained for her, after much trouble, an asylum in the house of one of the modern sisters of charity, where she died after two years. But the distress drawn upon that kind lady by her devotion

to her charge, it pains me to remember. There were protests from the neighbours; protests from the boarders; protests from the servants; until almost the whole of the duty of succour was left in her own individual hands; she became ill, nervous, exhausted; her sleep was haunted by the presence and contact of her loathsome ward, and I was obliged to step in and say: "Tell me when you can bear it no longer, and I will seek an asylum elsewhere." Happily for me, however, she bore her cross with a holy determination, and performed her duty to the last. But she was not a relative; she was a stranger; the poor patient had been deserted by all those to whom she was allied by ties of blood; she realised grimly the historical accounts that we have received of the banishment of the unfortunate leper.

Case No. 2 is a young medical officer in the Indian service, sent to this country for the cure of a supposed constitutional syphilis, his real disease being anæsthetic leprosy. He is now 24 years of age, the son of a military officer of inferior rank, with a family in India, and doubtless without the means of supplying his son with the necessities which the nature of his illness demands.

Case No. 3, afflicted with tubercular leprosy, is a young man, aged 19, the orphan son of a gentleman who had held a civil appointment in Bombay. He is one of four children; a brother died of mixed anæsthetic and tubercular leprosy at the age of 23; while another brother is the sole means of our patient's support. This young man was placed in a merchant's office in Bombay, but, failing in health, was sent to England under the hope of obtaining a cure.

No. 4 is a lad, aged 16, the son of a clergyman; the form of the disease is tubercular leprosy. He was sufficiently well in health to commence his education with a view to medical practice; but, as soon as the nature of the disease was made known, his studies were necessarily abandoned. In a letter received from this poor boy only a few weeks ago, he touchingly alludes to the loss of power creeping into his hands: "I also feel," he says, "the sensibility in the tips of my fingers considerably diminished, and, as you will see, I am unable to guide my pen quite right."

No. 5 is another example of tubercular leprosy in a lad not yet thirteen years of age, the son of a professor of music. He was born in India, and was first seized with the disease among the marshes of Rungpore.

No. 6 is a lad, aged 16; the form of the disease is elephantiasis anæsthetica. He is the son of a quartermaster in India, who has risen to his present post by meritorious conduct, and is thoroughly respected by his superior officers. One of these officers brought the boy to England to advance his prospects, and has a small sum of money at his disposal to assist the lad in his education. A few weeks ago, he was sent from school for my advice for a supposed ringworm situated on the trunk of the body. My examination detected the invasion of this melancholy disease.

My catalogue therefore is a very painful one; five youths, ranging in age from 13 to 24; all afflicted with this terrible and apparently incurable disease; all doomed to a certain and probably not distant death: without prospects, without hope, and with very limited means.

The question arises: what can be done for these young men? It would be advantageous to them to be gathered together in some institution where the disease might be studied in its phases and in its progress by a small staff of medical men, such as that of one of our hospitals or infirmaries. It would be pardonable to make their treatment experimental;



for at present, our knowledge of the treatment of this disease is most crude and unsatisfactory. Such an association would be the means of companionship to the patients themselves, would lighten the burden of their life, and with proper regimen and judicious treatment might open a way to the discovery of a cure. My friend Professor Boeck, of Christiania, after years of laborious study of leprosy, still entertains the hope that a cure may yet be found. Such a hope would stimulate our exertions to discover it, while we should be performing a simple duty to those for whom the operation of such a duty is an undoubted right.

While pondering in my mind the question—"What shall we do with our lepers?" it came to my knowledge that an ancient lazaret-house, the hospital of St. Lawrence of Ponteboy, at Bodmin, in Cornwall, had left behind it revenues, which were transferred in 1810 to the Cornwall County Infirmary, at Truro, for the uses of the Infirmary, but with the condition that the infirmary should receive such lepers into the institution as might make application for relief.

It was not long after my acquaintance with this fact that the friends of Case 6, put the question to me:—What can be done with the poor boy? I mentioned the circumstances that I had learnt with regard to the County Infirmary at Truro, and on July 7th, 1866, I made a formal application to the governors of that institution to receive a leprosy patient into their wards; to revive the benefits of the ancient institution from which they drew all that remained of its ancient revenues. My application is too recent to enable me to state the result, but I may say that that request was favourably received by the medical officer to whom it was addressed, and has been laid before the Committee for consideration.

Cases of elephantiasis are not adapted to general hospitals. The average duration of the disease is twenty years; therefore they require the application of means of relief such as are provided in lunatic asylums and in hospitals for incurables, but, nevertheless, with the hope that a cure may yet be discovered; while the best aid to that discovery will be the assemblage of patients suffering from the disease under the observation of intelligent medical men. No greater impediment, it appears to me, could be thrown in the way of the treatment of leprosy than its sporadic distribution amongst our general hospitals, or the wandering of the patient from medical man to medical man in private practice.

Cases 2 and 3 are examples of the truth of this observation. For many months I treated these young men gratuitously. I received them every week; but they grew weary of treatment, probably because they could perceive no change for the better in their symptoms; probably because, from the nature of the disease, they grew worse; perhaps they had friends, those marvellous beings of whom Shakespeare exclaims:—"Save me from my friends." These friends are always amateur doctors or learned advisers, and they possibly have advised some new physician, some different plan. Be it as it may; private treatment, unless the patient have guardians and a home, is certain of failure and disappointment, and another reason is presented for reverting to my original proposition; that it is necessary that something should be done for our lepers, and that that something should take the shape of a lazaret-house or of an asylum.

**PERIL OF ARMY SURGEONS.** Surgeon Esdra, of the Italian army, was killed at Custoza, on the field of battle, whilst dressing the wounded. Three other Italian surgeons were seriously wounded, and twelve were made prisoners.

## Illustrations

OF

# HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

## ST. MARY'S HOSPITAL.

CASE OF PARALYSIS OF OBSCURE ORIGIN, PROBABLY RHEUMATIC OR NEURALGIC: COMPLETE RECOVERY: CLINICAL REMARKS.

Under the care of C. HANDFIELD JONES, M.B., F.R.S. Sc., aged 39, was seen Nov. 8th, 1865; rather slight and delicate looking, a hairdresser. He began to ail with headache and weariness of limbs about nineteen days previously; took to his bed fourteen days ago. His legs were first affected; the first symptom was that they got weak. He had not been exposed to wet, but to chills when perspiring. He was worse when seen than he was when he first laid up. He had then giddiness and failure of power of limbs, so that he fell in attempting to walk. At present, both hands felt numb, and were the seat of "pins and needles" sensation; these dysæsthesia extended as high up as the elbow. The grasping power of the hands was rather impaired; both were equally affected; with some difficulty he could raise a piece of bread to his lips, but not a cup of liquid. He could not stand on his feet, nor sit in a chair, nor bend his knees; the extensor muscles immediately restored his limbs to the straight position if the knees were bent. Both feet were numb; and the anæsthesia extended up to the top of the thighs. He complained of cutting pain across his insteps. The temperature of his feet in bed seemed normal; some days previously they were very cold. He did not feel when I moved his feet on the ankle-joints, nor had he pain on passive movement of any of his articulations. The morning of admission, the pains in his limbs were so severe that he became quite excited and delirious, "grinned his teeth viciously, struggled with his arms, felt himself going mad." The bladder acted normally. The bowels were confined. Head pretty free; he had no pain to speak of at any time. Vision and hearing were intact. He could not turn in bed, but had no pain in the back. When he leaned forward he had pain in the abdomen. He had no heat or tenderness of head, nor any in the spine when full pressure was made. The heart-sounds were normal. He was not subject to rheumatism. He had never passed worms. The urine was rather scanty; it was not thick now, but high coloured; it was at first very thick, with lithates. He admitted having had sores on the penis twelve or thirteen years ago, but no constitutional symptoms had ever occurred. The pupils were natural, rather small. On further questioning, he stated that he had some headache and slight giddiness about eight weeks before any paralysis commenced; he was never quite well afterwards.

When these notes were taken, he was under the care of Dr. Palmer, to whom I am indebted for seeing the case. As the etiology was very obscure, and there seemed a reasonable possibility that the symptoms might be the result of a latent syphilitic taint, Dr. Palmer determined to try the effect of mercury, and put him on the use of Plummer's pill, which he took for several days until the gums were made a little sore. No decided benefit was produced, and the patient was admitted into St. Mary's Hospital under my care on November 16th.



The next day my notes state that he had not the severe pains he used to have in his hands and feet, but the feet and legs felt heavy and dead, and were very sore; the hands felt numb and the feet too. He had no power of standing. He knew which hand I touched, and also which foot. He slid down in bed; could not hold himself up, and could not turn in bed. He had emaciated much. He had only been able to eat the last day or two; appetite now tolerable.

On examination the next day his muscles, both in the arms and legs, were found quite sensitive to the interrupted current. He was ordered—

R Potassii iodidi gr. v; ammoniæ carb. gr. iv; tinct. valerian. 3j; infusi valeriani 3j. Fiat haustus ter die sumendus.

Nov. 22nd. The feet were very sore and tender. He could turn in bed and feed himself, which he could not do on admission. He was ordered a drachm of cod-liver oil three times a day.

Nov. 24th. The hands and feet were more numb to-day. No reflex movements were excited, not even on tickling, when he moved them voluntarily to escape from it. When he attempted to stand, he did not know whether his feet were on the floor; but he could hold anything well without the aid of sight. The mixture was continued, being the iodide of potassium increased to seven grains.

Nov. 27th. A drachm of tincture of cinchona was added to each dose of the mixture.

Nov. 29th. He could cut up his food now; his hands felt numb at times, at others quite well.

Dec. 1st. The iodide of potassium was omitted.

Dec. 6th. He could dress and undress himself, and could stand a little. He was ordered to have two ounces of brandy.

Dec. 12th. He could walk now the length of a long ward; he complained most of weakness about the ankles and knees; the legs were emaciated. He was very nervous. The cod-liver oil was omitted, and he was ordered two drachms of iron wine three times a day.

Dec. 19th. He could go up and down stairs, and shave himself.

Dec. 23rd. He was made an out-patient.

Dec. 30th. There was some return of numbness and tingling in the feet yesterday.

R Ferri ammonio-citrat. gr. x; ammoniæ carbon. gr. v; tinct. nucis vomicæ mxx; tincturæ calumbæ mxx; aquæ 3j. Fiat haustus ter die sumendus.

1866. January 6th. He felt only weak about the feet; he could walk two miles a day. He was ordered to have five grains of disulphate of quinine three times a day.

Jan. 13th. He had bad catarrh.

March 8th. I called at his house, and found him engaged in his vocation; he looked quite well. His wife said he felt nothing amiss, except that after a long walk or much standing he had aching in his feet.

CLINICAL REMARKS by Dr. Handfield Jones. The diagnosis in this case at the outset was sufficiently obscure, and was felt to be so by the very able practitioner who first had the charge of it. At an earlier day, no doubt, the assumption of a spinal congestion would have solved the difficulty and ruled the treatment. Even recently, in a most interesting case which I have cited in my Lumleian Lectures from Dr. R. Levi's in the *Archives Génér. de Médecine*, 1865, and where a most searching necroscopy demonstrated the absence of all inflammatory mischief, the remedial measures consisted of purgation with croton oil, cupping along the spine, and calomel. I cannot but think that recourse to the two former would have lessened rather than increased our patient's chance

of recovery. Calomel had been administered in a cautious manner, so as to affect the gums slightly before the patient was admitted; and I thus had the advantage of knowing that not much was to be expected from further experimentation in that direction. The circumstances which seemed to me of most significance were the integrity of the cerebral functions and of the muscular actions of the bowel and bladder, the absence of pain and tenderness in the spine, the complete loss of sensation and motion in the lower limbs, and the great severity (recent) of the pains in the upper. These symptoms coexisting appeared to me more like the result of some of the influences which so commonly vex and disorder the peripheral nerves, than of any organic or inflammatory lesion of the brain or cord, or their membranes. I cannot say that my opinion was at all a decided one at first; but it became much confirmed as the case advanced to recovery. It is a matter of certainty, I think, that no myelitis, or meningitis, or any structural lesion existed; inasmuch as such disease, when grave enough to produce the amount of paralysis which existed in our patient, rarely, if ever, departs without leaving traces of permanent damage, and especially requires much more time for recovery than was needed here. Reflex paralysis must be excluded, for the sufficient reason that no remote irritation was ever discovered or removed.

On conning the case over, I feel much disposed to think (for some theory about it is inevitable, and, I believe, desirable) that the disorder may have been essentially of the same nature as it was in some of the cases of brachial neuralgia recorded in my work. Pain, numbness, and loss of motor power, were not unfrequently marked phenomena; and though, in the present instance, the disorder occupied a much more extensive range, and was most intense in the lower limbs, this does not seem to me at all an improbable event. That cases are not unfrequent, belonging to the domain of influenza, rheumatism, and neuralgia, in which some miasmatic influence act paralytically on the nerves or nervous centres, there can be no question; and I feel little doubt that instances of these affections occur most numerous during the prevalence of that particular constitution which predisposes to cholera. I had quite lost sight of brachial neuralgia the last few years, but in the last four or five months I have seen two cases of it. If, however, the disorder in the above instance were *au fond* of neuralgic character, are we to regard it as purely peripheral? I think not; partly on account of its wide extent, its involvement of sensation and motion, and partly on account of the retention of electro-muscular contractility in the paralysed limbs. Few things are more difficult in many cases, than to say what is the exact location of a neuralgic pain depending on general causes; and I believe the truth probably is that the whole nervous apparatus related to the suffering part is affected, both centre and peripheral extension. In the case we are considering, it is clear that the superior centres remained exempt; but in one which I propose hereafter to communicate the reverse took place.

I have said little as to the exciting causes of the disorder, for really none were apparent; but I will just add that there was never the least indication of any psychical cause in operation, there was nothing to warrant the notion of hysteric paralysis.

The history now related goes decidedly to confirm the position taken in my first Lumleian Lecture, as to the possibility of a primary functional paresis, and justifies my anticipation that this conception must replace to some extent those of congestion and effusion which have been so widely current. M. Constantin James some years ago expressed strongly the



same view. He says (*Guide aux Eaux Minérales*, p. 479, 5th edit.): "I regard paraplegia from enervation as the most usual form, and myelitic as the exception."

### BIRMINGHAM GENERAL HOSPITAL.

#### A CASE OF SYPHILITIC THICKENING WITHIN THE LARYNX; AND A CASE OF SYPHILITIC OBSTRUCTION IN THE TRACHEA.

Under the care of JAMES RUSSELL, M.D.

I HAVE not preserved notes of the former of the two cases the titles of which appear at the head of this communication; it was not an unusual one, and is noticed in this place solely from the points of resemblance and of contrast it presented with the second case, which was of a much less ordinary character. Both were typical instances of syphilitic obstruction of the upper part of the respiratory passages; but in the one case the disease was situated in the larynx, whilst in the other it was in the trachea; and a very interesting contrast was thus afforded between the respective symptoms of the two cases. In each case, too, the internal disease was accompanied by a local induration of like kind, affecting an external tissue; and thus the progress of the inner malady could be measured by the condition of the outward organic change.

In the former case, the ordinary symptoms of laryngeal disease were perfectly characteristic. The laryngoscope demonstrated the presence of a nodal thickening, confined strictly to the left ventricular band (false vocal cord), which formed a considerable projection within the laryngeal cavity. Upon the forehead was a periosteal node, and a second existed upon the right temple. Under treatment, each node steadily diminished; and, as this went on, the voice cleared, the laryngeal symptoms subsided, and the thickening of the ventricular band was entirely removed.

CASE II. J. H., aged 26, a hoop-maker, was admitted with considerable dyspnoea, plainly of laryngeal origin, and due, I have little doubt from the description, to spasm of the glottis. I did not see him at this time; and, as his severe symptoms speedily subsided, my attention was not specially directed to him for a week. I believed him to be suffering from laryngeal disease, and prescribed for him accordingly. At the end of this time, however, I made an examination with the laryngoscope. I was then surprised to find the larynx perfectly healthy. This discovery led to a more careful investigation of his case, when I at once remarked the presence of two symptoms, both, according to general rule, diagnostic against the seat of the disease being in the larynx. The voice of the patient was perfect, and had never been at all affected at any period of his illness; and his cough, which was very troublesome, had a normal explosive character, which indicated that the lips of the glottis were brought into perfect contact, and, together with the perfect state of voice, that the movements of the arytenoid cartilages were unimpeded.

On examining the chest, I found that the left side expanded with less freedom than the right. Percussion gave a normal result. The heart's apex was depressed, doubtless from the corresponding depression of the diaphragm, due to the dyspnoea. Beneath the upper bone of the sternum, a loud roaring inspiratory sound was audible, but was less loud over the larynx. The respiratory sounds were more feeble beneath and above the left clavicle and over the root of the left lung. The symptoms which the patient presented were, very noisy breathing, during both

inspiration and expiration, especially loud during a deep breath; and a troublesome cough, with considerable mucous expectoration. He had spat up a little blood.

The cough had existed for about a fortnight; but his breathing had been difficult for eleven weeks, and he had been emaciating rapidly for nine weeks. His history previously to these dates was one of perfect health.

The symptoms pointed to obstruction in the lower part of the trachea, involving the left bronchus. On the upper and inner part of the left thigh were two deep excavated ulcerations, each surrounded with a large amount of thickening, which elevated the lower one in particular into a prominent tumour. The upper sore had been present for eighteen months, the lower for a shorter period. There was also a cicatrix on the frænum of the prepuce, and a history of syphilitic infection nine years ago.

The patient was extremely cachectic, pallid, and emaciated; his pulse was quick and irritable. His treatment consisted of generous diet, the bichloride of mercury with steel, and cod-liver oil. He began to improve at once. Subsequently, small doses of blue pill were substituted, until slight salivation was induced. During the period of salivation, his temperature, which had been normal previously, rose, and remained elevated until the ptialism had subsided (the degree is not noted). As the health mended, the external indurations lessened progressively, and with this the tracheal symptoms subsided. He left the hospital at the end of a month, with some remains of the induration in the thigh, but only very slight stridor on a deeply drawn breath. He was then taking the iodide of potassium.

THE WOUNDS OF RIFLE-BULLETS IN BATTLE. There is in the museum of the Army Medical Department a very interesting specimen of a bullet, connected with a wound of the head, and exhibiting nearly one complete turn on its long axis after it had been thus caught or lodged. This bullet, a Russian conical rifle bullet, has been divided in its deadly course by an oblique slit from the apex or tip to the base; and the two divided parts are only held together by a narrow isthmus of lead at one of the angles of the base of the section. But that is not all; this isthmus, or connecting strip is twisted round itself like a piece of cord, carrying with it the thinner section of the bullet, or that section which was most easily acted upon by the twisting force. There are ridge and furrow lines on the separated surfaces of the bullet, and they are contorted from the right to the left, indicating the direction towards which the rotary force of the projectile had modified the direction of the bisecting force. Here we have the demonstration of the influence of the spinning property of a rifle bullet in motion, first detected we believe by Professor Longmore. The general conclusions drawn by Mr. Longmore are, if elongated projectiles, such as the Whitworth bullets, were substituted for the Enfield: First, that the number of head and trunk wounds would be greatly increased; the amount of increase being proportional to the velocity and lower trajectory and greater hardness of the Whitworth hexagonal projectile. Secondly, that of these wounds a greater proportion than now usually happens in war would be attended with fatal results on the field of battle. Thirdly, that there would be, in like proportion, a greater number of fractures of bones, as well as of flesh wounds of the extremities, but the comparative degree of severity of these can hardly be stated without further experience. (*United Service Magazine*.)



## Original Communications.

### CASE OF HERPETIC ERUPTION IN THE COURSE OF BRANCHES OF THE BRACHIAL PLEXUS,

FOLLOWED BY PARTIAL PARALYSIS IN CORRESPONDING MOTOR NERVES.

By W. H. BROADBENT, M.D., Assistant-Physician to St. Mary's Hospital.

THIS case is forwarded as a contribution to the series, which it is to be hoped will be long and valuable, started by Mr. Paget in the *JOURNAL* of October 13th. The influence of the nervous derangement on the nutritive operations was not so profound as in the case related by Mr. Paget; but the association of motor paralysis is an interesting point, and seems to fix the seat of the morbid change in the spinal cord.

A. W., a woman, aged 74, was seized, without any assignable cause, with severe superficial pain of a burning and smarting character in the right side of the neck and down the right arm. This was followed by an eruption of herpetic character, which extended in patches from the lower cervical vertebra, across the right side of the back of the neck, over the shoulder, down the outer side of the arm to the upper part of the forearm on its outer aspect. Below this point the skin was red. The vesicles gradually dried, forming slight superficial scabs. A week after their appearance she lost to a great degree the use of the arm, and on this account applied as an out-patient at St. Mary's Hospital on July 5th, 1866. At this time the remains of the eruption existed in the situations named. Great pain and a sensation of extreme heat were complained of about the shoulder, elbow, along the radial border of the forearm and in the ball of the thumb. The muscles were tender on deep pressure.

The entire limb was enfeebled and trembling. She could flex the forearm on the arm and move the fingers, but could not raise the arm from the side. There was no tenderness on pressure over or about the cervical spines.

Looking upon the case as allied to neuralgia, I first gave quinine in four-grain doses three times a day for a fortnight; afterwards iodide of potassium in doses of two grains, with ammonia and infusion of gentian for a similar period; when the quinine, with the addition of iron, was resumed. Cod-liver oil also was ordered. Sinapisms and a blister were applied over the cervical spines; and linimentum opii was ordered to be rubbed into the painful parts.

She remains under observation in very much the same condition; is better in general health, suffers less pain, and has a little more power in the arm, but is still unable to raise it from the side. The shoulder-joint has become more stiff, and there is more resistance and pain when the arm is moved by me than was the case at first. A curious fact recently mentioned by the patient is that a minute cicatrix at the bend of the elbow, where she was bled when young, and the vaccination marks, are seats of very severe pain.

This case will find a place in the series illustrating the influence of disordered nerve-force on organic operations, and may be more valuable, since, from the accompanying motor paralysis, the seat of the disturbance would seem to be centric. The paralysis might, of course, be looked upon as reflex; but this

view does not seem to me to be supported by the facts of the case; and an additional reason in favour of the centric origin is seen in the occurrence of herpes in the distribution of the small posterior branches to the back of the neck, as well as along the main trunks of the plexus.

Another point illustrated by this case is the analogy existing between pain in a sensory nerve and paralysis in a motor nerve—a point from which important inferences follow. These cases of herpes generally also seem to show that sensory nerves may conduct influences or impressions from as well as towards the nerve-centres; unless we are to accept the hypothesis of the existence of a special set of nerve-fibres presiding over nutrition, bound up with the sensory nerves and distinct from the vaso-motor nerves, which, notwithstanding the high authority of Dr. Brown-Séquard, seems to me untenable.

### ON THE ASTRINGENT PLAN IN THE TREATMENT OF CHOLERA.

By W. NORRIS, M.D., Stourbridge.

AMID the conflicting opinions on the pathology and treatment of cholera, it is really very difficult to know what plan to adopt; and, in our ignorance, it must surely be the safest plan to give those remedies most likely to alleviate the prominent symptoms. If we see a patient bleeding to death from hæmoptysis, we do not hesitate to give our best astringent; and when we find the most voluminous secretions running away from the mucous membranes, and glands of the stomach and bowels, endangering life, why may we not endeavour to check them by acetate of lead, probably the most direct astringent we possess? and why may we not endeavour to allay the violent pain and spasm by opiates?

When I cannot discover or cure a disease, I always administer to symptoms; and then kind Nature will often finish the cure. The most severe case of English cholera I ever saw, I cured by a single grain of opium in a pill. It occurred in a young surgeon, who had taken repeated doses of laudanum, which were rejected as soon as taken. A cloth wetted with cold water immediately stopped the spasms in the extremities, which were extremely violent; and the disease yielded at once.

The poison of cholera will not be easily eliminated; it must surely involve the whole system, and does not exhaust itself on the small glands and mucous membrane of the bowels and stomach. In small-pox, scarlet-fever, etc., the poison is, I fear, never totally eliminated till the disease has nearly subsided; and in this disease, so suddenly fatal, if we lost much time, our chance of success would be lost.

We must remember that, in most cases, numerous secretions must have passed away before we see our patients; and, as they so rapidly form again, should we not endeavour to check or suppress them as speedily as possible, or life may be gone?

I have often thought that, before we begin to use astringents in cholera, it may be well to wash away the fluid from the stomach by draughts of warm water; and also to use injections of thin gruel to bring away the unnatural secretions from the bowels, which may also tend to soothe the irritable parts; and, should the symptoms continue severe, I think we should give pills with three grains of acetate of lead every quarter of an hour, and half a grain of opium with the two first doses; and frictions of ointment, made with the same mineral, may be occasionally rubbed over the abdomen. Should the symptoms not yield, injections of lead may be tried; for I



really think lead our sheet-anchor when diarrhœa and vomiting are the prominent symptoms.

I wrote several times in the *Lancet* on cholera during the late visitation, and then urgently recommended acetate of lead; for a medical friend and myself used the remedy with wonderful success, after other plans had failed.

I think that chloroform, applied to the spine and the painful parts, may probably allay the pain, with the aid of friction, and flannel bandages to the legs, abdomen, etc.

During the stage of collapse, when a patient is cold and almost pulseless, when life appears to be fast flitting away, how can we resuscitate the poor remains of life, without giving stimulants? By endeavouring thus to promote the circulation through the pulmonary arteries, may we not lessen congestion in the lungs? and, if there is so much more carbon in the blood, may not oxygen diffused through the apartment be beneficial?

I wish the evacuant and astringent plans of treatment could be fairly tried by scientific men in a certain number of cases. We should then be able to ascertain which is the most successful. I have really known so many vaunted theories and remedies fall to the ground, that I am probably too sceptical about new doctrines.

Dr. G. Johnson alludes to the case of my late old friend, Mr. Samuel Rogers, an Indian surgeon, and nephew to the poet; who, when on duty, was attacked with cholera, and was speedily cured by bloodletting. Although I have often talked with him on his case of cholera, I am not aware that he adopted the same plan in the generality of his cases. When cholera first came here, I bled a leucophlegmatic elderly man when the collapsed stage was commencing, and he died in a few hours; this deterred me from using the same plan ever afterwards.

Although I trust and hope that in many cases we may be successful with our remedies, yet I fear that, in the severest cases, our best plans will be of little avail.

In the strangely excited state of the glands and mucous membrane of the alimentary canal, surely something should be done to diminish the secretions before we can expect to cure our patients.

I think cholera to be contagious. A drunken man near here kissed his wife's lips after vomiting, and they both died with cholera the next day. Nurses often have the disease from taking food and drink out of the same cups or the same spoons which the patients use. I had a long correspondence with the late Dr. Snow, and he appeared to be of my opinion. I think the disease is often propagated by downright carelessness.

Probably the long continued rains have materially diminished the spread of cholera, by washing away and diluting voluminous noxious materials.

**AUSTRALIAN MEDICAL NEWS.** At a meeting of the Senate of the University of Sydney, on July 18th, Dr. Haynes Gibbs Allwyne was appointed an Examiner in the Faculty of Medicine in that University. The Rev. Wazir Beg, M.D., M.R.C.S.Eng., is giving a series of lectures on popular subjects, in aid of the funds of religious institutions in Sydney. In consequence of complaints having reached the Government in reference to inefficiency in the general arrangements of the Sydney Infirmary, a commission has been appointed to inquire into the present state of the establishment, and to report to the Government any recommendations that may occur to them for improving its efficiency. The commission held its first meeting at the Colonial Secretary's Office on August 22nd.

## Reviews and Notices.

**A TREATISE ON THE PRINCIPLES AND PRACTICE OF MEDICINE;** designed for the Use of Practitioners and Students of Medicine. By **AUSTIN FLINT, M.D.**, Professor of the Principles and Practice of Medicine in the Bellevue Hospital Medical College, etc. Pp. 867. Philadelphia: 1866.

THE high position which Dr. FLINT holds in America as a physician and teacher of medicine, would at first seem to demand that we should devote some columns to an analysis of his work. But, to attempt this task with a book of the kind now before us—a systematic treatise on the Principles and Practice of Medicine—would be to give an epitome of the whole subject, with, perhaps, such an amount of commentary as would neutralise all efforts at condensation. It is, therefore, from no want of respect to Dr. Flint that we dispose of his treatise in a few words.

The book consists of two parts. In the first part are contained the Principles of Medicine or General Pathology, arranged in nine chapters, under the heads of: Anatomical Changes in the Solid Parts of the Body; Morbid Conditions of the Blood; the Causes of Disease, or Etiology; Symptomatology; and Prophylaxis and General Therapeutics. In the second part, that on Practice of Medicine or Special Pathology, the subjects are arranged in sections, allotted respectively to the respiratory, the circulatory, the digestive, the nervous, and the genito-urinary systems, and to fevers and other general diseases. The author's object is expressed in the following extract from his preface.

"The object of this work is to present such a digest of the Principles and Practice of Medicine as will be serviceable alike to the pupil in the prosecution of his studies of disease, and to the physician engaged in the practical duties of his profession..... As much conciseness as is consistent with clearness has been studied. Very little space will be found to be occupied with past opinions or doctrines which have become obsolete. Discussions relating to mooted pathological questions are rarely entered into. Illustrative cases have been introduced with reserve..... Finally, in writing the volume, the study has been to keep prominently in mind the practical applications of medical knowledge to diagnosis, prophylaxis, and therapeutical indications."

There is abundant evidence, from the references to names with which we meet throughout the book, that Dr. Flint is, besides himself holding a very high rank among the leading physicians of his country, extensively acquainted with the literature of medicine on this side of the Atlantic—both British and continental. We are, therefore, heartily glad to see him taking an independent position as the author of such a treatise as that which he has produced, in a country where, as we think, it is too much the custom to depend on foreign resources in medical literature and thus to obscure native talent. Our American medical brethren are to be congratulated on the possession of such an excellent digest of modern medical science as that with which Dr. Flint has furnished them.



**MEDICAL DIAGNOSIS, WITH SPECIAL REFERENCE TO PRACTICAL MEDICINE. A Guide to the Knowledge and Discrimination of Disease.** By J. M. DA COSTA, M.D., Lecturer on Clinical Medicine and Physician to the Pennsylvania Hospital, etc. Illustrated with Engravings of Wood. Second Edition, revised. Pp. 784. Philadelphia: 1866.

THIS is a book which has, apparently, achieved its reputation in America, inasmuch as a second edition has been called for in little more than two years. Dr. DA COSTA in it, *inter alia*, brings to the notice of the American student such aids to diagnosis as the sphygmograph of Marey, the laryngoscope, the thermometer, and the endoscope. Taking the book as a whole, we regard it as carefully written, and well adapted for its purpose of "furnishing advanced students and young graduates of medicine with a guide that might be of service to them in their endeavours to discriminate disease."

## Progress of Medical Science.

### MIDWIFERY AND DISEASES OF WOMEN.

**ABSENCE OF THE VAGINA: SUCCESSFUL OPERATION.** A girl, aged 15, of delicate appearance, although she had never been seriously ill, came under the care of M. Dolbeau, complaining of pains in the renal and hypogastric regions, which had occurred twice, with an interval of a month. On examination, the labia, clitoris, meatus urinarius, and hymen, were found perfect; but, on introducing a probe through a small opening which existed in the hymen, the instrument was suddenly arrested after passing a short distance. Exploration by the finger in the rectum detected, at a depth of six *centimètres*, a hard elongated projection corresponding with the anterior wall of the canal, and apparently mounting towards the pubes with a slight inclination to the right. On abdominal palpation, vague signs only were discovered; a little resistance on the right side in the hypogastrium, and slight movements communicated by the pressure of the finger in the rectum; there was nothing in the middle line which seemed to correspond with the fundus uteri. By introducing a sound into the bladder, while the finger remained in the rectum, it was found that the posterior wall of the urethra was continuous with the anterior wall of the intestine for a space of four *centimètres*. It was concluded from the results of this, and the periodical symptoms above noted, that the vagina was wanting, but that the uterus and ovaries were present; that the uterus was probably two-horned, and that the right cornu was distended with blood. M. Dolbeau performed the following operation on May 22nd. The urethra being held forwards by a catheter, M. Dolbeau pushed the rectum backwards with the index finger of his left hand. He then made a transverse incision in the perineum, and easily separated the soft tissues by his fingers, the bistoury being again required only to make a second deep incision into the tumour; after which the sanguineous coagula were expelled, and the finger could be introduced as far as the neck of the uterus, which was small. No ligature was required. During the first few days after the operation, sanguineous clots were expelled; after which, there was healthy suppuration, at first abundant, but gradually diminishing. The opening being large, no plugs nor cannulae were used; but, as

a precaution, the finger was introduced every second day. At the time of reporting the case, a menstrual period had passed without the appearance of catamenia; but this probably arose from the constitution of the patient, and there was reason to believe that menstruation would be established, and that, if care were taken to keep the opening patent, the fluid would escape. (*Gaz. des Hôpitaux*; and *Bull. Génér. de Thér.*, September 15th, 1866.)

### SURGERY.

**THE GALVANIC CAUTERY IN VARICOCELE.** Paul B., aged 44, had suffered during eight years from a large varicocele on the left side. On January 29th, M. Amussat applied the galvanic cautery to the varicose veins of the spermatic cord. The mass of veins, having been first isolated carefully from the vas deferens, was surrounded by a loop of platinum wire, the two ends of which were brought out through the same opening in the skin, and placed in connexion with a Middeldorp's apparatus. As soon as the circuit was established, the wire became incandescent; and in a few minutes the vessels were cauterised and divided. The operation was very painful, but was well borne. The only dressing applied was a little cotton wool in a suspensory bandage. In the evening, the patient was a little feverish; but afterwards he had no pain nor any bad symptoms. He kept in bed eighteen days, and, at the end of May, the cure remained complete. (*Gazette des Hôpitaux*; and *Bull. Génér. de Thér.*, June 30th, 1866.)

**LUMBAR HERNIA.** A man, aged 70, was admitted into the Hôtel Dieu, at Montpellier, under M. Bouisson, with lumbar hernia. At the posterior part of the left lumbar region was a round sessile tumour, of the size of a fist, a little flattened from above downwards, painless, soft, fluctuating, resonant on percussion, and increased in size by the erect position, coughing, efforts, etc. It was easily reducible, sometimes with gurgling, sometimes without. Above, it was bounded by the last false rib, behind, by the muscles of the spine and the anterior border of the latissimus dorsi, and in front by the abdominal muscles. Its reduction left a very marked depression, by which the hand penetrated, as it were, into the abdominal cavity, through an opening about two inches in diameter. The intestine was separated from the skin only by a layer of cellulo-adipose tissue and fascia propria. The hernia, which had existed three years, first appeared in consequence of a violent blow with the fist in the left lumbar region. The patient said that the hernia caused him no trouble, except some slight colic when his bowels were constipated. He stated also that he had not been so well, and that the tumour had increased, since he ceased to wear a bandage which had been ordered for him by Dr. Reveil of Nîmes. M. Bouisson caused to be made for the man a bandage consisting of a girdle about four inches wide, composed of non-vulcanised India-rubber, covered with a web of cotton, and furnished with leather straps and buckles. On its inner surface, at the point corresponding with the hernia, it was fitted with a nearly oval pad, with its larger end directed forward, and with the upper edge slightly concave, so as to fit the convexity of the lower border of the thoracic walls. The pad, which rested on a metallic plate of the same shape, was convex on its inner aspect, so as to close the opening through which the hernia escaped. (*Montpellier Médical*; and *Bull. Génér. de Thér.*, September 30th, 1866.)



**ELECTION OF EDITOR.**—DR. MARKHAM *having resigned the Editorship of the BRITISH MEDICAL JOURNAL, the COMMITTEE OF COUNCIL will meet at Birmingham on Thursday, the 22nd of November next, to fill up the vacancy. Communications on the subject will be received by the Secretary, MR. T. WATKIN WILLIAMS, 13, Newhall Street, Birmingham.*

## British Medical Journal.

SATURDAY, OCTOBER 27TH, 1866.

### CORONERS' POWERS.

WE had hoped that the difficulties which used, in the late Mr. Wakley's time, to arise between coroners and magistrates as to the custody of accused parties, had ceased. We always thought that these discrepancies in opinion, so practically expressed, added nothing to the dignity of the coronership, but rather tended to bring the profession of medicine into disrespect as representative of coronerships. We must say we regret that one of the coroners in Middlesex has found himself in a similar position of difficulty. The coroner, as far as we know, may be perfectly right in a legal sense, and may be only doing his duty in defence of the privileges of his office; but then, unfortunately, the public do not seem to see the matter in this light. We, therefore, think that the coroner would act more judiciously in this matter to submit to public sentiment, even though he may feel and know that the rights and dignity of his office suffer, in so far, a kind of *lèse-majesté*. The coroner's court is a very ancient one; and it is just possible that some of its ancient privileges, fitted for a bygone age, are no longer suited to the times we live in. In such a case worldly wisdom should step in and stifle conscientious scruples, recommending their sacrifice as necessary to present expediency and the general comfort. One of our daily papers thus comments on the present case. The remarks apply not to Dr. Lankester, but to Mr. Humphreys. We give them because we think they represent very fairly the opinion of the public.

"Mr. Wakley was in a state of continual feud with Home Secretaries, prison governors, and magisterial functionaries, because they would not support him in his endeavours to get prisoners charged with homicide brought before him. We never knew any advantage result from these squabbles; and we must confess we do not see how the ends of justice can be promoted by such means. The duty of the coroner and his jury is simply to ascertain the cause of death, not to determine the question of guilt or innocence. A coroner is not necessarily a legally educated officer, and is, consequently, liable to fall into mistakes in his application of the laws of evidence, and in not checking with sufficient firmness

the disposition of juries to find a short cut to a verdict by asking the prisoner questions. Not very long ago, in one of these inquiries, the proofs of murder or manslaughter having failed, the jurors wanted to bring in a verdict of 'Guilty of concealment of birth' against an unwedded mother. The coroner endorsed their decision; and the whole of them had to be set right by the police-serjeant in attendance, who bluntly refused to obey the order because it was not legal. If the coroners were the only court in which a preliminary inquiry were conducted, it would be necessary to provide far more elaborately and systematically than at present for a fulfilment of the conditions, the first step to which would be the positive disqualifying of any one but a lawyer from holding the office. It is only on the ground that the coroner's duty is restricted to an inquiry into the reason why the slain died, in which the guilt of the slayer is not necessarily involved, that the election of non-legal coroners can be justified. It is said that the knowledge of anatomy and physiology which these gentlemen possess may often stand them in good stead when instituting an inquiry *per visum corporis*. Admitting that there is some truth in this, the loss of legal skill in a judicial inquiry which has to be set against it may make the wisdom of choosing a medical man somewhat doubtful. But if to this we are to add a constant disposition to impede and embarrass the magistrates charged with the conduct of the formal investigation of the prisoner's guilt, if witnesses are to wait for the appearance of a prisoner in a place where his presence is essential, because he is detained by official caprice in another place where he is not wanted at all, we may have to ask ourselves whether a medical coroner is not a bit of a bore, whose redundant energy in endeavours to exalt his office it would be wise and well to restrain."

Rightly or wrongly, such undoubtedly are the sentiments of the public in reference to disagreements of this nature. Difficulties of this kind, so far as they are raised by medical coroners, will surely tend to bring medical men into bad odour as fitting representatives of coronerships; and for this reason we hope that, at all events, our medical coroners will (as we suppose they readily may) carefully avoid the exciting such unfortunate discussions.

### THE COLLEGE OF SURGEONS AND ITS EXAMINERS.

A "COUNTRY FELLOW" addresses us concerning a comment upon the important resolution, respecting the term of office of Examiners, lately arrived at by the Council of the College of Surgeons. He thinks we have somewhat misunderstood the intention of the resolution. He says, and truly enough, that the Council does not affirm by its resolution that the Examinership is to be held for ten years; the Council merely state that such term should, under all or any circumstances, be the full period of office. We must nevertheless still maintain that the resolution will probably be read, and especially by those who wish to read it so, as indicative of what the Council considers a proper period of office. He reminds us, also, that the Council has the power of determining



the term of office at the end of every five years; every Examiner, if he remain such, having then to undergo re-election.

We have already said that the profession will doubtless expect that the three Examiners who have at present held office upwards of fifteen years will at once retire from it. It is difficult to suppose they can adhere further to it after such an unmistakable hint from the Council. Under any circumstances, the Council will, of course, not negative its own resolution by re-electing them at the termination of their next quinquennial period. But here a very curious question offers itself for consideration, in reference to this resolution. Are not the three gentlemen alluded to already defunct as Examiners, in conformity with the terms, and as a consequence, of the resolution itself—defunct, we mean, legally, as well as morally? Examiners, according to the terms of the Charter, hold office during the pleasure of the Council. Well, have not the Council distinctly said, by their resolution, that it is not in conformity with their pleasure that an Examiner hold office longer than ten years? Consequently, are not the holders of office beyond ten years thereby actually removed from office? We suggest this question for the consideration of the legal adviser of the College. The profession, in the meantime, will doubtless agree with us that, whatever may be the law of the case, there can be little doubt as to the moral of it.

*THE Army and Navy Gazette* tells us that

"The new warrant for improving the position of the medical officers of the Royal Navy has been decided upon; but the publication is deferred until such time as the Army Medical Department is prepared with its particular scheme."

Here, again, it appears, as usual, the Royal Duke and his party are the stopgaps to any improvement of the position of our army and navy medical brethren. How the navy suffers from this criminal reticence of the Horse Guards may be judged of from the following.

"The following facts speak for themselves, and tend to prove the very great unpopularity of the medical service of the Royal Navy amongst our schools of medicine. On comparing the present *Navy List* with that of last quarter, we find the number of assistant-surgeons shows a reduction of eight. There have only been six entries this year; and we moreover find that there are no fewer than twenty-five surgeons borne in lieu of assistant-surgeons, and that sixteen ships have either no assistant-surgeon at all, or only one assistant-surgeon where two would be the proper complement."

THE President of the South Midland Branch, Dr. Lawford of Leighton Buzzard, has determined on signalling his year of office by a proceeding which denotes an earnest desire on his part to act according both to the letter and to the spirit of the Association. He offers a prize of the value of ten guineas

for the best essay on Enteric or Typhoid Fever, its causes, nature, propagation, and treatment. The competition is open to any member of the Association, who is invited to send in his essay, signed with a motto or number, and accompanied by his name in a sealed envelope, to Dr. Bryan of Northampton, on or before the 1st day of May, 1867. The prize will be awarded at the next annual meeting of the Branch. We trust that Dr. Lawford's liberal offer will be well responded to, and that he will have the satisfaction of seeing his prize awarded to an essay of such merit as shall fully justify his highest expectations.

ACCORDING to *L'Avenir National*, hippophagy flourishes at Paris. The success of the market there opened appears certain. The appearance of the meat-display has nothing extraordinary. The choice bits look like so much beef. Sausages are also sold in the market, and of a very savoury odour; they are made of horse and pig flesh, with plenty of spice. The meat is sold from 2½d. to 10d. the pound, according to the cut. The animals are killed outside Paris, in special slaughter-houses; and the quarters are brought to the market with the feet attached, to prevent unfair play. The supply of animals is said to be abundant. Masters of horses which are no longer of use prefer sending their old servants to the market, to selling them to end their days in a wretched and miserable service. The opening of this market, we are told, is a progress "alimentary", not culinary. Meat, having the same nutritive qualities as beef, is sold in a populous quarter 50 per cent. cheaper than beef. That is the important fact. The success of this experiment in Paris and elsewhere on the Continent will, perhaps, in the course of time, induce our national—we can hardly say natural—prejudices to reflect. Perhaps we might follow the example of our transmarine neighbours with advantage. Perhaps we might go even a step further in this line of progress, and fatten our lame and useless animals (not diseased) for the slaughter-house.

MR. AMBROSE BLACKLOCK, surgeon-major of the Madras Army, asks in a pamphlet, "Do small-pox and cow-pox afford any protection from Asiatic cholera?" His own impression is, "that persons who have had well marked cow-pox at no distant period, say within five years, are fully protected from Asiatic cholera, as well as from small-pox." Again, he says that, after twenty-three years' residence in India,

"Where vaccination makes but slow progress among the people, and pock-pitted persons are to be seen in abundance, and where I have had a large number of cholera cases to attend to from year to year, I cannot remember ever having seen or heard of any person marked by pits of small-pox being affected with Asiatic cholera."



THE following somewhat curious case a few weeks ago excited a good deal of warm feeling amongst the governors and officers of the Middlesex Hospital, and gave rise to a few sensational articles in the daily press respecting the condition of our modern nursing system.

John Donaldson was charged with having published a libel concerning Mary Ann Deans, knowing it to be false. The prisoner said: I am not guilty. What I did I did for the good of the hospital. The prosecutrix was, and had been for some time, a nurse at the Middlesex Hospital, and the prisoner a patient. They both occupied Forbes Ward. The prisoner entered on the 10th of July, and left on the 30th. He occupied bed No. 20. In bed No. 19, the next bed to his, there was a person named Manning, who at Balaklava had received a wound in the knee-joint. Since then he received a kick from a horse in the same joint, and was thereby incapacitated from active work. He was unable to move from his bed. His knee was placed in a "cradle"; the knee was bandaged; and, in point of fact, he was said to be bedridden. On the day the prisoner left the hospital, he made a statement to Mr. Shore, senior house-surgeon, which was taken down in writing, signed by the prisoner, and brought before the Board, who instituted an investigation. The result was that Mary Ann Deans was retained in the service, and that this prosecution was commenced and carried on by the authorities of the hospital against the prisoner for the libel. The libel was to the effect that for two or three nights after he (the prisoner) was admitted, Manning and the nurse Deans were whispering together, she sitting on the side of Manning's bed; that on Sunday morning, July 15th, between the hours of one and two o'clock, the prisoner was awakened by a noise, and found her lying alongside Manning in the bed, her arm being round his neck; that criminal intercourse took place between them; and that subsequently Manning was supplied with spirits by Deans. The only motive assigned for the utterance of the libel was that the prisoner complained he had not been as well attended to in the hospital as Manning and other patients were. Mr. Eibton admitted that his client might have been mistaken in what he witnessed; but said that some irregularities at, and dismissal of nurses from, the Middlesex Hospital had taken place; that a controversy was going on in the *Times* respecting the necessity of having lady nurses to supervise the paid nurses; that these irregularities and controversies had operated upon the mind of his client; and that there was no publication on the prisoner's part of the libel.

The jury returned a verdict of guilty upon the second count; viz., that he had published the libel not knowing it to be false. This the Recorder considered was a verdict of acquittal.

THE cholera daily diminishes in Vienna; the deaths are now (9th) from fifty to sixty a day. The *Wien. Med. Woch.* strongly urges the impropriety of opening the public schools there at present.

Dr. Loudon, Physician of Rudolph's Hospital at Vienna, has been made Head Physician of the Rothschild's Hospital at Jerusalem.

The *Wiener Med. Woch.* publishes a letter of Professor Pitha relative to his lost son. "After a long

season of painful uncertainty, I have at length received positive assurance of the fate of my son. He fell at the battle of Nachod, on the 27th of June, struck in the heart by a bullet."

M. Grimaud assures the Academy of Sciences that an inquiry at Marseilles proves that no cases of cholera appeared there in 1865 before the arrival of pilgrims from Mecca, as has been asserted.

Professor Leudet of Rouen tells the Academy that, at the Hôtel Dieu at Rouen, no case of cholera during the last epidemic arose within the hospital, notwithstanding that there was no isolation of the patients. The patients were treated in the ordinary wards; and the bedding, etc., were not removed for purification. Notwithstanding the isolation practised in the Paris hospitals, and the extreme care used in disinfection, cases have arisen within the hospitals, and in very varying proportions.

Dr. Mericourt says that the new naval architecture has produced in the fleet very serious results from overcrowding. He asks for some special method of ventilation.

A dispensary was some few years ago established at Lyons; the patients being attended at their own houses. At starting, the medical officers were paid 300 francs a year, and shortly afterwards 600 francs. This year, the administration, *suâ sponte*, has again "favourably ameliorated" the position by increasing the sum to 800 francs, in addition to midwifery fees.

#### DEATH OF F. D. FLETCHER, ESQ.

WE regret to announce the death of our associate, Frederick Dicker Fletcher, Esq., of Liverpool, which took place on the 18th instant, at Southport, where he had been residing for some months, having been compelled to retire from practice from failing health. He was cut off at the comparatively early age of 39, by pulmonary consumption.

Mr. Fletcher was educated at University College, having served as house-surgeon to University College Hospital, and subsequently to the Liverpool Royal Infirmary. He was for several years lecturer on Anatomy and Physiology at the School of Medicine, surgeon to the Dispensaries, and latterly surgeon to the Workhouse Hospital and to the institution for infectious diseases. A well-educated and accomplished surgeon, and taking a lively interest in professional matters, he occupied a high position in the estimation of his professional brethren. He was a fluent speaker, and a pleasing writer, as will be recognised by those who remember his communications on various subjects, in the pages of a contemporary (*Medical Times and Gazette*), as local correspondent for Liverpool. In private life, his amiability of disposition, his kindness of heart, and, above all, his truly Christian character, had won for him the respect and affection of a large circle of friends, by whom his loss will be regretted no less than by his medical brethren.



## THE CHOLERA.

THE Registrar-General's return shows that only 20 death from cholera and 4 from diarrhoea were registered for the two days, Sunday and Monday. The central districts show a very low figure. The weekly return gives to cholera 144 deaths, and to diarrhoea 55, being on the two 55 less than the previous return. This is very satisfactory. But, on the other hand, we have to lament an increase in the total number of deaths, chiefly due to bronchitis, caused by the approach of winter. The return gives some interesting facts about the water supply and the discharge of sewage.

The deaths from cholera and diarrhoea in the last six weeks were 292, 248, 244, 251, 254, 199.

The health of London, says the Registrar-General, depends very much upon the inflow of pure water and the outflow of impure sewage. The nine water companies have supplied 100,864,971 gallons daily in the London area during September. South London received 30,186,829 gallons daily during the month. The sewage discharged daily in September at the southern outfall works, Crossness, amounted to 46,229,675 gallons. Mr. Bazalgette fears that "it will be quite a year and a half before we shall get the whole of the northern discharged through the outfall sewer." Dr. Frankland gives a remarkable instance of the effects of filtration of water through animal charcoal of the East London Company's water, supplied to the tenants of Miss Coutts in Columbia Square. A table exhibits the effect of filtering the East London Company's water through animal charcoal. A comparison of the results yielded by this water before and after filtration shows this marvellous effect of animal charcoal in removing, not only organic, but also mineral impurities, from water filtered through it. Thus, the organic and other volatile matter contained in the East London Company's water is reduced to less than one fourth by this operation, and the residual quantity contains but mere traces of organic matter, since the filtered water on examination leaves a snow-white residue which is scarcely perceptibly altered in colour on ignition; the hardness is also reduced from 20.2 to 7.1. In fact the waters of the New River and East London Companies, although so different in purity as delivered to consumers, become almost identical after filtration through animal charcoal. This filtration was not performed on the small scale for the purposes of the analysis, the sample examined having been taken from the daily supply of about 700 inhabitants in Columbia Square, Shoreditch.

The Medical Health Officers of London have been requested to favour the Registrar-General with a weekly return of what is done in their respective districts for extinguishing epidemic cholera. Dr. Ballard has fully described the measures which are employed in Islington. It is by scrupulous attention such details, and by purifying the water, that this plague can be stayed.

The deaths from cholera in Liverpool continue to decline steadily, the numbers in the past three weeks having been, respectively, 99, 53, and 38. In Dublin, however, the disease is still increasing in fatality, and the deaths, which in the two previous weeks had been 81 and 98, further rose last week to 118. During the week ending the 13th inst., of the 799 deaths recorded in Vienna, 463 were referred to cholera, showing, however, a considerable decline upon the week ending the 29th ult., when the fatal cases were 672, in a total of 1,007 deaths.

## PROMOTION OF NAVAL MEDICAL OFFICERS.

THE *London Gazette* announces the promotion of four naval surgeons to the rank of staff-surgeon "in consideration of their services and attainments." John M'Swiney, surgeon, 1853, was assistant-surgeon of her Majesty's ship *Calypso* when she lost men and officers, among them the surgeon, by yellow fever, in consideration of which, together with services on board her Majesty's ship *Highflyer* during that epidemic, he was promoted. In 1857 he proceeded to China in the *Furious*, and, as surgeon, was present at the capture of Canton and the Peiho Forts. In 1861-62, he was surgeon of the *Sanspareil*, employed as hospital-ship to the Royal Marine battalion, landed at Vera Cruz with the allied Mexican expedition. In 1864 he was surgeon of the Naval Hospital at Bermuda; and, on the outburst of yellow fever among the troops, had charge of a military hospital; after which he was in charge of the Royal Naval Hospital, in consequence of the death by fever of Deputy-Inspector-General John Gallagher. He also was attacked, and narrowly escaped. On that occasion the senior surviving Army medical officer was promoted to the rank of deputy-inspector-general, and the second to be surgeon-major. John Elliott, surgeon, 1853, was promoted for services ashore during the Kaffir War. In 1857 was sent to China, and served at Canton; in 1861-62 was surgeon of the Royal Marine battalion landed in Mexico, and had charge of Military Hospital at Vera Cruz. Dr. David Lloyd Morgan, surgeon, 1854, was assistant-surgeon of the *Trafalgar* in the Black Sea, when, owing to the illness of the other medical officers, he became senior on duty during the cholera epidemic on board; was engaged under the batteries of Sebastopol, in the attack of October 17th, for which services he was promoted to the rank of surgeon; in 1857 was landed at Canton; from 1862 to 1865 was surgeon of the *Euryalus*, and present at the various engagements with the Japanese forts at Kagosima and elsewhere. John Denis Macdonald, F.R.S., surgeon, 1859, served as assistant-surgeon of her Majesty's ship *Herald*, surveying-vessel in the Pacific from 1851 to 1858; was elected F.R.S. for contributions to zoological science; was surgeon of her Majesty's ship *Icarus* throughout that commission, when the crew of that vessel suffered one of the most terrific epidemics of yellow fever recorded of late years. From these brief data it is clear that the officers promoted to staff-surgeon's rank, before completing twenty years' service, are well selected. (*Army and Navy Gazette*.)

SANITARY IMPROVEMENTS IN LIVERPOOL. The Liverpool Town Council have sanctioned improvements in various parts of the town to the extent of £250,000.

HEALTH OF SCOTLAND. In the eight principal towns of Scotland there were in July 92 deaths from diarrhoea, and 14 from cholera, and in August 128 deaths from diarrhoea, and 14 from cholera—numbers much below those for the corresponding months of the year 1865. But the September return shows as many as 48 deaths from cholera, 25 of them in the comparatively small town of Leith with a population probably under 40,000. There were in September 6 deaths from cholera in Glasgow, and 48 from diarrhoea; in Leith 25 from cholera, and 6 from diarrhoea; in Edinburgh 7 from cholera, and 15 from diarrhoea; in Dundee 7 from cholera, and 16 from diarrhoea; in Aberdeen 3 from cholera, and 6 from diarrhoea; in Greenock none from cholera, but 6 from diarrhoea; in Paisley and Perth none from cholera, but one from diarrhoea in Perth.



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 Pollard, James, Esq. St. Mary Church, Torquay  
 Pollard, William, jun. Esq. Surgeon to the Torbay Infirmary, Torquay  
 Pridham, Charles W. L.R.C.P.Ed. Paignton  
 Pridham, Thomas L. Esq. Bideford  
 Rendle, E. M. Russell, Esq. Surgeon to the Eye Infirmary, Cobourg street, Plymouth  
 Risdon, W. Esq. Dolton  
 Roper, C. H. Esq. Surgeon to the Devon and Exeter Hospital, Exeter  
 Rutter, Thomas, Esq. Devonport  
 Sandford, F. V. Esq. Plymouth  
 Scott, Andrew James, M.D. Medical Officer to the Dispensary, Tiverton  
 Shapter, Thomas, M.D. Physician to the Devon and Exeter Hospital, Exeter  
 Smith, Josiah Sydney, M.D. Surgeon to the Dispensary, Tiverton  
 Sprague, W. K. Esq. Paignton  
 Square, William Joseph, Esq. Surgeon to the South Devon and East Cornwall Hospital, and to the Eye Infirmary, Plymouth  
 Swain, Paul William, Esq. Stoke, Devonport  
 Swain, William Paul, Esq. Surgeon to the Royal Albert Hospital and Eye Infirmary, Ker Street, Devonport  
 Tetley, James, M.D. Consulting Physician to the Torbay Infirmary, Torquay  
 Thomas, Richard R. G. M.D. Tiverton  
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 Thurgar, Benjamin E. M.D. Torquay  
 Toms, Philip, M.R.C.P. Plymouth  
 Toogood, I. Baruch, Esq. Surgeon to the Torbay Infirmary, Torquay  
 Waters, Allen, Esq. Exmouth  
 Whipple, John, Esq. Surgeon to the South Devon & East Cornwall Hospital, Plymouth

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 Ellis, Heber D. Esq. Poole  
 Fox, John, Esq. Surgeon to the Eye Infirmary, Weymouth  
 Griffin, Richard, Esq. Weymouth  
 Hingston, William, Esq. Lyme Regis  
 Norris, Henry E. Esq. Charmouth  
 Parker, Theophilus, M.D. Abbotsbury  
 Tarzwell, J. Esq. Sturminster Newton  
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 Richardson, William, Esq. Surgeon to the Dispensary, Stockton-on-Tees  
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 Smith, William H. Esq. Houghton-le-Spring  
 Stoker, William, Esq. Surgeon to the County Hospital, Durham  
 Strother, William J. Esq. Darlington  
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 Beldoe, John, M.D. Physician to the Bristol Royal Infirmary, Clifton, Bristol  
 Black, Alfred, Esq. Surgeon to the Guel, Bristol



Board, Edmund C. Esq. Infirmary, Bristol  
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 Brittan, Frederick, M.D. Physician to the Royal Infirmary, and Lecturer on the Practice of Medicine in the Medical School, Clifton, Bristol  
 Bryant, Samuel, Esq. Bristol  
 Budd, William, M.D. Consulting Physician to the Bristol Royal Infirmary, Clifton, Bristol  
 Burder, George F. M.D. Physician to the Bristol General Hospital, and Lecturer on Materia Medica and Therapeutics in the Medical School, Clifton, Bristol  
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 Burroughs, J. B. Esq. Clifton, Bristol  
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 Clark, Thomas E. Esq. Lecturer on Anatomy in the Bristol Medical School, Clifton  
 Clarke, William M. Esq. Surgeon to the Bristol General Hospital, Clifton, Bristol  
 Coe, R. W. Esq. Surgeon to the General Hospital, and Lecturer on Surgery in the Medical School, Bristol  
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 Cooper, William, Esq. Stokes Croft, Bristol  
 Corbould, George Giles, Esq. Bristol  
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 Goodvee, Henry H. M.D. Bristol  
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 Hawkins, Clement J. Esq. Surgeon to the General Hospital, Cheltenham  
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 James, Joshua, Esq. Bristol  
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 Leonard, Crosby, Esq. Lecturer on Surgery in the Medical School, and Surgeon to the Royal Infirmary, Bristol  
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 Lucy, William, Esq. Cotham Road, Bristol  
 Ludlow, Ebenezer, Esq. Infirmary, Bristol  
 Macrae, David, M.D. Mount Vernon, Stroud  
 Marshall, Henry, M.D. Surgeon to the Bristol General Hospital, and Lecturer on Forensic Medicine in the Medical School, Clifton  
 Martyn, Samuel, M.D. Physician to the General Hospital, and Lecturer on Physiology in the Medical School, Clifton, Bristol  
 Maurice, B. Esq. Redlands, Bristol  
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 Swayne, J. G. M.D. Physician-Accoucheur to the Bristol General Hospital and Lecturer on Midwifery in the Medical School, Clifton  
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 Thomas, R. W. Esq. Bristol  
 Thorp, Disney L. M.D. Suffolk Lawn, Cheltenham  
 Thring, R. S. O. M.D. Clifton  
 Tibbitts, R. M.B. Royal Infirmary, Bristol  
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 Ware, John, Esq. Clifton, Bristol  
 Willes, George J. M.D. H.M.S. *Dædalus*, Bristol  
 Willett, Matthew, Esq. Easton Road, Bristol  
 Williams, Eubulus, M.D. Clifton  
 Wilson, Edward T. M.B. Physician to the Dispensary, Cheltenham  
 Wilson, J. G. M.D. Clifton  
 Wilson, H. O. Esq. Medical Officer to the Dispensary, Bristol  
 Wilton, J. W. Esq. Gloucester  
 Woolmer, Thomas, Esq. Bristol

## HAMPSHIRE.

Number of Members. 40.

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 Bail, Richard D. Esq. Heckfield, Winchfield  
 Beckingsale, J. E. Esq. Newport, Isle of Wight  
 Bentham, Samuel, Esq. Southsea  
 Bullar, Joseph, M.D. Physician to the Royal South Hants Infirmary, Southampton  
 Burnett, C. Mountford, M.D. Alton  
 Butler, Frederick J. M.D. Surgeon to the Hants County Hospital, Winchester  
 Case, William, L.R.C.P. Ed. Fareham  
 Covey, John, Esq. Alresford  
 Cross, R. Shackelford, Esq. Petersfield  
 Curtis, William, Esq. Alton  
 Dayman, Henry, Esq. Millbrook, Southampton  
 Dyer, S. S. M.D. Ringwood  
 Falls, W. S. M.D. Physician to the Sanatorium, Bournemouth  
 Fergushill-Crawford, A. M.D. Winchester  
 Giles, W. F. Esq. Hythe  
 Harvey, Joseph A. K. M.D. R.N. Southsea  
 Hensted, T. R. Esq. Whitechurch  
 Longmore, Thomas, Esq. Professor of Military Surgery in the Army Medical School, Netley  
 McIntyre, John, M.D. Odiham  
 Manley, John, M.D. Superintendent of the County Asylum, Fareham  
 Mayo, Charles, Esq. Surgeon to the Hants County Hospital, Winchester  
 Mayo, Thomas, M.D. F.R.S. Yarmouth  
 Miller, John W. M. M.D. Medical Officer to the Royal Portsmouth Hospital, Southsea  
 Noot, Edward G. Esq. Uplands, Brading  
 Noot, W. F. M.D. Brading, Isle of Wight  
 Norman, H. Burford, Esq. Surgeon to the Royal Portsmouth Hospital, Southsea  
 Oke, W. S. M.D. Physician to the Royal South Hants Infirmary, Southampton (dead)

Page, Frederick, M.D. Medical Officer to the Royal Portsmouth Hospital, Landport  
 Parkes, E. A. M.D. Professor of Hygiene in the Army Medical School, Bitterne, Southampton  
 Pound, George, Esq. Odiham  
 Smith, Robert, Esq. Sandown, Isle of Wight  
 Smith, William A. Esq. Surgeon to the Sanatorium, Bournemouth  
 Sweeting, Robert B. Esq. Basingstoke  
 Turner, W. J. Esq. Ryde, Isle of Wight  
 Ward, Thomas, Esq. Southampton  
 Webb, Charles, Esq. Basingstoke  
 Wharton, H. S. Esq. Medical Officer to the Gosport District of the Royal Portsmouth Hospital, Cold Harbour, Gosport  
 Whicher, James, Esq. Petersfield  
 Willing, G. F. B. L.R.C.P. Ed. Bentley

## HEREFORDSHIRE.

Number of Members. 11.

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 Foote, Gustavus, Esq. Kingston  
 Griffin, William, Esq. Ledbury  
 Howe, Edwards W. Esq. Bromyard  
 Lingon, Charles M.D. Senior Surgeon to the Infirmary, Hereford  
 Rudge, Henry, M.D. Surgeon to the Dispensary, Leominster  
 Smith, Joseph Evans, Esq. Ewias Harold  
 Turner, Thomas, Esq. Surgeon to the Infirmary, Hereford  
 Wood, Miles Astman, Esq. Surgeon to the Dispensary, Ledbury

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 Denue, William, Esq. Medical Superintendent of the Three Counties Lunatic Asylum, Stotfold, Baldock  
 Drage, Charles, M.D. Hatfield  
 Godson, Charles, Esq. Barnet  
 Hodson, C. F. Esq. Bishop's Stortford  
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 Scarr, R. T. Esq. Bishop's Stortford  
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 Foster, Michael, jun. M.D. Medical Officer to the County Hospital, Huntingdon  
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 Newton, Lancelot, Esq. Alconbury  
 Oldman, J. Esq. Surgeon to the County Hospital, Huntingdon  
 Ward, William, M.D. Medical Officer to the County Hospital, Huntingdon  
 Watson, J. Esq. Hemingford Grey  
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 Allwork, Charles L. Esq. Maidstone  
 Angier, George A. M.D. Tunbridge



Armstrong, John, M.D. Surgeon to the Infirmary, Gravesend  
 Armstrong, John C. Esq. Surgeon to the Infirmary, Gravesend  
 Astley, E. F. M.D. Phys. to the Hospital, Dover  
 Atkinson, Frederick P. M.B. House-Surgeon to St. Bartholomew's Hospital, Chatham  
 Baller, Joseph H. M.D. Fenchurst, Tunbridge  
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 Bell, James Vincent, M.D. Surgeon to St. Bartholomew's Hospital, Rochester  
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 Brown, Frederick James, M.D. Rochester  
 Brown, John Dan, M.D. Rochester  
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 Burton, Joseph S. Esq. Blackheath  
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 Charlton, Egbert, M.D. Dartford  
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 Croucher, Henry, Esq. Dartford  
 Davey, R. S. M.D. Walmer  
 Denne, Henry, Esq. Surgeon to the Kent and Canterbury Hospital, Canterbury  
 Dickson, J. T. M.D. City of London Asylum, Stone, near Dartford  
 Dulvey, Jas. L.R.C.P.Ed. Brompton, Chatham  
 Duncan, Robert, M.D. Surgeon to the Infirmary, Tunbridge Wells  
 Eastes, Silvester, Esq. Surgeon to the Dispensary, Folkestone  
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 FitzGerald, Charles E. M.D. Surgeon to the Dispensary, Folkestone  
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 Fry, Frederick, Esq. Maidstone  
 Furber, G. H. Esq. Maidstone  
 Geere, Richard, Esq. Edenbridge  
 Giraud, Frederick F. Esq. Faversham (dead)  
 Godfrey, Thomas, Esq. Herne Bay  
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 Gould, Samuel, Esq. Northfleet  
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 Long, Edward, Esq. Faversham (deceased)  
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Monckton, Stephen, M.D. Physician to the West Kent Hospital, Maidstone  
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 Morgan, Charles, Esq. Bromley  
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 Reid, James, Esq. Surgeon to the Kent and Canterbury Hospital, Canterbury  
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 Rowe, Thomas S. M.D. Surgeon to the Seabathing Infirmary, Margate  
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 Sankey, Frederick Harvey, Esq. Wingham  
 Sankey, George, Esq. Surgeon to the West Kent Hospital, Maidstone  
 Sankey, William, M.D. Sutton Valence  
 Sankey, William, Esq. Dover (dead)  
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 Thompson, Charles Robert, Esq. Westerham  
 Thompson, Herbert, Esq. Sevenoaks  
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 Wright, E. T. Esq. Hoo, near Rochester  
 Young, F. A. Esq. Hawkhurst

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 Arnold, James C. Esq. Blackburn  
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 Barker, Daniel, Esq. Manchester Road, Southport  
 Barlow, Joshua, M.D. Ardwick, Manchester  
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 Bayswater  
 Edwards, Geo. N. M.D. Assistant-Physician  
 to and Lecturer on Forensic Medicine at  
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 Edwards, Thos. E. Esq. Gloucester Crescent  
 North, Westbourne Park  
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 of Clinical Surgery in University College  
 Hospital, Cavendish Place  
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 Hanover Square  
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 Hyde Park  
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 Hospital for Diseases of the Skin, Sackville  
 Street  
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 Anatomy in University College, and Physician  
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 Wilson, Erasmus, Esq. F.R.S. Senior Surgeon to St. John's Hospital for Diseases of the Skin, Henrietta Street, Cavendish Square

Winslow, Forbes, M.D. D.C.L. Cavendish Square  
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Burd, Edward, M.D. Physician to the Salop  
Infirmary, Shrewsbury  
Chune, Henry C. Esq. Much Wenlock  
Clement, William James, Esq. M.P. Shrews-  
bury  
Davies, John S. Esq. Oswestry  
Davis, Edward, Esq. Ditton Priors  
Davis, William, Esq. Surgeon to the Wellin-  
gton Dispensary, Pain's Lane, Wellington  
(dead)  
Downes, Thomas R. C. Esq. Munslow  
Eddowes, William, Esq. Pontesbury  
Eddowes, William, jun. Esq. House-Surgeon  
to the Infirmary, Shrewsbury  
Evans, Maurice B. Esq. Ellesmere  
Eyeley, Joseph F. Esq. Llanymynech  
Fenton, Henry, Esq. Surgeon to the Dispen-  
sary, Shrewsbury  
Fuller, William, M.B. Oswestry  
Glover, J. Esq. Dorrington, near Shrewsbury  
Godby, Augustus H. M.D. Newport  
Goffrey, J. J. Esq. Cleobury Mortimer  
Griffiths, Griffith H. M.D. Church Stretton  
Groom, Thomas, Esq. Whitchurch  
Gwyn, Samuel B. Esq. Wem  
Gwyn, Samuel T. M.D. Whitchurch  
Harries, John D. Esq. Surgeon to the Salop  
Infirmary, Shrewsbury  
Hartshorne, F. H. L.R.C.P.Ed. Surgeon to the  
Ironbridge Dispensary, Broseley  
Haelehurst, Thomas, Esq. Consulting Surgeon to  
the South Salop Infirmary, Claverley,  
Bridgnorth  
Hayes, Henry, Esq. Wellington  
Hickman, Joseph, Esq. Brocton, Worthen  
Howlet, William, Esq. Surgeon to the Dispen-  
sary, Wellington  
Humphreys, J. R. Esq. Surgeon to the Salop  
Infirmary, Shrewsbury  
Johnson, Charles H. Esq. Shifnal

Johnson, Henry, M.D. Consulting Physician  
to the Salop Infirmary, Shrewsbury  
Jones, Robert, Esq. Strefford, Newton  
Jones, W. Weaver, Esq. Cleobury Mortimer  
McCarthy, G. D. R. Esq. Surgeon to the Wel-  
lington Dispensary, Wrockwaine Wood,  
Wellington  
Moorhouse, J. W. Esq. Ellesmere  
Morgan, John Esq. Waters Upton, near Wel-  
lington  
Morgan, Thomas, Esq. Madeley  
Morris, James M. Esq. Market Drayton  
Morris, William W. Esq. Clun  
Oakley, Chas. L.R.C.P.Ed. Shrewsbury  
Pidduck, Thomas, Esq. Shrewsbury  
Pope, Thomas, Esq. Cleobury Mortimer  
Procter, James, Esq. Surgeon to the Dispen-  
sary, Ironbridge  
Procter, John W. Esq. Shifnal  
Rayner, Alfred P. Esq. Shawbury  
Rider, John, Esq. Surgeon to the Dispensary,  
Wellington  
Roe, John W. M.D. Ellesmere  
Sandford, F. J. M.D. Market Drayton  
Soame, C. B. H. Esq. Surgeon to the Iron-  
bridge Dispensary, Dawley Green  
Styrup, Jukes, L.K. and Q.C.P.I. Shrewsbury  
Sutton, John H. Esq. Longdon, Pontesbury  
Thursfield, Richard, Esq. Surgeon to the  
Ironbridge Dispensary, Broseley  
Thursfield, William, Esq. Surgeon to the Dis-  
pensary, Bridgnorth  
Walmsley, John A. Esq. Hodnet  
Webb, Matthew, jun. Esq. Surgeon to the  
Ironbridge Dispensary, Coalbrook Dale  
Weston, Robert P. Esq. Wellington  
Wetherhead, Thomas, Esq. Prees  
Whitcombe, Edm. B. Esq. Cleobury Mortimer  
Whitwell, Francis, Esq. Shrewsbury  
Whitehead, Henry Y. M.D. Shrewsbury  
Wilson, Richard, Esq. Church Stretton  
Wilson, Joseph G. L.R.C.P.Ed. Wem  
Wood, Samuel, Esq. Senior Surgeon to the  
Salop Infirmary, Shrewsbury

### SOMERSET.

Number of Members. .101.

Branches { Bath and Bristol.  
West Somerset.

Adams, J. D. M.D. Martock  
Alford, Henry, Esq. Consulting Surgeon to  
the Taunton & Somerset Hospital, Taunton  
Alford, Henry J. M.B. Surgeon to the Taun-  
ton & Somerset Hospital, Taunton  
Alford, Richard, Esq. Consulting Surgeon to  
the Dispensary, Weston-super-Mare  
Barter, C. S. Esq. Surgeon to the Western  
Dispensary, Bath  
Bartrum, John S. Esq. Surgeon to the Gene-  
ral Hospital, Bath  
Bennet, William F. Esq. Yeovil  
Boodle, Robt. H. Esq. Chilcompton  
Brabazon, W. L.K. and Q.C.I. Bath  
Brace, William H. L.R.C.P.Ed. Surgeon to  
the United Hospital, Bath  
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Brush, John R. M.D. Camden Crescent,  
Bath  
Burt, Giles Richard, L.R.C.P.Ed. Ilminster  
Bush, Edwin, Esq. Frome  
Bush, William, Esq. Senior Surgeon to the  
Eye and Ear Infirmary, and to the Eastern  
Dispensary, Bath  
Carter, R. M.B. Resident Medical Officer to  
the United Hospital, Bath  
Church, William J. Esq. Bath  
Coates, Chas. M.D. Physician to the General  
Hospital and United Hospital, Bath  
Coekey, Edmund, Esq. Frome  
Collins, Chas. Howell, Esq. Chew Magna  
Collyns, John B. Esq. Dulverton  
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Coke, John, M.B. Resident Medical Officer,  
Mineral Water Hospital, Bath  
Cordwent, George, M.D. Taunton  
Cornish, Chas. H. Esq. Senior Surgeon to the  
Taunton & Somerset Hospital, Taunton  
Cornwall, J. Esq. Ashcott, near Glastonbury  
Cowan, Samuel Brice, Esq. Bath  
Davies, William, M.D. Bath  
Davis, Theodore, Esq. Clevedon  
Day, William W. Esq. Long Ashton  
Falconer, R. Wilbraham, M.D. Physician to  
the United Hospital and General Hospital,  
Bath  
Farrant, Samuel, Esq. Taunton

Fowler, Richard Sumner, Esq. Surgeon to  
the Eastern Dispensary, Bath  
Fox, Charles H. M.D. Brislington  
Fox, Charles Joseph, M.D. Brislington  
Fox, Edward F. Esq. Brislington  
Fox, Francis K. M.D. Brislington  
Freeman, G. D. Esq. Surgeon to the Western  
Dispensary, Bath  
Freeman, Henry W. Esq. United Hospital,  
Bath  
Gaine, C. Esq. Bath  
George, Richard Francis, Esq. Bath  
Gillett, W. E. L.R.C.P.Ed. Taunton (dead)  
Gonlay, Frederick, M.D. Physician to the  
Dispensary, Weston-super-Mare  
Harper, Charles, L.R.C.P.Ed. Bathaston  
Harries, Charles Alexander, Esq. Bath  
Haviland, Alfred, Esq. Surgeon to the In-  
firm, Bridgewater  
Hensley, Henry, M.D. Bath  
Hill, James, M.D. North Curry  
Hinton, Joseph, Esq. Charterhouse Hinton  
Hitchins, Charles V. Esq. Surgeon to the Dis-  
pensary, Weston-super-Mare  
Howes, F. C. P. M.D. Eastern Dispensary,  
Bath  
Hutchins, W. Esq. Keynsham (dead)  
Jenks, George S. M.D. Bath  
Jey, Chas. Esq. Queen Camel, Ilchester  
Kelly, William Marwood, M.D. Physician to  
the Taunton & Somerset Hospital, Taunton  
Kidgell, George, Esq. Wellington  
Kingleake, John Hamilton, M.D. Taunton  
Lawrence, Joseph, Esq. Bath  
Liddon, Wm. M.B. Surgeon to the Taunton  
& Somerset Hospital, Taunton  
Lodge, John, Esq. Keynsham  
Luce, J. J. M.D. Wincanton  
McDermot, Edw. Desne, A.M. M.D. Bath  
Marchant, R. Esq. North Curry, Taunton  
Martyn, Richard V. Esq. Martock  
Mason, Frederick, L.R.C.P.Ed. Surgeon to  
the Eye Infirmary, Bath  
Maule, John T. M.D. Bath  
Mortimer, R. L.R.C.P.Ed. Bishops Lydiard  
Norris, G. R. Esq. Wiveliscombe  
Norris, Hugh, L.R.C.P.Edin. South Pether-  
ton  
Olivey, Hugh P. Esq. North Curry  
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Parsons, Joshua, Esq. Frome  
Ploverman, Thomas, Esq. North Curry  
Pranker, John, Esq. Langport  
Randolph, Henry W. Esq. Surgeon to the  
Wiveliscombe Dispensary, Milverton  
Reynolds, William, Esq. Wellington  
Rogers, George, M.D. Long Ashton  
Royston, Christopher, Esq. Bath  
Silke, W. Murray, Esq. Nether Stowey  
Skeate, Edwin, Esq. Bath  
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Spender, John Kent, Esq. Surgeon to the  
Eastern Dispensary, Bath  
Stockwell, Thomas G. Esq. Surgeon to the  
Mineral Water Hospital and United Hos-  
pital, Bath  
Stone, Robert Nathaniel, L.R.C.P.Ed. Bath  
Stringfield, Joseph, Esq. Weston-super-Mare  
Stuckey, George, Esq. Martock  
Surrage, James, M.D. Wincanton  
Swete, Edward H. Esq. Wrington  
Terry, George, Esq. Mells, near Frome  
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Tunstall, James, M.D. Bath  
Walker, William C. Esq. Shepton Mallett  
Wallis, Charles C. Esq. Castle Carey  
Walter, W. W. Esq. Stoke-under-Ham  
Watson, Thomas Sandon, M.D. Senior Physi-  
cian to the General Hospital, Bath  
Waugh, A. Esq. Chilcompton  
Weatherley, Frederick, Esq. Portishead  
Winterbotham, Washington L. M.B. Surgeon  
to the Infirmary, Bridgewater  
Woodforde, Francis Henry, M.D. Taunton  
Wookey, James, Esq. Wellington

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Number of Members. .44.

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Counties.

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Aubin, Thomas J. M.D. Kingswinford  
Belcher, Paul, Esq. Burton-on-Trent  
Belcher, Robert Shirley, Esq. Surgeon to the  
Dispensary, Burton-on-Trent  
Browne, William, Esq. Surgeon to the Dis-  
pensary, Lichfield



Butler, James, Esq. Great Bridge  
 Coleman, E. Hayling, Esq. Consulting Surgeon to the South Staffordshire Hospital, Wolverhampton.  
 Cooke, William H. M.D. Aldridge  
 Cooper, Richard, Esq. Leek  
 Davies, J. Redfern, Esq. Walsall  
 Davis, R. A. M.D. Stafford County Asylum, Burntwood, Lichfield  
 Day, Henry, M.D. Physician to the County Infirmary, Stafford  
 Dehane, E. F. Esq. Wolverhampton  
 Downes, W. Esq. Handsworth  
 Duncalf, Henry, Esq. West Bromwich  
 Folker, W. H. Esq. Hauley  
 Garman, John C. Esq. Wednesbury  
 Garman, William C. Esq. Wednesbury  
 Girdlestone, William T. Esq. Brewod  
 Harrison, A. J. M.B. Walsall  
 Hayes, John, L.R.C.P.Ed. Beech Cliff, Newcastle  
 Hichens, J. L. Esq. Lichfield  
 Hofmann, O. W. Esq. Horborne  
 Holyoake, Thomas, Esq. Kinver, Stourbridge  
 Hopkins, William, L.R.C.P.Ed. Handsworth  
 Howitt, George E. Esq. Wednesbury  
 Jackson, Thos. V. Esq. Surgeon to the South Staffordshire Hospital, Wolverhampton  
 Kite, W. J. Esq. West Bromwich  
 Lomax, H. T. Esq. Stafford  
 Lowe, George, Esq. Burton-on-Trent  
 Mauley, John, Esq. West Bromwich  
 Monckton, D. Henry, M.D. Rugeley  
 Morgan, M. Butler, Esq. Senior Surgeon to the Dispensary, Lichfield  
 Nesbitt, F. A. Esq. Surgeon to the South Staffordshire Hospital, Wolverhampton (dead)  
 Newham, Christ. A. Esq. Wolverhampton  
 Partridge, S. Esq. Darlaston, near Wednesbury  
 Proctor, Herbert E. L.R.C.P.Ed. Wednesbury  
 Shaw, James, Esq. Handsworth  
 Thomson, Spencer, M.D. Burton-on-Trent  
 Thornhill, J. H. Esq. Willenhall  
 Underhill, Thomas, Esq. Great Bridge, Tipton  
 Underhill, William L. Esq. Tipton  
 Wades, John W. B. M.D. Hanley  
 Welchman, C. E. Esq. Lichfield

**SUFFOLK.**

Number of Members. .50.  
 Branch. .East Anglian.

Adams, Edward B. Esq. Surgeon to the Dispensary, Bungay  
 Barkway, F. T. Esq. Lavenham  
 Bartlett, A. H. M.D. Surgeon to the East Suffolk Hospital, Ipswich  
 Beck, Henry, Esq. Needham Market  
 Blackett, Edward, E. M.D. Physician and Surgeon to the Dispensary, Southwold  
 Bullen, George, Esq. Senior Surgeon to the East Suffolk Hospital, Ipswich  
 Cheshall, Barrington, M.D. Physician to the East Suffolk Hospital, The Grove, Ipswich  
 Cooper, William, M.D. Bury St. Edmund's  
 Crofton, William Edward, Esq. Surgeon to the Dispensary, Beccles  
 Day, William H. M.D. Newmarket  
 Durrant, Christopher Mercer, M.D. Physician to the East Suffolk Hospital, Ipswich  
 Ebdon, W. H. Esq. Haughey  
 Edwards, George C. Esq. Ipswich  
 Elliott, William A. M.D. Ipswich  
 Faircloth, Richard, Esq. Newmarket  
 Freeman, Spencer, Esq. Stowmarket  
 Fuller, Harry, Esq. House-Surgeon to the Suffolk General Hospital, Bury St. Edmund's  
 Fyson, Robert, Esq. Newmarket  
 Gardner, James, L.R.C.P.Ed. Bungay  
 Giasing, John Stearn, Esq. Woodbridge  
 Goodwin, John W. M.D. Physician to the Suffolk General Hospital, Bury St. Edmund's  
 Gorbham, Richard V. Esq. Yoxford  
 Gramshaw, H. Esq. Laxford, Framlingham  
 Growse, Robert, Esq. Bildestone  
 Hammond, Charles C. Esq. Surgeon to the East Suffolk Hospital, Ipswich  
 Harris, F. H. Esq. Mildenhall  
 Haward, Frederick, Esq. Halesworth  
 Hele, Nicholas F. Esq. Aldeburgh  
 Hinnell, G. J. Esq. Bury St. Edmund's  
 Image, W. Edmund, Esq. Surgeon to the Suffolk General Hospital, Bury St. Edmund's  
 Jones, Robert Edwards, Esq. Long Melford, Sudbury

Kilner, John, Esq. Surgeon to the Suffolk General Hospital, Bury St. Edmund's  
 Kirkman, John, M.D. Resident Physician to the Suffolk Lunatic Asylum, Melton  
 Leach, Henry P. Esq. Woolpit  
 Mann, Charles P. Esq. Buxford  
 Marshall, Charles G. Esq. Woodbridge  
 Martin, Robert, Esq. Ipswich  
 Matthews, Benjamin F. Esq. Norton  
 Mead, George B. M.D. Newmarket  
 Miller, Walter W. M.D. Eye  
 Muriel, John Thomas, Esq. Hadleigh  
 Pretty, George Wilson, Esq. Fressingfield  
 Read, Charles G. Esq. Stradbroke  
 Rendle, Charles B. Esq. Saxmundham  
 Sampson, George G. Esq. Surgeon to the East Suffolk Hospital, Ipswich  
 Simpson, E. Esq. Long Melford, Sudbury  
 Taylor, Henry, Esq. Ixworth  
 Tench, E. B. Esq. Wickham Market  
 Thompson, Robert, Esq. Brandon  
 Williams, John, M.D. Sudbury

**SURREY.**

Number of Members. .82.

Branches { South-Eastern.  
 { Metropolitan Counties.

Allen, James, Esq. Dorking  
 Armstrong, Henry, M.D. Peckham  
 Bacon, Charles Edward, M.D. Guildford  
 Balchin, Richard, Esq. Godalming  
 Barlow, George H. M.D. Physician to Guy's Hospital, Union Street, Southwark (dead)  
 Berney, Edward, Esq. Croydon  
 Bonney, Francis, L.K. & Q.C.P.I. Horselydown Lane  
 Bottomley, George, Esq. Croydon  
 Braid, J. M.D. Weybridge  
 Bush, John, Esq. The Retreat, Clapham  
 Carpenter, Alfred, M.D. Croydon  
 Chaldecott, Charles William, Esq. Dorking  
 Chaldecott, Thomas A. M.D. Chertsey  
 Chapman, George, Esq. Lingfield  
 Clapton, Edward, M.D. Assistant-Physician to and Lecturer on Materia Medica at St. Thomas's Hospital, St. Thomas's Street  
 Clark, Frederick Le Gros, Esq. Surgeon to and Lecturer on Surgery at St. Thomas's Hospital, St. Thomas's Street  
 Clark, Willington, Esq. Sutton  
 Cleaver, Henry A. Esq. Croydon  
 Coles, William F. M.D. Croydon  
 Cooke, William R. Esq. Lower Norwood  
 Cresswell, Alfred, Esq. South Norwood  
 Davies, W. Esq. York Town, near Bagshot  
 Edwards, Morgan J. M.D. Alfred Place, Newington Causeway  
 Forster, J. Cooper, Esq. Assistant-Surgeon to and Lecturer on Anatomy at Guy's Hospital, St. Thomas's Street  
 Forsyth, J. Esq. C.B. Richmond  
 Frodham, John M. M.D. Streatham  
 Hallows, Frederick B. Esq. Redhill  
 Harris, Henry, Esq. Reigate  
 Hetley, F. M.D. Norwood  
 Hicks, J. Braxton, M.D. F.R.S. Assistant-Physician Accoucheur and Lecturer on Midwifery at Guy's Hospital, St. Thomas's Street, Southwark  
 Holman, Constantine, M.D. Reigate  
 Johnson, Jeffrey S. Esq. Croydon  
 Jones, Arthur O'Brien, Esq. Epsom  
 Jones, Sydney, Esq. Assistant-Surgeon to and Lecturer on Anatomy at St. Thomas's Hospital, St. Thomas's Street  
 Kelsey, Arthur, Esq. Reigate  
 Lancaster, Henry T. Esq. Croydon  
 Lasbini, Charles, M.D. Croydon  
 Lilley, Frederick J. L.R.C.P.Ed. St. James's Terrace, South Lambeth  
 Love, Gilbert, Esq. Wimbledon  
 Lund, George, M.D. Richmond  
 Marshall, Edward, Esq. Miteham  
 Martin, Thomas, Esq. Reigate  
 Matthews, Arthur, Esq. Melbourne Place, Old Kent Road  
 Moon, R. C. Esq. Ophthalmic Hospital, Southwark  
 Napper, Albert, Esq. Cranley, near Guildford  
 Owen, Francis, Esq. Leatherhead  
 Palmer, F. W. Esq. Old Kent Road  
 Patrick, Jarman, Esq. Norwood  
 Paul, J. H. M.D. Camberwell  
 Picken, Samuel, Esq. Croydon  
 Pollock, Robert J. Esq. Wimbledon Park  
 Ray, Edward, M.D. Dulwich  
 Reece, Richard, Esq. Walton-on-Thames

Rendle, James D. M.D. Medical Officer to the Government Convict Prison, Brixton Hill  
 Rogers-Harrison, C. H. Esq. Lansdowne Road, Clapham Road  
 Roots, W. Sudlow, Esq. Kingston-on-Thames  
 Roper, Alfred G. Esq. Croydon  
 Ross, Frederick D. L.R.C.P.Ed. Surgeon to the Dispensary, Guildford  
 Sargent, Joseph, Esq. Reigate  
 Seaton, Edward C. M.D. Surbiton  
 Shaw, George, Esq. Battersea  
 Shorthouse, J. H. M.D. Carshalton  
 Shurlock, Mainwaring, Esq. Chertsey  
 Sisson, Andrew, Esq. Reigate (dead)  
 Sloman, Samuel G. Esq. Farnham  
 Soper, William, Esq. Surgeon to the Jews' Hospital, St. George's Villas, Stockwell Road  
 Spitta, Robert J. M.D. Medical Officer to the Clapham Dispensary, Clapham Common  
 Stedman, James B. M.D. Medical Officer to the Surrey County Hospital, Guildford  
 Steele, John S. Esq. Reigate  
 Stilwell, George, Esq. Epsom  
 Strong, Henry J. M.D. Croydon  
 Sutherland, William, M.D. Croydon  
 Tapson, John, M.D. East Lodge, Clapham  
 Tilley, S. Esq. Paradise Row, Rotherhithe  
 Walter, John, M.D. Reigate  
 Ward, Joseph, Esq. Epsom  
 Webster, George, M.D. Dulwich  
 Whitting, Henry T. Esq. Croydon  
 Wilks, Samuel, M.D. Assistant-Physician to and Lecturer on Medicine at Guy's Hospital, St. Thomas's Street  
 Willis, Robert, M.D. Barnes  
 Wisden, William, Esq. Oxted  
 Yate, Frederick, Esq. Godalming

**SUSSEX.**

Number of Members. .59  
 Branch. .South-Eastern.

Adamson, J. Esq. Rye  
 Addison, W. F.R.C.P. F.R.S. Brighton  
 Adey, Charles A. M.D. Physician to the East Sussex Infirmary, St. Leonard's-on-Sea  
 Aldersey, Wm. H. Esq. Cliftonville, Brighton  
 Allison, W. J. Esq. Brighton  
 Boxall, H. Esq. Wisborough Green, Horsham  
 Bull, John Henry, Esq. Lingfield  
 Burrows, J. Cordy, Esq. Brighton  
 Byass, Thomas Spry, M.D. Cuckfield  
 Caudle, Adolphus W. W. Esq. Henfield  
 Collet, Henry, M.D. Surgeon to the Dispensary, Worthing  
 Corbet, John, Esq. Brighton  
 Cunningham, J. M. M.D. Hailsham  
 Davies, Robert C. N. Esq. Rye  
 Dill, Richard, M.D. Brighton  
 Elliott, Robert, Esq. Senior Surgeon to the Infirmary, Chichester  
 FitzPatrick, John, M.D. Ticehurst  
 Furner, Edmund J. Esq. Surgeon to the Sussex County Hospital, Brighton  
 Graham, T. H. Esq. Lamberhurst  
 Gravely, Richard, Esq. Newark, Uckfield  
 Gravely, Thomas, Esq. Cowfold  
 Hall, Alfred, M.D. Physician to the Dispensary, Brighton  
 Hall, William H. M.D. St. Leonard's  
 Harland, H. M.D. Mayfield  
 Harris, W. J. Esq. Worthing  
 Hester, James Torry, Esq. Hastings  
 Hodgson, George P. Esq. Brighton  
 Holman, George, Esq. Uckfield  
 Holman, Henry, Esq. East Hoathly  
 Humphry, Frederick A. Esq. Assistant-Surgeon to the Sussex County Hospital, Brighton  
 Ingram, William, Esq. Midhurst (dead)  
 Johnson, Athol A. Esq. Brighton  
 Kent, Octavius J. Esq. Eastbourne  
 Leslie, Percy, M.D. Eastbourne  
 Lowdell, George, Esq. Surgeon to the Sussex County Hospital, Brighton  
 McCargher, Joseph, M.D. Senior Physician to the Infirmary, Chichester  
 Mercer, William, Esq. Wadhurst  
 Moore, W. Withers, M.D. Physician to the Dispensary, Brighton  
 Ormerod, Edward Latham, M.D. Physician to the Sussex County Hospital, Brighton  
 Pbilbrick, Thomas, M.D. Brighton  
 Prince, C. Leeson, Esq. Uckfield  
 Pursell, John, M.D. Brighton  
 Rogers, Robert J. Esq. Brighton  
 Smith, Heckstall, Esq. Hove, Brighton



Smith, John P. M. Esq. Surgeon to the Dispensary, Brighton  
 Smythe, Lewis, M.D. Lewes  
 Stephens, Joseph, M.D. Brighton  
 Taaffe, Richard B. P. M.B. Surgeon to the Eye Infirmary, Brighton  
 Tatham, George, Esq. Brighton  
 Taylor, Charles F. Esq. Ticehurst  
 Tuke, J. K. Esq. Brighton  
 Tyacke, Nicholas, M.D. Physician to the Infirmary, Chichester  
 Underwood, John, M.D. Surgeon to the Dispensary, Hastings  
 Weeks, W. H. Carlisle, Esq. Hurstpierpoint  
 Whately, Edward, Esq. Brighton  
 Wilton, William, Esq. Brighton  
 Winter, John N. Esq. Brighton  
 Winter, Thomas B. Esq. Brighton  
 Wooldridge, William, Esq. Preston, Brighton

### WARWICKSHIRE.

Number of Members. 139.

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 Baker, Alfred, Esq. Surgeon to the General Hospital, Birmingham  
 Baker, Robert L. Esq. Bordesley, Birmingham  
 Barker, John, Esq. Coleshill  
 Barratt, Alfred, L.R.C.P. Ed. Birmingham  
 Bartleet, Thomas H. M.B. Surgeon to the Hospital for Children, and Lecturer on Physiology in Sydenham College, Birmingham  
 Bassett, John, Esq. Lecturer on Midwifery in Sydenham College, Birmingham  
 Bellot, William H. M.D. Moreton Lodge, Leamington Priors  
 Berry, Samuel, L.R.C.P. Ed. Surgeon-Accoucheur to the Queen's Hospital, Birmingham  
 Bicknell, E. Esq. Surgeon to the Self-Supporting Dispensary, Coventry  
 Birt, Thomas, M.D. Leamington  
 Blake, Robert H. M.D. Leamington  
 Bodington, Geo. L.R.C.P. Ed. Sutton Coldfield  
 Bodington, William, Esq. Kenilworth  
 Bourne, Thomas S. Esq. Kenilworth  
 Bowen, H. Esq. Kineton  
 Bracey, Arthur, Esq. Birmingham  
 Brown, C. F. Esq. Leamington  
 Bucknill, H. W. Esq. Rugby  
 Bucknill, S. Birch, M.D. Rugby  
 Bullock, Thomas W. Esq. Warwick  
 Busby, Ralph A. Esq. Leamington  
 Carter, Thomas A. M.D. Physician to the Hospital, Leamington  
 Chavasse, E. Henry, Esq. Birmingham  
 Chavasse, Samuel, Esq. Birmingham  
 Chesshire, Edwin, Esq. Surgeon to the Birmingham and Midland Eye Hospital, Newhall Street, Birmingham  
 Clarke, John, Esq. Kenilworth  
 Clay, John, Esq. Professor of Midwifery in Queen's College, Newhall St. Birmingham  
 Clayton, M. H. Esq. Birmingham  
 Dartnell, George Russell, Esq. Inspector General of Hospitals, Henley-in-Arden  
 Davies, John Birt, M.D. late Senior Physician to the Queen's Hospital, Birmingham  
 Dresser, William, Esq. Coventry  
 Dwyer, John, Esq. Birmingham  
 Duke, Abraham, M.D. Rugby  
 Dunn, G. P. Esq. Mosley Road, Birmingham  
 Ebbage, Thomas, Esq. Leamington  
 Elkington, George, Esq. Lecturer on Anatomy in Sydenham College, Birmingham  
 Elkington, Thomas, Esq. Feunty Compton  
 Evans, G. F. M.D. Physician to the General Hospital, Birmingham  
 Fayer, George, M.D. Henley-in-Arden  
 Fleming, Alexander, M.D. Physician to the Queen's Hospital, Birmingham  
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Inglis, A. M.D. Edinburgh  
Laycock, Thomas, M.D. Professor of the Practice of Physic in the University of Edinburgh, Rutland Street, Edinburgh  
MacLagan, A. Douglas, M.D. F.R.S.E. Professor of Medical Jurisprudence in the University, Edinburgh  
Rutherford, William, M.D. Edinburgh  
Moir, John, M.D. Edinburgh

Seller, William, M.D. F.R.S.E. Edinburgh  
Simpson, Sir James Y. Bart. M.D. Professor of Midwifery in the University, Edinburgh  
Spence, James, Esq. Surgeon to the Royal Infirmary, and Professor of Surgery in the University, Edinburgh  
Stewart, T. Grainger, M.D. Pathologist to the Royal Infirmary, Edinburgh  
Syme, James, Esq. F.R.S.E. Professor of Clinical Surgery in the University of Edinburgh, Rutland Street, Edinburgh  
Thomson, David, M.D. R.N. Edinburgh

### FIFE.

Alexander, James, Esq. Leslie  
Low, Andrew, Esq. Ferryport-on-Craig  
Lyle, John, M.D. Newburgh  
Troup, Francis, Esq. Auchtermuchty  
Wiseman, Robert, Esq. Cupar

### FORFARSHIRE.

Crookatt, William, M.D. Consulting Surgeon to the Royal Infirmary, Dundee  
Duncan, Alexander, M.D. Dundee  
Gibson, W. Lockhart, M.D. Consulting Physician to the Royal Infirmary, Dundee

### KINCARDINESHIRE.

Henderson, Joseph, Esq. Fourdoun

### LANARKSHIRE.

Dunbar, Henry, M.D. Glasgow  
Kelly, Adam L. M.D. Glasgow  
Lister, Joseph, M.B. F.R.S. Professor of Surgery in the University, Glasgow  
MacLeod, G. H. B. M.B. Lecturer on Surgery in Anderson's University, Glasgow  
Pritchard, William, M.D. Partick, Glasgow  
Ritchie, Charles, M.D. Physician to the Royal Infirmary, Glasgow  
Simpson, Alexander R. M.D. Glasgow  
Weir, William, M.D. Glasgow

### MORAYSHIRE.

Ferguson, John, Esq. Rothas  
Innes, John G. Esq. Forres  
Murray, John, M.D. Forres

### PERTHSHIRE.

Bramwell, James P. M.D. Perth  
Gairdner, Matthew B. M.D. Crief

## IRELAND.

Number of Members..24.

### ANTRIM.

Corry, Thomas C. S. M.D. Belfast  
Stephenson, Robert, M.R.C.P. Lond. Consulting Physician to the General Hospital, Belfast

### CAVAN.

Sproule, Jacob, Esq. Arvagh

### CORK.

Berry, Parsons, Esq. Mallow  
Hardie, Gordon K. M.D. 73rd Regiment, Cork  
Hegarty, William, M.D. Kinsale  
Ormston, Henry B. M.D. Bandon

### DUBLIN.

Collins, Thomas, Esq. Dublin  
Croker, Charles P. M.D. Consulting-Physician to the City of Dublin Hospital, Dublin  
Cruise, F. R. M.D. Dublin  
Fraser, Thomas, M.D. 10th Hussars, Dundalk  
Gorman, William, Esq. Dublin  
Harrison, William I. Esq. Dublin  
Moore, William D. M.D. Dublin  
Mulock, Robert, M.D. Dublin  
Nalty, John, M.D. Dublin  
O'Grady, Edward S. M.B. Dublin  
Smyley, Philip Crampton, M.D. Surgeon to the Meath Hospital, Dublin  
Stokes, William, M.D. D.C.L. Regius Professor of Physic in the University, Dublin

### FERMANAGH.

Mahood, George, M.D. Enniskillen



**MAYO.**

Neilson, Charles, Esq. Killala

**ROSCOMMON.**

Gleeson, Edward M. Esq. Athlone

**WATERFORD.**Currey, John E. M.D. Lismore  
Mackesy, Thomas L. M.D. Waterford**FOREIGN COUNTRIES.**

Number of Members...39.

**AUSTRALIA.**Bancroft, Joseph, M.D. Brisbane  
Horton, Henry, Esq. Melbourne  
Moore, J. A. Esq. New Norfolk, Hobart Town**CANADA.**Bowman, William E. M.D. Montreal  
Elkington, F. M.D. Clarendon**FRANCE.**Cormack, John Rose, M.D. Orleans  
Crossby, H. E. M.D. NiceSims, J. Marion, M.D. Paris  
Ward, T. Ogier, M.D. Caen**INDIA.**

Branch, Bengal

Beatson, W. B. M.D. Calcutta  
Bysack, Baboo Sib C. Calcutta  
Chuckerbutty, Soorjocoomar G. M.D. Physician to the Medical College Hospital, Calcutta  
Clark, Stewart, Esq. Inspector of Prisons, North Western Provinces  
Colles, J. A. P. M.D. Officiating Professor of Comparative Anatomy in the Medical College, Calcutta  
Dey, Baboo Kanny Loll, Medical College, Calcutta  
Dey, Baboo Moliesh Chunder, Calcutta  
Doss, Baboo Ram Narain, Calcutta  
Dutt, Baboo Moniyal, Calcutta  
Dutt, Baboo Omesh Chunder, Calcutta  
Fayer, Joseph, M.D. Professor of Surgery in the Medical College, Calcutta  
Fitzgerald, E. D. M.D. Morar, Gwalior  
Ghose, Baboo Judub Chunder, Bhubangpore, Calcutta  
Ghose, Baboo Khetter Mohun, Calcutta  
Gupto, Baboo Shunboob Chunder, Calcutta  
Hinder, J. Esq. Chudni Hospital, Calcutta  
Holdar, Baboo Kallachund, CalcuttaHoldar, Baboo Nilmadub, Calcutta  
Kastogree, Baboo Annoda Churn, Burrisal, Bengal  
Kendall, Bernard, Esq. Calcutta  
Kur, Baboo Doorgo Doss, Medical College, Calcutta  
Macpherson, Hugh, Esq. Bengal Medical Service  
O'Connor, Roderic, Esq. Nowgong, Upper Assam  
Partridge, S. B. Esq. Medical College, Calcutta  
Sen, Baboo Jogun Nath, Calcutta  
Sen, Baboo Ram Chunder, Mitford Hospital, Dacca  
Sircar, Mohendro Loll, M.D. Calcutta  
Tyler, J. W. M.D. Etawah, North-Western Provinces**MALTA.**

Sammut, Joseph Balthazar, M.D. Valetta

**TURKEY.**

Sarell, Robert, M.D. Constantinople

**HONORARY MEMBER.**

Hastings, George W. Esq. Barnard's Green, near Malvern

**Association Intelligence.****BATH AND BRISTOL BRANCH.**

THE first ordinary meeting of the session will be held at the Victoria Rooms, Clifton, on Thursday evening, November 1st, at 7.15 p.m.; J. S. Bartrum, Esq., F.R.C.S., President, in the chair.

The following papers are expected:—T. Green, M.D., "Delirium Tremens"; A. Prichard, Esq., "Case of Gonorrhoeal Rheumatism"; W. B. Herapath, M.D., F.R.S., "On the Use of the Spectroscope and Micro-Spectroscope in the discovery of Blood Stains"; "On some Cautions arising out of the recent Sudden Deaths at Cardiff Union Workhouse"; F. Poole Lansdown, Esq., "Case of Excision of the Knee-Joint".

C. STEELE, } Hon.  
R. S. FOWLER, } Secs.

12, Meridian Place, Clifton, October 1866.

**SHROPSHIRE ETHICAL BRANCH: ANNUAL MEETING.**

THE annual meeting of the Shropshire Ethical Branch was held at the Raven Hotel, Shrewsbury, on Monday, October 1st; W. SLYMAN, L.R.C.P., President, in the chair.

**Resolutions.** The following resolutions were unanimously passed.

"That the cordial thanks of this meeting be given to the President, Vice-President, Council, Treasurer, and Honorary Secretary, for their valuable services during the past year."

"That W. Minton Beddoes, M.D., be elected President; W. W. Thomas, Esq., and J. W. Roe, M.D., Vice-Presidents; and the following gentlemen Members of the Council for the ensuing year, in the place of those who retire by rotation or otherwise—Edwyn Andrew, M.D.; W. J. Clement, Esq., M.P.; J. R. Humphreys, Esq.; and Alfred Mathias, Esq."

"That, in accordance with the eighth general law of the British Medical Association, Dr. W. Slyman, Dr. W. M. Beddoes, and W. W. Thomas, Esq., be the representatives of the Branch in the General Council for the ensuing year."

"That the four gentlemen proposed as members of the Branch be elected."

*Papers.* The following papers were read.

1. A Successful Case of Ovariectomy. By J. R. Humphreys, Esq.
2. A Case of Lithotomy. By J. R. Humphreys, Esq.
3. Notes on a Fatal Case of Intestinal Obstruction. By Edwyn Andrew, M.D.

At the close of the business, the thanks of the members were presented to the gentlemen who had kindly furnished papers, and to the President for the ability and courtesy with which he had conducted the business of the meeting.

In the evening, the members and visitors dined together; and after the usual loyal and medical toasts, the proceedings terminated at an early hour.

**SOUTH MIDLAND BRANCH: AUTUMNAL MEETING.**

THE tenth autumnal meeting of this Branch was holden at the Swan Hotel, Leighton Buzzard, on Wednesday, October 17th; EDWARD LAWFORD, M.D., President, in the Chair. Nine other members were also present.

The minutes of the last meeting were read and confirmed.

*Letters* were read from several members who were unable to attend; also one from Mrs. Barker of Bedford, conveying her thanks for the letter of condolence sent her on the death of her late husband, Dr. T. Herbert Barker.

THE PRESIDENT made a few remarks, especially regarding the Medical Provident Society. He expressed his confidence in it, and said that it was very desirable that it should remain in connexion with the British Medical Association. The Society was deserving of every support.

*New Members.* Mr. WATKINS proposed, Mr. H. TERRY, jun., seconded, and it was unanimously resolved, that the following gentlemen be elected members: G. N. Swinson, Esq., and H. Swinson, Esq., Daventry; J. Denne, Esq., Winslow; and G. Harris, Esq., Leighton Buzzard.

*The Editor of the JOURNAL.* On the motion of Mr. APPLETON, seconded by Mr. CEELY, and supported by Mr. H. TERRY, jun., a vote of thanks was unanimously passed to Dr. Markham, the editor of the JOURNAL, for the valuable aid which he has given to



the Association. Regret was expressed that the Association was about to lose his services.

*Papers.* The following papers were read.

1. The Contagion of Typhoid or Enteric Fever. By C. E. Prior, M.D., Bedford. A discussion followed, which was shared in by Mr. Ceely, Mr. Spencer, Dr. Lawford, Mr. Appleton, Dr. Bryan, Mr. Watkins, and Mr. Hochee. Mr. WATKINS considered that local circumstances influenced the contagion.—Mr. CEELY said that it had been demonstrated that carbolic acid was superior to all other disinfectants.—Dr. LAWFORD considered McDougall's powder a good disinfectant.—Mr. APPLETON instanced the advantage of disengaging the vapour of chlorine, or placing some solution of chloride of lime on a hot plate of some kind—a frying-pan, for instance.—Mr. CEELY thought the simplest and best plan of fumigation to be that of setting fire to some brimstone, and allowing it to burn, in perfectly closed apartments.—Mr. HOCHÉE (on board ship, where small-pox was raging, and no other disinfectants being at hand) had burned pitch-pots, and found this to act as a perfect disinfectant, and to arrest the malady.

2. On Arcus Senilis, or Fatty Degeneration of the Cornea. By E. Lawford, M.D., Leighton.

3. Simulation of Disease, or Malingering: two Cases. By R. Ceely, Esq., Aylesbury. In the first case, that of J. W., aged 36, a prisoner in the county gaol, he was proved by Mr. Ceely to have had neither food nor drink for nine days, and was also obstinately mute. The stomach-pump was used, and a pint of milk injected, but returned; afterwards, beef-tea and cod-liver oil were administered in the same way until his trial. He was of filthy habits, defecated, and soiled his cell, and was very refractory. When tried, he would not plead, but was mute. He was found guilty, and awarded six months' imprisonment; and, on retiring to his cell, he spoke at once as well as ever.

4. Dr. Lawford showed some Microscopic Specimens.

A vote of thanks was then given to the authors of papers, with a request that they allow them to be published in the JOURNAL.

*Prize.* Dr. LAWFORD offers a prize, of the value of ten guineas, to be awarded at the next annual meeting of the South Midland Branch, to be held at Northampton, in June 1867, for the best essay "On Enteric Fever, its Causes, Nature, Propagation, and Treatment." Members of the Association who may compete for the same are requested to send their papers, on or before the 1st of May, 1867, to the Honorary Secretary, Dr. Bryan of Northampton, with a motto or number, and a sealed envelope containing the name of the writer.

*The late D. Nixon, Esq.* The Honorary Secretary was requested to write a letter of condolence to Mrs. Nixon of Stoney Stratford, on the death of her late husband, D. Nixon, Esq., a member of the Branch.

The meeting then terminated with a vote of thanks to Dr. Lawford, to whose house the gentlemen present adjourned to coffee, having been entertained by him at luncheon previously to the meeting.

**AMERICAN PHARMACEUTICAL ASSOCIATION.** The Association met this year in the city of Detroit, on the 22nd of August; and it is represented that the meeting was one of unusual interest.

**EFFECT OF ATMOSPHERIC PRESSURE ON THE HEART.** In ascending into the air the heart-beats increase 5 for the first 3000 feet, 7 more for the next 1500 feet, 8 for the next 1500, and 5 for each 1500 feet of ascent after that. This is an average increase of one beat for each 100 yards of ascent.

## Correspondence.

### EXCISION OF THE KNEE.

LETTER FROM T. HOLMES, ESQ.

SIR,—In reading the paper in your number for October 20th, by Mr. Swain, on Excision of the Knee, I was surprised to see the following remark with reference to certain writings of mine: "The editor of *A System of Surgery* seems to have entered upon a crusade against the operation of excision of the knee." I protest against this as uncalled for and incorrect. Uncalled for, because in what is, after all, a question merely of fact, my opinions are a matter of no consequence. At the same time, I have always stated, with perfect honesty of purpose, that my object was not to decry the operation, but merely to lay before the profession facts which I believe to have been incorrectly represented by other writers. I have also published plenty of cases which show (what those who have attended my practice at St. George's and the Children's Hospital know perfectly well) that I never omit to perform the operation of excision of the knee in any case which seems at all fitted for it. But to say, as Mr. Butcher has done, that excision of the knee is a simple and harmless proceeding—to say that, as a matter of fact, it has proved less fatal than amputation in similar cases—to say that it is not liable to be followed in certain cases by arrest of growth of the limb—all this appears to me to be contrary to recorded facts, and, as such, to be a hindrance instead of a help to the right understanding of the question. Indeed, as I stated in the article to which Mr. Swain refers, I believe the general adoption of the operation in question has been more retarded by its indiscriminate eulogists than by its indiscriminate opponents. It is, therefore, mainly as an ardent admirer and by no means an inactive follower of the great masters of "conservative surgery" (in this as in other particulars), that I have endeavoured to set the operation in its true light. I utterly deny Mr. Swain's assertion that I have "endeavoured to make the very worst of the operation"; nor do I see how that could be consistent with the "fair dealing" for which, nevertheless, he gives me credit. I have endeavoured to record, as exactly as I could, the real facts connected with excision of the knee, as it has been practised in London hitherto, and to institute as fair a comparison as I could with amputations practised in similar cases and in the same institutions. I have not since met with any refutation of the facts which I adduced, nor does Mr. Swain enter upon any such refutation; and I believe the judgment of the great body of practical surgeons would affirm what I then said—viz., that, as practised up to that period, excision had been more fatal than amputation. I myself took good care to observe that this fact, if true, did not necessarily show that excision would always maintain the same fatality. I only tried to prove—and I think in this I succeeded—the incorrectness of the assertion that the operation was a harmless one and much more successful than amputation.

With reference to Mr. Swain's remarks upon my objection to the summing up of the result of a case as "useful limb", I beg leave to say that my objection is simply to the vagueness of the term. I am well aware that sinuses, and even diseased bone, do not necessarily preclude the ultimate usefulness of the limb; but they do, at any rate, detract a good deal from its present utility. It is quite easy to put into two or three lines an accurate account of the



real condition of the limb; and until the wounds are healed, the diseased bone eliminated or restored to health, and ankylosis (whether soft or hard) established, I say we have no actual proof that cure is complete. The fact that I once saw a limb amputated which had been reported in a journal (and which has since been included in many a statistical table) as "sound and useful", is of course "no proof that suspicion ought to be cast on all such cases"; but it is, at least, an apposite illustration of the danger which the use of general terms of this kind always brings with it, and a caution against trusting reports when unaccompanied by details, which are both so essential and so easily obtained.

In conclusion, I beg to apologise for writing so much about myself and my own opinions, which I would not willingly do, but that I think they have been in this instance misconceived. I beg Mr. Swain to believe that, if he wishes to extend the practice of excision of the knee, he cannot have a more sincere well-wisher than myself; but I think that this only can be done by fairly stating the facts of the case.

I am, etc.,

T. HOLMES,

Editor of *A System of Surgery*.

31, Clarges Street, October 22nd, 1866.

### REDUCTION OF DISLOCATIONS BY MANIPULATION.

LETTER FROM THOMAS CUDDEFORD, ESQ.

SIR,—Having read the interesting communication of Mr. Nunneley on the Reduction of Dislocations by Manipulation, I beg to state that this method has been for some time adopted, not only by Mr. Wornald, but also by the other surgeons of St. Bartholomew's Hospital, and that Mr. Coote, in the surgical course of lectures, demonstrates it on the dead subject.

It is taught, and I believe established, that there is but one primary dislocation of the shoulder or hip. In the former, the humerus is first thrown into the axilla; the other varieties being secondary, and caused chiefly by muscular action. As regards the hip, the head of the femur is first thrown into the obturator foramen. In both instances, the capsule is torn where it is weakest. Manipulation consists in working the head of the bone and making it retrace its course to the situation of the rest of the capsule; a very slight rotatory movement then suffices to lift it into the socket.

The general plan here, especially in dislocations of the hip, is to attempt reduction by manipulation first, and, if that fail, then to have recourse to extension.

I am, etc.,

THOS. CUDDEFORD,

House-Surgeon St. Bartholomew's Hospital.

St. Bartholomew's Hospital, Oct. 22nd, 1866.

### ON THE USE OF BATHS AND BATHING IN THE TREATMENT OF DISEASE.

LETTER FROM GEORGE B. MEAD, M.D.

SIR,—Since the publication in the JOURNAL of a few cases under the above heading, I have received letters of inquiry from numerous members of the profession as to the *modus operandi*, the necessary apparatus, and other questions of detail. As it would be impossible for me to enter into a lengthened correspondence with many persons on the subject, I have thought it might be useful to my interrogators and others to communicate with them through the pages of the JOURNAL.

It being often of importance to administer hot-air baths in the patient's bedroom, and having fre-

quently done so, I will first describe *how* such a bath may be given. My first attempts were in this manner. I procured an old-fashioned rushlight shade, about eighteen inches in height and nine in diameter, removing the candle-holder. I introduced three ordinary glass spirit-lamps, placing the patient in a common wooden-bottomed chair, on a cushion or folded towel, and enveloping him in blankets. I introduced behind, under the chair, the apparatus with the lamps lighted, and in this manner was enabled to subject him for as long as desired to a temperature varying from 120 to 150 degrees Fahrenheit.

After a sufficient time had elapsed, I removed the blankets; placed the patient, standing, in a common round shallow bath; and, standing on a chair, emptied over him, by the spout, a two-gallon can (called a boiler-filler by ironmongers) of water, varying, according to the nature of the case, from 80 to 100 degrees Fahrenheit. If the patient was able to bear it, and the case admitted, I next, through the rose of a watering-pot, drenched him with a quantity of cold water, varying from one quart to a gallon or more.

In very delicate cases, the cold douche should be omitted altogether; in those less so, a spongy or two of cold water would be enough. I need hardly state that this part of the treatment requires the greatest possible caution; and that personal knowledge of the patient's strength, and some practice in the giving these baths, are necessary. In cases of rheumatism, the addition of from two to four ounces of common washing soda, dissolved in the warm water, is useful.

It was found that the glass spirit-lamps were, in moving about, from the carelessness of attendants, very liable to be broken. I therefore caused three holders to be placed in the tin shade, and substituted three tin lamps. These have the objection, that one now and then will be blown out with a kind of coughing noise, by the generation of gas from the spirit; but they are easily relighted; and I have no doubt that I shall be able before long to design a lamp in which this is remedied. And this is not found a very serious objection. The admission of a little air during the relighting I have found often an advantage, rather than otherwise. Indeed, the error which those unused to these baths usually commit is in being too hasty in the first bath, subjecting the patient too quickly to too great a heat. The skin of a person unused to Turkish baths requires proceeding with gently. In this way, you gradually soften the skin, dissolve as it were the fatty and other matters which choke up the tubes of the skin, and so avoid giving the patient unnecessary pain. A temperature of from 100 to 110 deg. Fahr. is generally high enough for the first bath or two; and, if the skin be particularly hard and horny, a good sponge over with a strong solution of soda and water, as hot as it can be borne, prior to the bath, will be found a very useful preparation. The head being above the blankets admits of a cold cloth being readily applied round the forehead to the back of the head. This can be renewed as deemed advisable. The patient should be encouraged to drink cold water cautiously—half a tumbler or so the first bath; after the second or third bath, when the skin begins to act freely, two to three tumblers. At the first bath, ten to fifteen or even twenty minutes will often elapse before the skin begins to act, and then only partially. I am always content with a very slight action the first time; but, after the third, a profuse perspiration will be produced in less than five minutes. If on the first bath these lamps give out too fierce a heat, put out one lamp, or raise the blanket and let in a little cool air. If at any time



there be a disposition to faintness, attend to the cold head-bandage, frequently renewing it.

One matter ought to be mentioned. I always put the patient's feet in either warm water or warm mustard and water—generally as hot as can be borne.

Should any gentleman wish for an apparatus like mine, one shall be forwarded by the ironmonger who made mine, on forwarding me a post-office order for 10s. 6d. Only a few can be sent at this rate, as he has but a limited supply of the shades; and it is uncertain whether he could get any more like them, they being now disused. I have had added to mine a tin plate, something like a soup-plate: this, filled about an inch deep with boiling water, and placed on the top, converts it at once into a vapour-bath. I generally use it as a vapour-bath the first time, the vapour being less burning than the dry hot air, and therefore less likely to cause the patient pain.

Many little matters, only observed in practice, are important. Some patients cannot bear flannel to touch their skin. In such cases, a fine linen sheet can be thrown over them in front, and then blankets above. I have given them the bath with the patient enveloped in sheets only, but prefer the blankets, as there is less danger of setting them on fire by any clumsiness. At any rate, the portion hanging down over the lower part of the back of the chair, where the apparatus is placed, should be woollen, being less inflammable. I have used them many times, under a variety of circumstances, without the slightest accident. One gentleman inquires whether they can be given by an assistant. In cases of chronic rheumatism with heart-affection, each bath requires careful watching by one well skilled. In other cases, the practitioner will, I think, find it best to watch personally the effects of the first two or three; but the remainder may be given by any person, male or female, after very little instruction. They are given by persons constantly who know very little about physiology or disease.

I have written thus hastily, being unwilling to even appear to act discourteously to any of my fellow-associates; and, being pressed for time, I hope they will excuse the crudity and want of arrangement of my remarks.

I am, etc.,

GEORGE B. MEAD, M.D.

Newmarket, October 22nd, 1866.

THE "NEW" WORLD THE OLDEST. Professor Agassiz says that the strip of "highlands which divides the waters flowing into the St. Lawrence from those flowing into the Atlantic" is the oldest land in the world. It was once a lonely sea beach, washed by an universal ocean.

A CUP OF TEA. A cup of tea, according to chemical analysis, contains volatile oil, chlorophyl, wax, resin, gum, tannin, theine, extractine, apotheme, albumen, sulphur, phosphorus, chloride of potassium, oxide of iron, carbonate, sulphate, and phosphate of lime, carbonate of magnesia, manganese, and silica, twenty different articles. The peculiar flavour of the tea depends on the volatile oil, which is lighter than water, and has a lemon-yellow colour, and the smell of tea. Liebig is of the opinion that tea is not only an astringent and dilutent, but possesses nutritive properties of no mean kind. Tea and coffee act upon the nerves and upon the brain, and have a quickening and refreshing influence; but taken in excess result in excitement prejudicial to sleep and rest. Green tea is considered more injurious to persons of a highly nervous temperament than the black. (*Chemical News and Artisan.*)

## Medical News.

APOTHECARIES' HALL. On October 18th, 1866, the following Licentiates were admitted:—

De Morgan, Edward, Adelaide Road, Haverstock Hill  
Kinsey, Robert Henry, Thurlow Road, Hampstead  
Mickley, Arthur George, Buntingford, Herts

At the same Court, the following passed the first examination:—

Bevan, John Aylwen, Guy's Hospital  
Norman, Burford, Guy's Hospital  
Saundry, James Baynard, Guy's Hospital

### APPOINTMENTS.

\*SANKEY, George, Esq., appointed Surgeon to the West Kent General Hospital, *vice* F. Fry, Esq., resigned.

### ROYAL NAVY.

M<sup>r</sup> MAHON, William, M.D., Assistant-Surgeon, to the *Supply*.

VOLUNTEERS. (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

DAELISH, R.R., Esq., to be Honorary Assistant-Surgeon 10th Cinque Ports R.V.

EVERSHEED, A., Esq., to be Honorary Assistant-Surgeon 5th Bedfordshire R.V.

RENDALL, W., Esq., to be Honorary Assistant-Surgeon 5th Orkney and Zetland A.V.

DR. EASTLAKE has recently obtained the Fellowship of the Dublin College of Physicians.

THE LATE DR. SNOW. The Health Department of the Social Science Congress have passed an unanimous resolution, asking the government to place the sisters of the late Dr. Snow on the Civil Pension List.

CAMBRIDGE. The examinations for Medical and Surgical Degrees will commence on November 26th. The final examination for the degree of M.B., under the old regulations, will begin on November 26th, as well as the first examination for the degree of M.B., under the new regulations, and the examination for the degree of Master in Surgery. The second examination for the M.B. degree, under the new regulation, will begin on December 3rd.—Professor Sedgwick will commence his course of Geological Lectures on October 24th.

WEST KENT MEDICO-CHIRURGICAL SOCIETY. The annual meeting of this society was held on Friday, October 12th, 1866, at the Royal Kent Dispensary, Greenwich Road. The following gentlemen were appointed officers of the society for the ensuing session. *President*—David Hope, Esq. *Vice-Presidents*—Charles Nind, Esq.; Jas. Palfrey, M.D. *Council*—John Anderson, M.D.; Samuel H. Cornish, Esq.; William Lockhart, Esq.; John Nicholas Miller, M.D.; Robert N. Mitchell, M.D.; Arthur Roper, Esq.; Robt. Venables, A.M., M.B. *Treasurer*—Prior Purvis, M.D. *Secretary*—James H. Allingham, Esq. *Librarian*—H. W. South Sherton, Esq.

FOOD OF THE SPARROW AND THE MOLE. Dr. Crisp states that he has for many years endeavoured to ascertain the nature of the food of the mole and of the sparrow; and his examinations amount to a thousand, at least, of each of these animals. The mole can scarcely be called an insectivorous feeder, for its food consists almost entirely of the common earth-worm. He has never met with a wire-worm in the stomach of any mole that he had examined. The sparrow is almost exclusively granivorous, and obtains insects chiefly for its young; but these, when compared to the quantity of grain consumed, are very limited.



UNIVERSITY OF DURHAM. The following degree has been conferred. *Bachelor of Medicine*—Thomas Hill Redwood, M.A., Bishop Hatfield's Hall.

DOWNING COLLEGE, CAMBRIDGE. Mr. T. W. Danby (first in the Natural Sciences Tripos, 1864) has been appointed Superintendent of the Laboratory, and Lecturer in Geology and Mineralogy; and Mr. J. B. Bradbury (second in the Natural Sciences Tripos, 1864) has been appointed Lecturer in Comparative Anatomy and Physiology at Downing College.

TESTIMONIAL TO DR. MORELL MACKENZIE. This gentleman, the founder of the Hospital for Diseases of the Throat, in Golden Square, has been presented with a beautiful silver centrepiece, representing "Charity", the gift of four hundred of his patients, as a mark of appreciation of his high skill and success in treatment of throat-disease.

DEATH OF DR. BARLOW OF GUY'S HOSPITAL. The death of this eminent physician, which occurred on the 13th inst., at his residence, Sydenham, will be read with regret by a large circle of professional and other friends. Dr. Barlow was educated at Trinity College, Cambridge, as a member of which he proceeded B.A. in 1829, M.A. in 1832, M.D. in 1841. He studied medicine also at Edinburgh and Guy's Hospital. The deceased was admitted a licentiate of the College of Physicians, London, in 1834, and a fellow in 1842. In 1840, he was appointed assistant-physician of Guy's Hospital; and, on the resignation of Dr. Richard Bright, in 1843 he became one of the principal physicians. Dr. Barlow was for some years editor of *Guy's Hospital Reports*, and was author of a work on *Disease of the Kidneys*, and a *Manual of the Practice of Medicine*. By his death the appointments of physician to Guy's and the Magdalen Hospitals become vacant.

STRIKING A LUNATIC. At the Central Criminal Court, H. Burton and E. Morgan, men of great physical strength, attendants in a lunatic asylum, were charged with unlawfully striking and ill treating George Tite, a lunatic confined therein. In summing up the case, the Recorder told the jury that the first and principal count in the indictment had been framed under a salutary Act of Parliament passed for the special protection of lunatics, by which it was provided that any person who struck or assaulted a lunatic unlawfully should be guilty of a misdemeanour. He remarked that the visiting justices had very properly preferred this indictment for the safety of a class of persons unable to take care of themselves; and it was most important to be publicly known that any person having the care of a lunatic, and who should be guilty of violence, rendered himself liable to a criminal prosecution. He commented upon the obvious exaggeration and contradictions in the evidence of some of the witnesses for the prosecution; but there was nothing, he said, in the evidence to justify a single blow, supposing the lunatic in this case was struck when lying on the ground; and, if when the prisoners got him down, they dealt the blows stated in evidence, unquestionably they ought to be convicted. The jury found both prisoners guilty on the first and third counts, the latter of which charged a common assault; recommending them at the same time to mercy in consideration of their position, and that circumstances might arise in which they might be tempted to strike a blow. The Recorder, in passing sentence, told the prisoners that, after a very patient inquiry, they had been convicted of having ill treated and assaulted this lunatic. Undoubtedly, if the case had presented itself to the minds of the jury in the form represented by one of the witnesses, and if they had returned a verdict in accordance with that view, it

would have been his duty to pass a severe sentence; but the jury were of opinion that the only part of the conduct of the prisoners which rendered them liable to a conviction was that of throwing the lunatic down after he brandished the chair. It was most important to be known that persons in the position of the prisoners must control their tempers, so far as it was possible for men to do so under all circumstances; and, taking the recommendation of the jury into consideration, he sentenced each of them to two calendar months' imprisonment, with hard labour.

LIVERPOOL MEDICAL INSTITUTION: SESSION 1866-67. The first meeting of the Medical Society was held on October 4th, 1866, when the following officers were elected for the ensuing session—Vice-Presidents, Dr. Cameron, Mr. Hakes, Mr. Long, and Mr. McCheane; Honorary Secretary, Mr. Harrison. The Secretary read a letter from the late President of the Institution, James Dawson, Esq., expressing his great gratification at the addresses which had been presented to him by the members. The retiring Vice-President, Dr. Gee, then delivered the inaugural address. He briefly traced the various changes and amalgamations which had taken place in the past history of the Institution; and regretted that a more simple and harmonious code of laws had not been framed. He referred to several anomalies in the present code, and offered a few suggestions with regard to their amendment. He proposed that the whole subject should be referred to the Council, with a request from the Society that the matter should be taken up by that body with the view of preparing such amendments as might appear desirable. The author gave an outline of the number of officers, councillors (and the mode of their election) connected with the principal medical societies; and stated that he would be happy to present copies of the laws of these societies to any committee which might be appointed to consider the matter, if it were thought desirable to take further action in the matter. A vote of thanks was unanimously passed to Dr. Gee for his very interesting address. Mr. Steele gave notice that, at the next meeting of the Society, he should propose that steps be taken to consider the very important suggestions made by Dr. Gee.

THE HUNTERIAN MUSEUM. From the last annual report of the Council of the Royal College of Surgeons, it appears that Parliament having voted £42,500 for the purchase of the extraordinary collection formed by John Hunter, and towards the erection of suitable buildings for its display and preservation, the large sum of £61,000 had been supplied from the College funds up to 1847, when further enlargement of the building having become necessary by the continued increase of the collection, the Council in that year purchased the extensive premises of Mr. Alderman Copeland, in Portugal Street, formerly the site of Ben Jonson's theatre, for the sum of £16,000, and in 1852 proceeded to the erection of the Eastern Museum, at the expense of £25,000. Parliament granting £15,000 in aid thereof. The re-arrangement of the specimens was completed, and the additional portion of the building opened to visitors in 1855, since which time considerable and most valuable specimens have been added by purchase and donation. Mr. Flower, the indefatigable conservator of the museum, has for some time past been exploring the osteological stores which have been accumulating for many years in the subterranean apartments of the College, and which are now gradually yielding up their treasures to enrich the museum. Among the particularly valuable additions from this source, which appear to have escaped the attention of previous conservators, is the skeleton of that rare



and probably extinct bird, the Great Auk (*Alca impennis*), of which only three other skeletons are known to exist in Europe, and none so perfect as the specimen lately added to the collection. Some of the bones of this valuable Hunterian specimen were already catalogued in the collection, but without any reference to the remainder being in possession of the College until the examination of boxes in the store-room during the present year brought to light all the others required to complete the skeleton, with a few unimportant exceptions. The eggs of this bird at auctions have recently fetched upwards of £30 each, from their great rarity. The Hunterian Museum possesses half-a-dozen. Another rare skeleton is that of the Awantibo (*Arctocebus Calabarensis*), a lemuroid animal, from Old Calabar, and is the only skeleton of the genus known to exist. The skeleton of another very rare animal, the Aye-Aye, has been added during the past year, with other interesting additions, to the Hunterian Museum.

**THE BRAIN AND INTELLIGENCE.** Dr. Crisp says: The external form of the brain alone in most animals is to a great extent an indication of the comparative amount of intelligence; but to this rule there are many exceptions, as in the examples of the elephant, dog, seal, rat, marmot, and many birds. The number and figure of the convolutions are to some extent tolerable indications of the amount of intelligence in Mammals; but to this rule there are also many exceptions, as exemplified by a comparison of the brains of the bats, capybara, rats, mice, monotremes, and many others. Looking to the weight of the brain and of the body, it is evident that the most intelligent mammals and birds have the largest brains, and that there is no example of an animal with a relatively small brain that possesses a great amount of intelligence.

**AMERICAN MEDICAL FEES.** The following is the tariff of charges adopted by the medical profession in the North Riding of Wellington: For a visit by day, \$1; by night, \$2; if out of the town or village, 50c. for each mile travelled by day, and \$1 by night. Consultation fee, besides mileage, \$2 to \$5. Midwifery cases, from \$5 to \$20 (with mileage beyond the first two miles), according to the nature of the case, and with \$2 extra if protracted beyond twelve hours, and \$4 beyond twenty-four hours. Fracture of the upper extremities, \$12; of the thigh, \$8; of the leg, \$5. Dislocation of the upper extremities, \$5; of the lower, \$8; of the hip, \$20. Capital operations, \$20. Extracting teeth, vaccination, and bleeding, 50c. Stethoscopic examinations, \$1. Advice in office, \$1. We fear the double fees for night calls may prevent patients from sending for aid at the earliest period of attack. But it would be well if this system of uniform charges prevailed everywhere, in order, if possible, to remove the temptation to employ an inferior man. (*Toronto Globe*.)

**COMMUNICATIONS** have been received from:—THE HONORARY SECRETARIES OF THE WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON; MR. HOLMES; MR. A. B. STEELE; MR. R. HARRISON; DR. G. B. MEAD; N. Y.; DR. W. H. BROADBENT; EDITOR OF THE MEDICAL MIRROR; MR. J. H. SPENCER; MR. G. SANKEY; DR. JAMES RUSSELL; DR. LANCHESTER; MR. T. M. EVANS; DR. HANDFIELD JONES; DR. W. NORRIS; MR. H. TERRY, JUN.; MR. ALLINGHAM; MR. T. CUDDFORD; MR. W. SMITH; DR. EASTLAKE; DR. HYDE SALTER; DR. J. G. DAVEY; MR. C. J. EVANS; MR. T. WATKIN WILLIAMS; DR. J. STEPHENS; MR. S. FARRANT; DR. WADE; MR. CLAY; MR. BAKER; DR. L. BEALE; THE HONORARY SECRETARY OF THE HARVEIAN SOCIETY OF LONDON; MR. BIRCHENALL; THE REGISTRAR OF THE MEDICAL SOCIETY OF LONDON; DR. THOMAS BALMAN; THE HONORARY SECRETARIES OF THE OBSTETRICAL SOCIETY OF LONDON.

## OPERATION DAYS AT THE HOSPITALS.

**MONDAY.....**Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.  
**TUESDAY....** Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.  
**WEDNESDAY...**St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.  
**THURSDAY.....**St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.  
**FRIDAY.....**Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.  
**SATURDAY.....**St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

## MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

**MONDAY.** Medical Society of London, 8 P.M. Mr. Henry Lee, "The Treatment of Aneurism by Acupressure."  
**THURSDAY.** Harveian Society of London, 8 P.M. Dr. T. Ballard, "On Epistaxis and its Treatment; with Cases."  
**FRIDAY.** Western Medical and Surgical Society of London, 8 P.M. Practical Evening for the Narration of Cases and Exhibition of Specimens.

## TO CORRESPONDENTS.

\* \* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

**COMMUNICATIONS.**—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

**CORRESPONDENTS**, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

**THE Publisher** begs to intimate that orders for JOURNALS sent by post must be accompanied by stamps for the amount. Price of each number is, by post, sixpence.

**ERRATUM.**—At page 444, col. 1, last line but one, Dr. Beale is unfortunately made to say: "that in cholera there is evidence of shrinking and casting of the villi," etc. The word should have been "wasting" of the villi, etc.

**MEDICAL ETIQUETTE.**—A correspondent asks, whether or no it is "recognised professional etiquette of a professional brother calling and asking the patients of a retiring surgeon, who has disposed of his practice, to employ him?"

[We suppose there will be no difficulty in answering this question; because we have to guide us the custom of bakers, butchers, chimney-sweepers, etc. It is not considered contrary to etiquette on the part of tradesmen to "call for orders", and to leave their cards on new comers; but then physic is usually held not to be a trade. Trade customs and practices consequently introduced into the business of medicine, are undoubtedly contrary to the proper sense of professional etiquette.]

**EXTRACTION OF CATARACT BY SUCTION.**—SIR: The letter of Mr. Greenway, in to-day's JOURNAL, is, evidently, written under a mistaken impression. If Mr. Greenway had read my letter in the JOURNAL of the 13th instant with ordinary care, I cannot doubt he would have perceived that the "kind" of suction instrument so long in "use", "not in Great Britain nor in Europe", but among "the Cingalese surgeons", was simply the "mouth".

The "omission" in Mr. Swain's paper of Mr. Greenway's own invention of a "suction instrument", it was (in great part, which led me to make the "quotation" which the latter named gentleman declares to be "not happily chosen"; but I cannot agree with him.

I would assure Mr. Greenway that nothing could be further from my thoughts than to write in a "strain" of "censure"; but for the acute susceptibilities of your correspondent I was unprepared.

I am, etc., J. G. DAVEY, M.D.

Northwoods, Bristol, October 20th, 1866.





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THE  
**Jacksonian Prize Essay**  
 FOR 1865.

ON DISEASED CONDITIONS OF THE  
 KNEE-JOINT.

BY

WILLIAM PAUL SWAIN, M.R.C.S.,

SURGEON TO THE ROYAL ALBERT HOSPITAL, DEVONPORT, ETC.

SECTION III.—OPERATIVE INTERFERENCE.  
 (Continued.)

*Diseased Conditions in which the Operation of  
 Excision of the Knee-Joint is admissible.*

THESE conditions deserve our most serious attention. It has been already stated, that much of the previous ill-success of the operation of excision of the knee depends upon an injudicious selection of cases for its performance. The highest authority on this subject has made the following statement. "I may myself have been too zealous, and resorted to the operation where I should have selected amputation." (Ferguson, *On the Progress of Anatomy and Surgery during the Present Century*, *Lancet*, 1864, vol. ii, p. 35.) Nor can we doubt that this has been very generally the case, and that, in the first flush of enthusiasm, we have been led to excise joints in cases where the amputating-knife would have been better employed. Are we not now in a position to avoid this error? I think I may safely say that we are. Fifteen years' experience of the operation, and the vast amount of detail which has been laid before us lately, especially by Hodges, Holmes, Price's Essay, and the lectures above referred to, must give us opportunities of judging rightly, which the pioneers of knee-joint excision had not; and, if we use our opportunities well, greater perfection in the results of this operation must be attained.

It appears to me that, in deciding as to whether a diseased joint should undergo excision, the three following points deserve the most prominent attention.

1. The extent and character of the disease;
2. The constitutional condition of the patient; and
3. His age.

I believe the importance of these considerations to be in the order in which I have stated them; and I would first consider what is the character and extent of the disease which warrants the removal of the joint by excision, with a fair and reasonable hope of retaining to the patient an useful limb.

In treating of this question, it is hardly necessary to consider those conditions of disease confined simply to the soft tissues. I do not think that any operative measures should ever be undertaken whilst disease is confined, for instance, to the synovial membrane. In cases, even, of gelatiniform degeneration, the surgeon would be most culpable if he resorted to extreme measures at so early a stage of the disease as that in which the synovial membrane was alone affected. Indeed, not only is it incurring a wanton risk in the performance of what may be a needless

operation, but there seems to be a peculiar fatality attending upon excision for disease of synovial membrane. I have extracted from Price's list no less than twenty-one unsuccessful cases in which the operation was undertaken for the removal of diseased synovial membrane only. And Mr. Cadge of Norwich writes, "It will be generally found useless to remove the ends of the bones, when the synovial membrane is the primary and chief seat of disease." The reason of this is, I think, obvious. In the first place, we lay open a joint the main tissues of which are unaffected by disease; and the shock to the general system is in proportion to the integrity of the joint. In the second place, we expose healthy bone-tissue, with the cancelli open and not condensed by disease, and the consequence is that the risk of purulent absorption or infiltration is all the greater. I cannot agree with Price's opinion on this point; viz., that "the proceeding is not only justifiable, but advisable." "If the diseased action is confined to the synovial membrane, the bony structures are completely healthy", writes Price (*On the Knee-Joint*, p. 130); and in that sentence, I think, he plainly shows that the operation should not be undertaken; for, with perfectly healthy bony structures, and a disease confined to the synovial membrane, I can see no reason whatever why a cure by much less heroic means may not be procured.

In cases of acute suppuration, it seems that all now agree in condemning recourse being had to excision. As a general rule, no doubt, excision should not be performed in these cases; but, as an exception, I would refer to a case which was under the care of Mr. Kempe of Exeter, the history of which is given in the appendix. This was a case of acute synovitis, with abscess in the popliteal region. The constitutional condition of the patient was in every way against the performance of excision of the joint, and amputation was urged upon him. He, however, declined that proceeding; and eventually the knee was excised with the admirable result stated in the appendix. I have been enabled to trace out this case, and append a photograph of his present condition. (Fig. 8.)

*The extension of the disease to the articular cartilage* renders the question of operative interference, in my opinion, more easy of decision. There can be no doubt that the bones very soon sympathise with the articular cartilage, and that, even although disease be not actually commenced in them, yet continuous hyperæmia at length may produce considerable condensation of the osseous structure, thereby rendering it more favourable for section.

It has been already shown that the so-called ulceration of cartilages exposes the osseous structure of the joint, and produces a train of symptoms of a most distressing character. Here we are satisfied that the integrity of the joint is destroyed. We may labour to obtain ankylosis in good position, and very frequently, no doubt, our labours are crowned with success. Still our most complete success cannot restore a perfect knee; and the remembrance of this fact will lead us to undertake the operation of excision with less compunction. These cases of disease of the articular cartilages are very frequent; and they come to us, too often, in so advanced a stage, that little short of removal of the disease is of much avail. A knee-joint flexed at right angles, the tibia drawn back behind the femur, exquisitely painful to



the touch, causing agony at every movement, and starting so painfully as to arouse the poor patient hour after hour during the night from the soundest



Fig. 8.

repose, is unfortunately familiar to most surgeons. When the disease has reached this stage, I have frequently known all attempts at palliative treatment signally fail. Even placing the limb on a splint does but increase the patient's sufferings; for the hamstring tendons are so tense that the stretching to which they are subjected causes intense anguish.

I do not mean to assert that at this stage of the disease favourable ankylosis may not sometimes be obtained; but I have frequently seen the attempt fail after many months of suffering, which has reduced the patient to a condition very unfavourable to operative measures of any kind. Besides, even when a supposed cure has been effected, a fall or a blow will frequently again set up inflammation in the joint, and the unfortunate patient will have once more to drag through months, if not years, of suffering. This is no exaggerated statement. Hilton, in his *Lectures on Rest and Pain*, gives full particulars of a case of "disease of knee-joint (scrofulous?) treated by mechanical rest, cured by firm bony consolidation." The treatment commenced in March 1852. The limb being placed in "a deep trough" of wood, steady pressure upon the joint by soap-plaster was kept up for "several months"—we are not told how many. A thick leather splint was then applied, which

"He wore nearly five years; the latter part of the time at night only. For sixteen months he was not allowed to make the slightest attempt to bear any weight upon his leg. He was carried about in the arms of his mother, or placed in a little carriage, and dragged out daily, weather permitting. Then he began to get about cautiously on crutches. His general health was very bad; but the knee was diminishing in size."

After going to Wales to the seaside, abscesses formed about the joint, bursting into the popliteal space; and in the month of June 1861, he is pronounced cured—that is to say, he has an ankylosed limb, not by any means at a good angle, after steady continuous treatment for the space of nearly ten years! The accompanying illustration is copied from Mr. Hilton's book, and shows the position of the limb at the conclusion of the case. (Fig. 9.)

I have quoted this case at length to show how hard so good a surgeon as Mr. Hilton can ride his peculiar hobby. From henceforth the grand argument against excision of the knee-joint, that recovery from it is so long in taking place, may be abolished. There is no case on record that I know of that has taken ten years.

I believe that these acutely painful cases of articular disease are eminently marked out for treatment by excision of the joint. The following case, with illustrations taken from photographs, before and after the operation, show the good result of excision of the joint for advanced disease of the articular cartilages. (Figs. 10 and 11.)

CASE. Feb. 18th, 1864. Mary Ann Lane, aged 16, admitted under the care of Mr. Swain, with disease of right knee-joint.

*History.* For five years she had suffered from disease of the right knee-joint. She was first seized with an inflammatory attack, which subsided under treatment. This, however, was followed in three months' time by a second attack, which confined her to her bed. This attack passed away in about a month, but left her a cripple, as her leg became contracted on the thigh. During the last three years she had suffered from repeated attacks of inflammation of the knee. For some months she had been an out-patient, and had taken cod-liver oil and steel, and had worn a gutta-percha splint.

On admission, she was seen to be a pale and strumous girl, of hysterical disposition. She had a cough of two months' duration. The right leg was flexed almost at right angles with the thigh; the toes only of this foot touching the ground. The right knee-joint was much enlarged, and very painful on slight pressure. There was considerable thickening of the joint, giving it a very round appearance. The external condyle of the femur was much enlarged; the patella was inclined to the outer side of the joint, and was fixed to the external condyle. She had no motion in the joint. She suffered much pain on the slightest movement of the limb, and was very subject to painful startings of the limb at night.



Fig. 9.



Her leg was put up in a McIntyre's splint, and swung in a Salter's cradle. Slight extension was made, but was obliged soon to be discontinued, owing



Fig. 10.

to the violent inflammation and effusion into the joint. Blisters were applied, and perfect rest ensured. She was ordered to take half a drachm of the syrup of iodide of iron three times a day.



fig. 11.

March 14th. The inflammatory attack had subsided; leaving, however, the joint very painful. The patient suffered considerably from painful startings at night, and complained of pulsation in the joint. Scott's bandage was applied.

March 23rd. She was ordered to take the following draught three times a day.

R Mistur. ferri comp.  $\zeta$ ss; decocti aloes comp.  $\zeta$ ss; ætheris chlor.  $\mathfrak{m}\mathfrak{x}$ .

April 11th. The patient was ordered to have a grain of disulphate of quinine and ten minims of dilute sulphuric acid three times a day.

May 20th. The knee had subsided into a more chronic state. The inflammation had gone, leaving the joint in much the same condition as on admission. It was still very painful on handling, and was in no way benefited by the treatment pursued. At a consultation to-day, it was thought proper to adopt some operative means; and excision was thought the best course to be adopted.

May 28th. The patient being placed under the influence of chloroform, the leg was flexed on the thigh. Mr. Swain made a semilunar incision; and, after dissecting back the flap and dividing the lateral ligaments, exposed the joint. The crucial ligaments were gone, no remains being left; the articular cartilage was entirely detached from the head of the tibia, as well as from the articular portions of the condyles of the femur. Mr. Swain then removed an inch and one-eighth from the femur, and half an inch of the tibia; after which it was thought necessary, by reason of the diseased state of the bones, to remove a thin slice from both the tibia and the femur. The diseased bone remaining on the section was gouged out, leaving a cavity in each bone of about half the size of a walnut. The leg was then extended on a Price's excision-splint, and the bones brought into apposition. One ligature and three sutures were applied. There was not much hæmorrhage. The limb was swung in a Salter's cradle.

May 29th. She had rather a restless night, with much constitutional disturbance from the chloroform and shock. Skin cool; pulse 128; tongue furred. She was ordered to have a draught of citrate of potash, with eight minims of solution of muriate of morphia, every three or four hours; also soda water and brandy, beef-tea, and twelve ounces of wine daily.

June 1st. She had had repeated rigors. Skin hot and dry; pulse 120, weak; tongue furred, dry; bowels confined. Suppuration had commenced in the wound. A diffused blush covered the upper and inner part of the thigh, from pressure of the corner of the splint.\*

R Ammonia carbon. gr. iii; ætheris chlor.  $\mathfrak{m}\mathfrak{x}$ ; solut. morphia muriat.  $\mathfrak{m}\mathfrak{x}\mathfrak{i}\mathfrak{i}$ ; aquæ  $\zeta\mathfrak{i}$ . Fiat haustus 4tis horis sumendus.

An evaporating lotion was ordered to be applied to the affected part.

June 2nd. The patient had a restless night, the joint starting much. The limb was in good position. The sutures were removed.

June 3rd. She passed a good night. Skin cool. The redness had almost subsided. She was more cheerful.

June 8th. She was much improved; slept well, and had a fair appetite. Skin cool; pulse quiet. The wound was looking healthy. There was free suppuration of healthy pus. Strips of lint, wetted, were strapped around the knee; and a compress prevented the condyle from rotating outwards, and also the bagging of matter up the thigh. Two days ago, the only ligature came away. Lately, she had restless nights, with pain under the leg and in the knee. To-day, some swelling, hardness, and redness was observed up the thigh near the groin; on pressing which, a large collection of matter escaped through the wound. The matter bagged back nearly to the groin. The wound of the flaps had united,

\* Nearly all the sufferings of this patient were referable to an ill-made pad to the thigh-piece of the splint.



except at the margins, where there was a free escape of pus.

June 28th. She still required a morphia draught at night. Tongue clean; bowels tolerably regular; pulse quiet. She slept well at night, and had a good appetite. The leg gave her little or no pain, except when the dressing was done. The matter bagged back almost to the groin. Pressure was being made over the knee by a bandage.

July 4th. The wound had united, except at a point on the outside of the limb. There appeared to be firm union between the bones. The pus no longer bagged down the thigh; this was prevented by pads. The flaps looked healthy, the slight redness and inflammation having subsided.

July 18th. The leg to-day was put up in a plaster of Paris splint, and she was allowed to get up. Lately there had been a slight discharge from the wound, which had healed, except in two or three small openings.

July 28th. She suffered much pain in her thigh. Mr. Swain accordingly removed the plaster of Paris splint, when he found much pus bagging up the thigh, and setting up some little constitutional disturbance. This was pressed out through sinuses, and the leg put up in the resection-splint.

Sept. 2nd. A large abscess was opened in the muscles of the inner side of the thigh. Much pus was evacuated, after which the thigh became very easy.

Sept. 15th. A long sinus led from the counter-opening made on the 2nd to the sinus in the excised part. To-day, Mr. Swain passed a drainage-tube down the sinus.

Sept. 19th. She had been feverish for the last few days; was quiet now. The discharge came freely down the drainage-tube. The hardness in the thigh had disappeared.

Oct. 10th. The sinus in the thigh remained open, and pretty free discharge came from it. The patient had had a bit of drainage-tube inserted; but this was obliged to be taken out, and a poultice applied. Matter constantly formed in the sinuses, and required the application of poultice for a day or two; after which she got up on crutches. The sinus was now injected daily with a weak solution of sulphate of zinc.

Nov. 19th. The sinus still remained open. There was a fresh formation of pus in the middle third of the under surface of the thigh, which discharged itself through the sinus. Her general health was very good. The union of bone was osseous and firm. The shortening was three inches and a half. She was made an out-patient.

April 25th, 1865. She was walking through a paved court, when, owing to the thick-soled boot she was wearing at the time not fitting well, her ankle turned and she fell. On examination, it was found that her right femur was broken about three inches above the cicatrix left by the resection of the knee-joint. A long splint was applied.

July 6th. She was discharged. The leg was very slightly, if at all, shorter than before it was broken. She could use it quite well. The sinuses about the knee and on the outer side of the thigh were still discharging slightly.

December 1865. The joint was perfectly sound and strong. She walked with a high heel, and got about capably. The shortening was four inches, some of which was no doubt due to the fracture.

The case in many points illustrates the propriety of excision. It came under my notice at an advanced stage, when considerable contraction of the knee had taken place. "The influence of rest"

was fully tested for many months, but the disease steadily progressed, and the excessive pain and broken rest told much on my patient's constitution. After the operation, she experienced little or no pain, except at an after stage arising from exceptional circumstances. The great point to which I would direct attention is this: that whereas before the operation no sedative procured her rest at night, no sooner was the diseased articulation removed than she slept night after night with comparative ease and comfort. A singular, and I believe unprecedented, accident befel her. Soon after she left the hospital cured, with perfect bony ankylosis, she fell over some stone steps, and fractured the femur two inches above the excised knee; the osseous union there remaining intact. The cast of the limb sent in with the essay has been taken within the last few days. I venture to assert that, although my patient was not much more than ten months, instead of years, under treatment, the result will bear comparison with that above quoted.

Another case (see Appendix), under the care of Mr. Bowman at King's College Hospital, illustrates the fact I have noticed above, that, even after an apparent cure of these cases, an accident will again set up all the old mischief, and necessitate a further course of treatment. Here, in 1859, the patient was discharged from hospital with a limb nearly straight, and he was able to walk pretty well by the help of crutches. In 1861, he fell down and knocked the knee; the result of which accident is fully detailed in the case. There is a fact also mentioned which deserves notice; viz., that only an inch and a half of the femur was removed, and that upon section this was found to include the entire epiphysis and a portion of the shaft of the bone. Half an inch only of the tibia was removed. It shows how very sparing we should be in removing bone when the articular surface is only involved in disease. I append two illustrations of this case. Fig. 12, before



Fig. 12.

the operation; fig. 13, the present condition; with a cast of the limb, which I have fortunately been able to obtain.

On October 16th, 1865, I obtained the following report of this case. The boy is now aged 16.



Height, four feet nine inches. Heel of left foot, four inches from the ground when he stands upright with his toes touching the ground. Right side, from anterior superior spinous process to inner malleolus, thirty-two inches; left side, ditto, in straight line, twenty-four inches and three-quarters, but following the outward curve of the limb twenty-six inches.



Fig. 13.

There is a preparation sent in with this essay of the articular ends of the femur and tibia, removed by Mr. Whipple at the South Devon Hospital in December last. It illustrates the gradual thinning of the articular cartilage and the encroachment of "ulceration" from the edges. The spinous process of the tibia was firmly fixed by fibrous ankylosis to the femur, and was broken off from the tibia in flexing the limb during the operation. The case was stated to be rheumatic arthritis, although I think that the appearance of the joint hardly bears out this opinion. The case did exceedingly well.

I believe these cases of advanced disease of the cartilage to be eminently adapted for excision of the joints, especially if the operation be performed before the constitutional symptoms have become seriously aggravated. The bones are not often much involved, and it is sufficient to remove merely the extreme articular surfaces; so that there is not much shortening; and, in young subjects, the saving a portion of the epiphysis provides for the future growth of the limb.

In the Appendix, several cases of strumous disease of the knee-joint will be found; in most of which the disease, I believe, was principally connected with the cartilages, although the bones were secondarily affected. I regret that I am unable to give more exact information as to the real condition of the articular extremities excised.

[To be continued.]

PRESTON INFIRMARY. A bazaar has been opened in Preston in aid of the new infirmary in that town. A sum of £15,000 has already been raised, but £7,000 or £8,000 more is required to complete the institution.

## Addresses and Papers

READ AT

### THE THIRTY-FOURTH ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

[Held in CHESTER, AUGUST 7th, 8th, 9th, and 10th, 1866.]

#### ON REMOVAL OF THE ENTIRE TONGUE.

By THOMAS NUNNELEY, Esq., Leeds.

THE operation for the removal of the entire tongue may, without hesitation, be declared one of modern surgery; so modern, indeed, that I believe it belongs to the latter half of the nineteenth century. Though portions, larger or smaller, of the tongue have, from time immemorial, been in various ways removed, the idea of its being feasible to remove the whole of the organ does not appear to have been entertained, or, if ever entertained, ever to have been put in practice. So strong in all ages has been the popular idea for the necessary presence of at least some portion of the tongue, that, when the historian of the introduction of Christianity into the Roman Empire recorded, amongst other gross barbarities to which the converts were subjected, that one of the martyrs who had the tongue torn out not only survived, but afterwards spoke, he thought it necessary to call in the aid of direct miraculous intervention as the only explanation of so astounding a fact. Referring to this statement, Gibbon, who, as is well known, had no belief in miracles, sneers at the credulity of those who can believe in the possibility of such a mutilation being recovered from, and regards the whole statement as a romance. So also accounts have from time to time reached the western world, of the barbarous chiefs of some of the tribes in Central Asia, as an extreme measure of political vengeance rather than of criminal punishment (for which it appears to have been considered too horrible), ordering the tongue to be torn out, and the occasional surviving of the victim. Though the evidence in support of the truth of the stories, obtained by one of our ambassadors at the Persian Court, and by other persons in the East, would have been considered in many matters of inquiry sufficient to justify the belief in the statement, still so opposed was the general opinion to the possibility of any one living and speaking after such mutilation, that most commonly it was thought the well known tendency to exaggeration and mystification in these regions had imposed upon the credulity of those who related the tales. This opinion was rather confirmed than not by the fatal result which followed in the first two cases in which the operation was performed by a British surgeon, and by the very discouraging conclusions which he arrived at on a consideration of the operations. Mr. Syme says: "I think there should be no hesitation in deciding against the repetition of this procedure. In promoting the progress of surgery, it is hardly of more consequence to determine what is expedient than to ascertain what is not expedient; and I venture to hope that the experience now related may not prove useless, by saving others from the disappointment which I have myself experienced." (*Lancet*, Aug. 14th, 1858, p. 169.)

The reasons which mainly have weighed with surgeons in deterring them from attempting to remove the entire tongue, are—



1. The difficulty of reaching the base of the tongue so as to cut through it.

2. The difficulty in arresting hæmorrhage in a part so deeply seated, so elastic in texture, and supplied with large arteries in immediate continuity with the carotids.

3. The immediate danger to life from other important organs becoming involved.

4. Even though the immediate danger be escaped, the improbability of life being maintained for any lengthened period, owing to the difficulty in deglutition and the loss of the sense of taste.

5. The miserable condition to which it was supposed the sufferer must be reduced by condemnation to perpetual dumbness, from the loss of what has been universally regarded as the necessary instrument of speech.

Yet, in practice, it has been found that none of these reasons possess nearly the same importance which has been assigned to them. The entire tongue may be removed without any very great difficulty. The hæmorrhage is not necessarily severe; in some cases there has literally been none; and in no case has its arrest been difficult. The immediate danger to life has not proved great. Instead of deglutition being rendered impossible by the ablation of the whole tongue, on the contrary, after the first soreness caused by the operation has passed off, the patient is found, as compared with his previous condition, to be able to swallow both solids and liquids with facility. Indeed, no one who has not watched a person wholly without tongue, would be prepared to see him drink off half a pint of beer without stopping, as I have repeatedly seen more than one person do. The sense of taste is not lost, but remains in a considerable degree; and, so far from emaciation following the operation, in every case which I have seen the patient has rapidly improved in flesh and strength, which may partly, no doubt, be attributed to loss of the pain and want of sleep he has suffered, but to which the improved facility of deglutition mainly contributed. So far from dumbness ensuing, the loss of the diseased organ is speedily followed by greatly improved articulation; and the power of speaking and reading aloud with sufficient distinctness to be easily understood is surprising. Indeed, one of my patients, who was fond of exhibiting his power, when in company often took part in the conversation, and contrived to lead it towards the subject in which he was so interested, frequently had to exhibit his empty mouth before his incredulous companions would believe him to be without a tongue.

I have now operated five times. In four of the cases the entire tongue was removed; in the other, more than two-thirds of it. In two of the patients, no constitutional disturbance whatever followed; one did not even require an opiate; and in two others, the disturbance was very slight and temporary. In the first case only were there any dangerous symptoms; and even this man, on the separation of the tongue, immediately recovered. Much of the trouble and suffering in this case arose from its being a first operation, and the unfortunate *contretemps* of the chain of the *écraseur* breaking, and thus necessitating a different and far more tedious proceeding than that originally intended. Hence I think I am justified in saying that, as compared with other important operations, the removal of the entire tongue is not a very dangerous one. It would be difficult to point out one new capital operation, in which, in the hands of one surgeon, all the cases—five in number—have recovered.

I allude now only to my own cases, because, while I would desire to speak with the greatest respect of the operations of Mr. Syme, whose boldness in con-

ceiving, and whose practical skill in executing, any surgical procedure, all must confess and admire, I cannot dismiss from my mind the feeling that the fatal termination in his first two cases resulted rather from mischief inflicted in reaching the tongue than from the removal of the tongue itself. As in a third and more recent case success rewarded the operator, his former decided opinion as to the unjustifiableness of removal of the tongue, above quoted, has been modified.

The operation which I now perform is not a very difficult one. I need not detain the members with the various modifications which the plan of operation has undergone; but merely state that adopted in the two last cases, which appears to be as simple as possible.

The two great indications to be kept in mind are, the removal of the organ just anterior to the epiglottis, with as little disturbance of any other part as possible, and the avoidance of hæmorrhage, which, if free, would be found very difficult, if not impossible, to arrest. This latter indication is to be attained by using the *écraseur* for dividing the tongue, instead of a sharp cutting instrument; this being one of the very few exceptions in which, in my opinion, the *écraseur* ought to be allowed to usurp the place of the knife.

No knife is required, and only one small external wound is made.

I take a sharp-pointed curved blade, about four inches long, and of just sufficient thickness and breadth to carry the wire-rope of the *écraseur*. This rope I have made somewhat thicker than those ordinarily supplied by Messrs. Weiss, with Hick's instrument; and I always have a second in reserve in case the first one should give way.\* The middle of the rope should be attached by a piece of string to an eye made in its broad end. The patient reclining on his back in a semi-recumbent position, this blade is plunged exactly in the median line, between the base of the jaw and the os hyoides, but somewhat nearer to the latter than to the former, into the mouth, and brought up at the *frænum linguæ*, and so out of the mouth, the wire-rope following. A good sized loop of the rope must be drawn through, and the needle cut off. The rope must now be carried well back and spread over the base of the tongue, the tip of which being then drawn through the loop, is seized with Luer's tongue-forceps, and pulled forcibly outwards and somewhat upwards. Two or three long and strong hare-lip pins, somewhat curved towards their points, should next be carefully thrust from the underside of the anterior attachment of the tongue through its substance, and brought out on its upper surface as near to the base as possible. One of these pins should pass on each side; and if a third be used, it should traverse the median line. Their points should just appear on the upper surface, and over them the rope should be carried. They will thus serve to prevent its slipping forward when it begins to be tightened, as it might otherwise do. They are not absolutely necessary, but I think are useful, and give rise to very little pain; besides which they serve to indicate the exact portion which has to be removed. Of course, the larger this is, the more carefully must the

\* A certain amount of strength is required, or the rope will break from the resistance of the tongue. While on the one hand it must not be too thick to increase this resistance to too great a degree, so on the other it must not be too thin, or it will not too much as a cutting instrument, and thus give rise to a danger of hæmorrhage, to avoid which alone it is employed. I am by no means sure that a chain made of small hexagonal pieces jointed together in alternately opposite directions would not be an improvement. It would make a chain equally flexible in all directions, and be somewhat serrated, by which it would be easily introduced, and when fixed easily cut its way through the parts. One of these chains I am now having made.



pins be carried well back. The screw of the instrument should now be turned so as to gently fix the wire, that it may not move from the line in which it is intended to cut.

Hitherto very little pain has been inflicted, and the voluntary efforts of the patient have been useful in facilitating the proceedings; but at this stage he should be put fully under the influence of an anæsthetic so that he may not feel, and the screw of the *écraseur* be steadily but very deliberately turned, the tongue being forcibly extended. It speedily becomes strangulated, and is cut off. The operator must be prepared to find in most cases considerable resistance, and to employ more force in turning the screw than possibly, *à priori*, he might anticipate would be required; though, as the force necessary varies considerably in different tongues, he must be on his guard, or the wire may cut through too rapidly, and serious bleeding from the lingual arteries may ensue. To meet this contingency, I have always had in readiness different forms of cauterising-irons, as well as the solid perchloride of iron (in a liquid state it is of very little use in free deep hæmorrhage), though in only one case has there been any bleeding whatever from the divided base. In that case—the last one in which I have operated—the tongue yielded with much less force than it had done in any other, and was cut through more rapidly than I had intended it should have been. For a moment there was free bleeding from one lingual artery, but none from the other. Though the mouth of the vessel could not be seen, the part was seized with forceps and a ligature placed upon it, when the bleeding at once stopped and did not return.

The small submental wound has in every case healed by the first intention. The mouth and pharynx for the first thirty-six hours are painful, and deglutition is difficult; but these symptoms very soon mitigate, and the patient is able to swallow liquids; though I think it in all cases advisable to administer nutritious enemata and opiates, and thus keep the throat quiet. A little ice placed in the mouth is usually very grateful. In a fortnight or three weeks the wound heals. The two last cases I had, a man and a woman, both returned home in three weeks quite well. It is surprising how speedily the patient improves in condition. The cessation of the horrible pain and restlessness caused by the disease seems to enable the patient at once to rally, and to counterbalance any shock which the operation might otherwise inflict.

In the first case I operated upon, there was certainly diffuse inflammation of the lungs, which rendered the patient very ill for the first few days. This was, as I have already said, rather to be attributed to the mode in which the operation was performed than to any inevitable sequence on removal of the tongue.

It must not be understood I am for a moment asserting, that the operation will be a permanent cure in all cases of cancer of the tongue, any more than the removal of a cancerous tumour in other situations of the body will secure immunity from relapse; but of this I am confident that, by affording the means of removing a larger portion than has formerly been thought to be practicable, and inducing an earlier performance of the operation, so as to secure the entire removal of all parts involved in the disease, it will, in accordance with all practical teaching, give the patient a far better chance of recovery, and, should the disease have been local, and not dependent upon a constitutional diathesis, this may be permanent.

Even in cases which are far advanced, when the

pain and distress are great, as they commonly are, I would not hesitate, if I could get fairly beyond the part of the tongue actually involved, after what I have seen, to operate, as a means of prolonging life and lessening suffering, even though I felt confident that the disease could not be effectually eradicated. Thus, I have operated in a man, and also in a woman, in whom the submental glands were implicated. The tongue occasioned so much distress, there was no sleep at night, articulation was so indistinct, and talking so painful, that they could not be understood, and deglutition was so difficult that both were literally starving. On the removal of the tongue, each patient at once rallied, gained flesh and strength, could swallow with comparative ease, and articulate so as to be readily understood. Though in both the disease in the glands progressed, as was anticipated, it did not reappear in the stump of the tongue; and thus the downward path was not only rendered much slower, but it was relieved of much of its horror.

One man upon whom I operated continued quite free from any return of the disease for three years, when he died from hereditary phthisis, accelerated by continual intoxication. Two died, as I have just mentioned, from development of the disease externally to the mouth and in the abdominal viscera. The other two are alive and well, and pursuing their ordinary avocations: the woman attending to her house-work, the man following his trade as a carpenter. The latter says that he is as well as he ever was.

## Illustrations

OF

## HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

### ST. MARY'S HOSPITAL.

CHOREA: DELIRIUM: MITRAL MURMUR: DEATH BY EXHAUSTION: VEGETATIONS ON MITRAL VALVE.

Under the care of C. HANDFIELD JONES, M.B., F.R.E.S.

C. J., female, aged 18, admitted Feb. 28th, 1866; a tolerably well made, not anæmic girl; had never had rheumatic fever; no cardiac bruit was detected on admission. She had been ill eight days, since a fright. The disorder had come on gradually.

March 1st. She was in a state of severe chorea, jactitating very considerably; was obliged to be placed on the floor on a mattress; was delirious, talking continually to herself, and not answering questions, but she was so far conscious that she tried to put out her tongue when asked repeatedly, though she could hardly get it out at all; it appeared white and rough. The bowels were well opened by an enema the previous night. A systolic bruit was now heard at the apex of the heart or a little above, and also at the base. Skin quite cool. Pulse weak. She was ordered on admission the following draught every two hours.

Rx Tinct. cannabis Indicæ ℥xv; spirit. æther. nitrici ℥xx; mist. camphor. ʒj.

She was decidedly better than she had been. The pupils were large. Twelve minims of liquor opii sedativus were injected subcutaneously. She was ordered brandy, beef-tea, and milk.

March 2nd. She had last night a grain of morphia, but slept very little; was now agitated very much, and seemed to have no consciousness. She refused to take nourishment, and clenched her teeth when the cup was presented to her mouth. Pulse barely



to be felt; skin cold; and hands of a dull red tint; mouth covered with sordes. The cannabis was omitted, and she was ordered to have five grains of disulphate of quinine four times a day.

10 P.M. Chloroform inhalation was commenced about 3 P.M., and she was kept tranquil by its means most of the time; the inhalation being repeated when the jactitations returned. The pulse was still extremely weak, not always to be felt; the heart's action was very quick and weak. Brandy and beef-tea were given by enema, and the attendants got down what they could by the mouth.

March 3rd. She was quite tranquil this morning, and took nourishment pretty well. No chloroform was given since 4 A.M., after which time she slept till 8 A.M. Pulse more distinct. She seemed scarcely to be conscious, but made an effort to put out her tongue when I pressed her to do it. Since yesterday she had been taking fifteen ounces of brandy *per diem*.

March 4th. She had a very good night; took her food well; the chorea had almost disappeared. She showed some consciousness, but looked very wild. Pulse distinct, 100; no fever spots visible; abdomen quite collapsed and caved in. Tongue rough, white, and dryish. She was ordered to have three eggs.

March 5th. Pulse 117, weak; tongue dryish; lips cracked; countenance more natural. She remained quite quiet in bed.

March 6th. Eyes sunken; lids half-closed, their edges smeared with mucus. She seemed unable to open her mouth; but sucked her food down from a spoon. The pupils were of medium size. She was semiconscious; breathing irregular, deep and jerky at intervals; pulse feeble and very quick, about 120. The heart's action was stronger; and there was a loud, rather harsh bruit heard at the apex, where it was loudest, and also at the base. There was no eruption on the abdomen. She passed all her urine under her; some which was procured was clear, of specific gravity 1020, not albuminous, and deposited on standing a flocculent sediment containing some largish epithelial cells (vesical, I think), and great numbers of small and medium sized hyaline casts, as well as some containing reddish-yellow pigment-granules. She was ordered an enema of brandy and beef-tea at night.

R Potassæ iodidi gr. ij; tinct. cinchon. flavæ ʒij; aquæ ʒj. Fiat haustus quater die sumendus.

March 7th. She was pulseless, but warm; temperature 103°. She was noisy and called out much in the night, changed much about 4 A.M., and had been soporose ever since. She could barely swallow; and died soon afterwards.

POST MORTEM EXAMINATION, March 8th. There was a commencing bed-sore on the sacrum. The lungs were rather congested, but healthy. The heart appeared small; weighed only seven ounces. The left ventricle felt firm, and was well contracted; the right was flaccid, and contained a good deal of soft coagulum. The right valves were healthy, and so were the aortic; the mitral presented, along the upper edge of its attached flap, a series of small vegetations, which appeared soft, and evidently of recent origin; one similar was detached from the anterior moveable flap during the examination. There was no trace of emboli anywhere. All the abdominal viscera were healthy. Peyer's patches in the small intestine were not at all enlarged. The spleen was healthy, free from fibrinous deposits. The brain and spinal cord were normal; the latter was pale in its interior throughout, but at its lower part some large veins were seen on its surface, gorged with blood. The brain was "wet", venously congested only, rather pale than otherwise; its structure was everywhere

healthy; its weight was thirty-eight ounces. Examination of slices of the spinal cord in various parts discovered no glomeruli, nor any granular coating of the vessels. In one portion of the hemispheres, the precapillary vessels were found extensively coated with granular opaque matter; in another, they were quite normal; no glomeruli were found anywhere. The fresh cut surface of the hemispheres did not alter the colour of litmus-paper moistened with distilled water. The vegetations on the mitral valve were evidently outgrowths from the membrane; they presented masses of nuclear corpuscles, spherical and elongated, lying imbedded in a mass of soft granulous matter; these masses were deposited in various places among the normal fibres.

CLINICAL REMARKS. The diagnosis that the chorea had a rheumatic origin in the above instance was warranted during life by the mitral murmur, and was confirmed at the autopsy by the valvular alterations discovered. The murmur, however, did not appear to me to afford conclusive evidence; it was possible that it might be functional, owing to irregular action of the columnæ papillares. Moreover, the patient's aspect during the last few days of her life was so much like that of one in low fever, her brain so bewildered and feeble, and the condition of her cerebral faculties so much like that which is seen in severe typhoid, that I was by no means certain what was the true nature of the malady until dissection showed us a healthy intestine, and a mitral valve bearing unequivocal traces of endocarditis. This lesion speaks almost as strongly for rheumatism as the known alteration of the aggregated glands does for typhoid. The case affords another example of the connexion which is occasionally found to subsist between rheumatism and chorea. It goes somewhat to substantiate the opinion expressed by Dr. Kirkes in one of his latest essays, "that whenever chorea occurs in association with acute rheumatism, the valves of the left side of the heart are inflamed; and that, therefore, the association is not between chorea and rheumatism, as usually believed, but between chorea and valvular disease of the heart excited by rheumatism." He prefers the view that the valvular lesion produces the chorea, rather than the converse, or than that which regards both as the result of some common cause. To my own mind, the latter view appears far the most probable, and to be much more consonant with our knowledge of the various complications of rheumatism, and those of typhoid and other fevers. Delirium often, unquestionably, is produced by rheumatism, without there being any cardiac affection; so that we must regard it as the direct result of the miasm, just as much as the articular or cardiac affections when they occur either together or separately. Delirium and chorea coexisted in my case; both symptoms were tranquillised by the chloroform, and both may fairly be regarded as the result of a common cause, acting differently in different organs. The valvular lesion I rank as a third result of the rheumatic miasm; and, had life been prolonged, we should probably have had a fourth, in the shape of articular affections. The connexion between these several disorders I believe to be quite analogous to that subsisting between the delirium, deafness, subsultus tendinum, intestinal ulceration, and pneumonia, of typhoid. If the endocarditis was the chief motor of the chorea, we ought to witness this complication much more frequently than we do in acute rheumatism. Dr. Kirkes dwells very justly on the general enfeeblement and paresis of the nervous centres in the class of cases he is alluding to, and fully admits the malnutrition to which they are subjected. This malnutrition was very marked in my case, the brain being no less than



six ounces below the average weight of that of the female. Though its tissue was apparently healthy, yet microscopic examination discovered some traces of inflammatory exudation on the minute vessels of some parts of the hemispheres. Trousseau (*Clinique Méd.*, vol. ii, p. 170) relates a case of chorea complicated at first with endocarditis and articular inflammation, and subsequently with cerebral disorder of a very marked kind, which seems to have depended on a degree of meningitis, and was treated successfully with calomel. In my case there were no such symptoms of meningitis as existed in Trousseau's (strabismus, pain in the head, slowing of the pulse and respiration); and I have not the least idea that calomel would have rendered any service. Though the general powers were so greatly prostrated from the first, yet the administration of chloroform during many hours at intervals, for which I am greatly indebted to Mr. Mahon, was well borne, and gave us for some time great hopes that we should be able to bring her through. These, however, were doomed to be disappointed; and, in spite of the most diligent administration of food and stimulus, her heart's action failed, and she sank. The fatal asthenia can scarcely be ascribed entirely to the muscular agitation, severe as it had been; for this had quite ceased during the last four or five days of her life. I believe we must regard this case as very similar to the one I recently commented on of violent rheumatic delirium proving fatal by sudden collapse, and must consider that in both the rheumatic miasm, owing to some peculiarity of vital condition, so depressed the nervous power, that life could not be sustained. In both cases, the primary affection of internal vital organs, instead of the less important articulations, is a sure indication of the impaired energy of the whole system, and of its diminished capacity to resist the injurious effects of disease.

## Transactions of Branches.

### SOUTH MIDLAND BRANCH.

#### PRESIDENT'S ADDRESS.

By EDWARD LAWFOOD, M.D., Leighton Buzzard.

[Delivered at Bedford, June 7th, 1866.]

I HAVE no sympathy, gentlemen, with the feelings of that man who can accept for the first time the post which your kindness has conferred on me without feelings of misgiving as to his ability to perform the task, and it is on that account, that I crave at your hands to day, all that kindness and consideration which on these occasions you are ready to bestow.

These feelings of embarrassment are in no degree diminished when I consider, on the one hand, how ably this chair has been filled on former occasions, that it has been graced by a Barker and a Ceely in Bedford, and by a Francis and an Ashdown in Northampton, and on the other hand, that I have for an audience an assemblage of medical men, who are as devoted to their profession as the members of any branch of the great British Medical Association.

It is not my intention to detain you by giving a long address on this occasion, but there are duties which devolve upon me as your President, and there are remarks which it becomes me to make, and from these I must not shrink.

First, as to the South Midland Branch of the British Medical Association; it appears that it numbers about eighty or ninety members, and is in a healthy state. And as we form our opinion of the health of the natural body by its activity, so would I have you form your opinion of the healthy state of

the medical body by the activity of its individual members. The question naturally arises—Have we as a Branch maintained our social position as active members of the body medical? Have any of our members deserved well of their country, or distinguished themselves above their fellows?

It is now scarcely a year since a gold medal, offered by the British Medical Association, and thrown open to its members for competition, found a resting place in the town of Bedford. This was a subject of congratulation; but scarcely had these notes of congratulation died away, when lo! "the silver cord is loosed, the golden bowl is broken," and the spirit of Herbert Barker has taken its everlasting flight; we must not look for perfection; but it would ill become me to pass over his loss in silence. But why should I, in the town of Bedford, record the virtues of the dead? You know his zeal in the exercise of his profession. You know his devotion to the public good. You know how warmly he espoused on all occasions the claims of this Branch of the British Medical Association. Indeed, I may say, that he was the first to impress my mind with the benefits it might confer on us as a body; and I cannot for a moment doubt that, if it had pleased Providence to prolong his life, he would one day have occupied the highest position that it is in the power of this Association to bestow.

I need not remind my audience that Dr. Barker obtained the Fothergillian as well as the Hastings Medal; the first on Malaria and Miasmata, the latter on Deodorisation and Disinfection.

During the past year, Providence has thought fit to visit us as a nation with a dire calamity. Our flocks and our herds have died by thousands and tens of thousands; and it must be gratifying to you to know, that the Government of this country selected a member of our Branch (Mr. Robert Ceely) to serve on the Royal Commission; and, moreover, it reflects no slight credit on the gentlemen who formed that Commission, many of whom were medical men, that, slightly as their opinion was received at the commencement, and much as they were derided by newspaper writers, the time has now arrived when justice has been accorded to them, and the wisdom of their advice not only acknowledged; but put into practice with success, by the nation at large.

On looking over the *Medical Directory*, I find the names of sixteen gentlemen mentioned as practising in the town of Bedford, and on referring to our list of members, I find that but two of them are members of our Branch. One of our Northampton friends, writing to me on this subject, said with truth: "We are well represented in Bedfordshire, but not in Bedford town!" This is a subject for regret. The town of Northampton affords a pleasant contrast with this; there, the board room of the County Hospital is considered the proper arena for such discussions as these; and I think I might be allowed to assure the members of the hospital staff in this town that we should not only be proud of their society, if they would come amongst us on these occasions, but that we should receive them with open arms.

Medical men at the present day possess immense advantages, and a word or two should be said of these excellent societies, which afford us such great facilities for obtaining information at a small cost: I allude to the New Sydenham Society, the Ethnological Society, and others. Our ancestors would have required a knowledge of half the European languages; they might have spent their nights in study and their years in travel; they might have ransacked the libraries of Europe, and could not then have obtained that diversity of medical information supplied by the New Sydenham Society



alone. This Society not only gives you translations of the best living authors, but it reproduces the works of those who have left us that richest and noblest inheritance, "the undying legacy of thought." I have been one of the Honorary Local Secretaries of the New Sydenham Society since its formation, and it will afford me pleasure to forward the names of any gentlemen who wish to join it.

I cannot omit to notice the pleasing fact that our neighbours the French have erected a statue to the memory of our immortal Jenner, during the last year; as if to compensate for the slight which our own Government has visited on the memory of one of the noblest members of our profession, by removing his statue from its pedestal in Trafalgar Square.

The introduction of lady nurses into our hospitals, is, we may say, one of the novelties of the present time. King's College, the University, St. Thomas's, and the Great Northern, have already availed themselves of an example so long set us by our continental neighbours.

The introduction of light wines into the sick room, and almost into the *Pharmacopœia*, is another sign of the times, on which we may congratulate ourselves. The fearful adulteration and fortification by ardent spirits, of the wines of Spain and Portugal have worked a reformation for us, and we are once more returning to the habits of our ancestors, and are beginning to appreciate again the more healthful wines of France.

And now, gentlemen, in conclusion, I wish I could impress you more and more with the dignity of your profession, with the necessity of maintaining that manly bearing which gives dignity to it, with the necessity of united action in drawing closer and closer the bonds of professional brotherhood, and also with the necessity of supporting this great British Medical Association, which ought—as a silver cord—to bind us all together. Remember, that you occupy no subordinate position, for, if on our metropolitan professors devolves the noble task of demonstrating the truths of medical science, to you undoubtedly is entrusted the high commission of making that profession respected by the public, and beloved.

#### SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEDICAL MEETINGS.

A CASE OF CHOREA, ENDING FATALLY, IN A YOUNG MAN AGED 20, COMPLICATED WITH DISEASE OF HEART AND BRAIN: POST MORTEM.

By S. MONEKTON, M.D., Maidstone.

[Read September 28th, 1866.]

JAMES F., a young farmer, well grown and robust, enjoyed good health up to the commencement of the present year. In February, he became wet through while rabbit-shooting on a bleak cold hill, and stood about wet for three hours. A decided chill was the result. He continued aching and invalid for some weeks, but did not keep his bed for a single day. He received a few visits from his medical attendant, who discerned rheumatic symptoms of a vague and ill defined nature about him, and permitted his return to office-work, but not to out-door occupations, about eighteen days after exposure to wet and cold. He continued in fair health and engaged in book-keeping for two months.

On Sunday, May 13th, certain odd and irregular movements of one hand were noticed after his dinner. These increased and made him indisposed. On Tuesday, he saw his medical attendant, who sent him to me on Thursday with a letter.

On that day, the fifth after the movements began, he presented the unusual spectacle of a young and

powerful countryman with very pronounced hemichorea—i.e., St. Vitus's dance, affecting one side only. The movements were unmistakably choreic; and even then a dash of the characteristic fatuity of expression was manifest on his countenance. No symptoms were complained of, except the movements and imperfect sleep. No distinct history of rheumatism could be discovered in the past, nor evidence of it found in the present. His heart was examined then and there; with the more care, on account of the difficulty of finding adequate causes for the attack in other quarters. A guarded, but hopeful, opinion was expressed; accompanied by a warning that he would most likely, for a time, become worse, and that the jactitation, then strictly unilateral, would become general. An aromatic mixture, with sulphate of magnesia and sulphate of iron, was prescribed, and all book-work forbidden.

In three days (the 8th), he was so much worse as to be unable, with any safety or comfort, to leave his bed. He was perfectly rational, and free from pain, dyspnoea, cough, headache, and every other symptom; but the twitches of face and the twistings of body and limbs were violent and uncontrollable, affecting the whole frame. The articulation was confused and broken up, and deglutition spasmodic and gulping; but the whole storm subsided perfectly during the short sleeps he was able to obtain. The urine, carefully watched for rheumatic indications, was high coloured and acid; but hardly more so than the limited consumption of fluids and the unlimited consumption of tissues would be adequate to explain. The heart was again attentively examined by myself and his usual attendant, Dr. Norton of Waterbury, but without result; nothing unnatural was to be heard.

Four days later (the 12th) much the same condition was existing. He was somewhat weaker, and his eyes were watery and bloodshot from want of sleep; but no evidence of anatomic lesion, cerebral or cardiac, was to be discovered. A large dose of henbane and a small one of morphia was ordered for alternate nights, and other measures adopted, which it is needless to detail at length.

Three days after this (the 15th), he had slept better and taken more food, and the movements were subsiding. Still his improvement was not decided or perfectly satisfactory; and our report was qualified by the reminder that there might be latent head mischief to prove fatal, even though the chorea was passing away.

In three days more (the 18th), he was found sitting up, free from jactitations altogether, his countenance quiet and cheerful. There was vague complaint of pain, or rather uneasiness, about the left ear; with, for the first time, a very slight defect of power in the right arm. The pupils were perfectly equal, but rather small. The pulse struck us particularly, being 120. Through the day he continued better; he could feed himself, and was in good spirits; but in the evening more forebodings were aroused, for the pulse had fallen to 60. He went to bed without any medicine, sedative or aperient, and was soon fast asleep; but in the morning, attempts to rouse him having failed, Dr. Norton was summoned, and found him comatose. The same afternoon, he was again visited by Dr. Norton and myself. He was supine, bathed in sweat, utterly unconscious; the urine was running off; breathing slow, irregular, and laboured—in short, his condition was one of profound apoplectic coma. Pupils still even, and of medium size; no hemiplegia could be made out. The pulse in the left wrist was full and thumping, as in reaction after cerebral hæmorrhage; but no pulse whatever could be felt in the right radial or brachial artery. In the axillary, pul-



sation could be found; this phenomenon was detected by Dr. Norton, and fully confirmed by myself. Once more, while he lay unconscious, with this clear indication of embolism, we both auscultated his heart, and, although the action was unnatural and tumultuous, there was no bellows-sound. The next day he died.

Twenty-four hours after death, a *post mortem* examination was made.

The body exhibited great discoloration. There was much emphysematous inflation of cellular tissue about upper thorax, axillæ, and base of neck. Decomposition had evidently advanced at a rapid rate. The calvarium was thick, strongly connected with the dura mater, and torn off with difficulty. There was hypostatic congestion of the superficial veins and sinuses about the occiput; but nothing strictly morbid to be seen upon the surface, either on the convexity or base. The right hemisphere, being carefully sliced down, was healthy throughout. The left hemisphere was so also, down to and including the lateral ventricle; but imbedded in the white matter of the middle lobe, over the petrous bone of that side, was found a small mass of claret-coloured softened brain-tissue, equal in bulk to a small filbert, with well defined borders, not shaded off, but easily separated from the sound white matter in which it was embedded; no sign of supuration in connection with it. On opening the thorax, the lungs collapsed imperfectly, but appeared healthy. The pericardium was also healthy, non-adherent, and without effusion. The heart itself was more dilated, thin, and rotten, than would have been expected. The endocardium was natural; but on one aortic semilunar valve was a large warty growth of fibrinous character and castellated shape, attached with much firmness to the inner surface of the valve, but still separable by pulling; its base covered two-thirds of the surface of one valve, extending fully to the free border on one side, and to the line of attachment to the arterial wall on the other side; its bulk was about three times that of a barleycorn; no blood-corpuscles were entangled in it. On detaching the growth by moderate force, the serous glaze of the valve was gone, and no amount of washing could restore it.

The difficulties peculiar to a *post mortem* examination in a private house prevented our dissecting out the axillary and brachial artery; but no embolus could be found up to the point where either subclavian left the chest.

Among the points which this case appears to suggest for our discussion are the following.

1. The mischief which rheumatism, *other than acute and articular*, is capable of effecting in the heart. Many who now hear me must have remarked the difficulty there is in tracing to a distinct cause a large portion of those chronic cases of heart-disease that are continually presenting themselves to our notice. We see, of course, often enough, acute rheumatism issue directly in valvular or pericardial lesion; and with perhaps equal frequency patients come before us in whom this organic damage has clearly originated in some definite and antecedent attack of rheumatic fever; but are we sufficiently alive to the mischief that may be insidiously wrought upon the cardiac structures in the course of a feebly developed rheumatic illness, not confining the patient to bed for a single day? Analogy would, indeed, lead us to conclude that the fibrous tissues of heart valves and orifices might become slowly contracted, modified, and stiffened, just as the same structures do in the case of joints; but here it seems difficult to doubt that a case of distinct inflammatory outgrowth from a serous surface was the result of a rheumatic contamination so vague and latent as hardly to have

been recognised as such at all. On the other hand, we may consider how far these vegetations owe their origin to endocarditis, which has occurred independently of rheumatism altogether? Are there other agents of blood-contamination—urea or bile-elements, for instance—which are to be held as occasionally responsible for this class of injuries? Do we not get occasionally idiopathic endocarditis of a sub-acute form, as we do an overlooked pleurisy? and is not the difference of pathologic result purely attributable to differences of anatomic condition?

2. We may remark on the strange absence of auscultatory evidence which was connected with the existence of a large deposit intruding itself so formidably into the aortic current. I was quite unprepared to believe that so much mischief could be compatible with apparently normal stethoscopic signs; but the conclusion must be accepted, for the formation of the deposit must have long preceded death; and a murmur, if present, could not have escaped detection in the course of all the careful examinations that were practised throughout the three weeks by Dr. Norton as well as myself.

3. It appears to be suggested to us, that the injection of a small embolus into one of the cerebral arteries does not of necessity command instant attention, or develop immediate symptoms. It can hardly be doubted that, in the present case, such injection occurred some weeks or even months before death, without giving rise to any remarkable symptom, but leading on to the destruction of a small tract of brain-substance.

Lastly, we may conclude that chorea is *not*, as has been lately taught, at all exclusively associated with morbid conditions of the optic thalami, for both these organs were typical and healthy. *Post mortem* examinations in connexion with chorea are rarely obtained, and still more rarely lead to decisive results. Probably, in this case, the red softening had but little direct influence in producing the erratic movements, which are more likely to have originated in some damaged nutrition of brain-cells or disturbed equilibrium of molecular forces, than in any sort of cognisable anatomic change.

**WEAK EYES.** Some time ago, at the Academy of Science, M. Foucault said that the sun might be contemplated with impunity through a lens covered with silver leaf, the latter being just transparent enough to allow of the sun's disc being seen very clearly, though "shorn of its beams." A few weeks ago, the Academy received a communication from M. Melsens, in which he described a useful application of M. Foucault's discovery. He states that about the beginning of last July he received an injury from the bursting of a balloon containing a solution of iodine and liquid sulphurous acid, whereby both his eyes were attacked with inflammation. Great weakness of the eyes remained, so that light was painful to him. He then had recourse to the sort of spectacles used by engine-drivers on railways. These spectacles are provided with black glasses, and as these were still too transparent M. Melsens put green ones over them. In this way they answered tolerably well, but the author ultimately used preservers with pale blue glasses, which he covered mechanically with either gold or silver leaf, and this he found to answer best of all, the light so transmitted being exceedingly pleasant, especially in the case of gold leaf. The latter when yellow lets green light pass, when green (that is, alloyed with silver) the eye receives blue light. M. Melsens, therefore, thinks that persons labouring under the inconvenience of weak eyes will derive great relief from spectacles so prepared. (*Galignani.*)



## Reviews and Notices.

LECTURES ON CLINICAL MEDICINE, delivered at the Hôtel Dieu, Paris. By A. TROUSSEAU, Professor of Clinical Medicine in the Faculty of Medicine, etc. Translated and edited with Notes and Appendices by P. VICTOR BAZIRE, M.D. Lond. and Paris, Assistant-Physician to the National Hospital for the Paralysed and Epileptic, etc. Part I, pp. 276. London: 1866.

THIS is, Dr. BAZIRE says, the first instalment of a translation of M. TROUSSEAU'S *Lectures on Clinical Medicine*—a work which, both from the reputation of its author and its own merits, has met with high appreciation in France. In the part before us, seven lectures are given.

The first lecture is on Cerebral Hæmorrhage and Apoplexy. The case which formed the foundation of the lecture was that of a patient in hospital under treatment for chronic pulmonary catarrh, who, without any premonitory symptoms, found that his speech was embarrassed, and that the motion of the right upper limb was impaired. There was no intellectual disturbance, nor impairment of the senses or of sensibility. M. Trousseau recognised in this patient an attack of *cerebral hæmorrhage*; and his reason for arriving at this diagnosis he states to be, that the paralysis of the facial muscles was less complete than that arising from disease of the seventh nerve.

He then goes on to comment on what he regards as a matter of much importance—the distinction between “*cerebral hæmorrhage*” and “*apoplexy*.” “There is a great difference between cerebral hæmorrhage and apoplexy, although some confound them still, in spite of the majority of our classical authors, who try to do away with this deplorable confusion.” The term apoplexy he would confine to its old meaning—an affection in which the individual is suddenly struck down. This, he says, is often the result of conditions very different from cerebral hæmorrhage; *e.g.*, cerebral softening, accumulation of serum in the ventricles, extreme congestion, or embolism; and, again, cerebral hæmorrhage may occur without producing apoplectic phenomena. He asserts that the production of apoplexy, strictly and properly so called, as the first and foremost result of cerebral hæmorrhage, is at least a very rare occurrence.

“For more than fifteen years my attention has been directed to this point in the history of cerebral hæmorrhage, and I never had the chance, *never once*, of seeing a patient struck down suddenly by *apoplexy*, in the classical and etymological sense of the word. I have not seen a single case in my hospital or my private practice, or in the practice of my professional brethren who have done me the honour of asking me to meet them in consultation. I have, indeed, seen a great number of individuals suffering from cerebral hæmorrhage, in the most profound apoplectic stupor; but in every case, *without exception*, when the attack had occurred in presence of witnesses, it had come on gradually, and had in general been slight at the outset, coma supervening ten minutes, half an hour, or several hours afterwards; but in no single instance, I repeat, have I seen a man with cerebral hæmorrhage struck down as by a

blow, and dropping instantly into a state of unconsciousness.” (P. 7.)

The treatment adopted in the case referred to at the beginning of the lecture was simply *nil*; and M. Trousseau explains his reasons for abstaining from active measures—bloodletting especially. The hæmorrhage, he says, is a *fait accompli* when its symptoms are first presented. Bloodletting and purgatives are said to empty the vessels and promote absorption of the extravasated blood; and also to antagonise cerebral congestion, and thus prevent the risk of increase or renewal of the hæmorrhage. But, he argues, does any one think of employing local or general bloodletting to remove other extravasations of blood; *e.g.*, ecchymoses under the skin? And can we act more powerfully on ecchymoses of the brain than on those of other parts of the body? And, as to congestion, this he believes to be as much an effect as the cause of extravasation of blood; and bloodletting, in place of being useful, has seemed to him to be hurtful, and to favour instead of prevent congestion. Even in the febrile reaction following hæmorrhage, where to many bloodletting would seem to be indicated strongly, M. Trousseau regards such treatment as more likely to do harm than good.

The treatment which he adopts in cases of cerebral hæmorrhage, and especially in apoplexy, he thus describes.

“Instead of bleeding my patients, of putting them on low diet, and keeping them in bed, I do not draw blood from them, I recommend them to get up if possible, at least to remain in the sitting posture, and I feed them. I am convinced that I thus obtain much more favourable results than when I interfered more actively, and that patients so treated do a great deal better than those whom I bled in former days, kept on low diet, and confined to their beds.” (P. 11.)

“I am not the only one who regards bleeding, and the other means usually recommended in cerebral hæmorrhage and apoplexy, as useless and inconvenient. Very recently one of my colleagues, Professor Monneret, declared that he had for a long time given up the active treatment which, like myself, he formerly had recourse to. Far from lowering his patients, he feeds them, and gives them wine. Since I have conformed to the rule of keeping up the strength of my patients by giving them food in moderation, I find that the bad symptoms under which they labour disappear more rapidly than when I interfered actively.” (P. 13.)

Having disposed of the question of treatment, M. Trousseau offers some remarks on the diagnosis between cerebral softening and hæmorrhage. Here he follows Recamier, who held that the occurrence of *sudden* and complete hemiplegia, without loss of consciousness, denotes softening; “whereas the complete loss of motor power is attended by loss of consciousness, whenever, especially, the individual has become suddenly comatose, hæmorrhage may be diagnosed, and hæmorrhage to a considerable amount.”

The second lecture is on Apoplectiform Cerebral Congestion, and its Relations to Epilepsy and Eclampsia. When, says M. Trousseau, a man is suddenly seized with apoplectic symptoms, or with giddiness, and recovers in the course of a few minutes or hours, he is said by many to be suffering from cerebral congestion, of greater or less intensity. This opinion M. Trousseau himself once held; but he no longer



does so. Facts which he relates have come under his notice, which have led him to the conclusion that the majority of cases of so-called apoplecticiform cerebral congestion are in reality cases of epilepsy; and a close examination of the histories of the cases has confirmed him in the belief.

He then enters on the question of the criminal responsibility of epileptics. He repudiates the doctrine, "that, because a criminal is epileptic, he should be exonerated from all criminality." But, he argues, an act of homicide, or of injury to himself or to others, may be committed by an individual during the epileptic state, and as a result of the impairment of the will by the epileptic shock; the reason, before and after the committal of the act, being entire, and the act itself being committed without any knowledge on the part of the epileptic, and without his retaining any recollection of what has been done.

"The very reverse obtains in the case of an insane individual, who is prompted to his acts by hallucinations or by motives connected with his delirium, but who still acts with a very determined will after long and matured premeditation.....

"I admit that the acts of an individual poisoned by alcohol, belladonna, or hachisch, may be unpremeditated and committed under the influence of an irresistible impulse; and that all recollection of them may be completely lost, as in the case of an epileptic. I admit that an idiot whose intelligence and moral sense do not rise to the level of those of the lower animals may kill a man, as he breaks a piece of wood, without being conscious of his act, or keeping any recollection of it. But I never meant to include these particular cases in the general proposition I laid down, since I supposed a complete integrity of the reason immediately before and soon after the perpetration of the criminal act." (P. 27.)

M. Trousseau comments at some length on the relations between apoplecticiform cerebral congestion and epilepsy and eclampsia. In many cases, he says, epilepsy is unrecognised through the unwillingness of the patients and their families to acknowledge the existence of the disease. The phenomena are described in such a way as to lead to the idea of cerebral congestion; and hence medical men are misled as to the frequency of occurrence of cerebral congestion. Further, according to M. Trousseau, many cases of so-called cerebral congestion are in reality cases of internal convulsions, or of vertigo connected with disease of the internal ear or with dyspepsia.

Cerebral congestion, M. Trousseau says, is often assigned as the cause of the sudden and violent insensibility supervening on an attack of hæmorrhage in the brain. He does not deny the existence of such congestion; but he at least greatly limits its importance.

"There is another symptom to which sufficient importance has not been attached, so far as I know; namely, a kind of stupor which follows on commotion, and to which I have given the name of *Cerebral surprise*. When the brain is suddenly torn or compressed, it bears such a grave lesion with an impatience which varies according to individuals, but which may be very considerable in some cases." (P. 31.)

In illustration, he refers to the sudden and transient stupor, followed by hemiplegia, etc., which occur in cases of wounds of the brain, or in the experiment of introducing a foreign body between the

dura mater and brain of an animal. "In this experiment," he says, "no cerebral congestion can be appealed to; and it must be admitted that the brain is somehow surprised by an accident which is accompanied by a transient disturbance."

The practical conclusion which M. Trousseau draws is this:

"If the proposition which I have attempted to prove be true, it will be conceded that we must less frequently have recourse to revulsives and to antiphlogistic measures in the treatment of these cases of pretended cerebral congestion, and that we must seek for other indications more in conformity with the views that should be entertained of the various conditions too often confounded under the same denomination." (Pp. 31-2.)

Cerebral congestion, then, M. Trousseau shows, is not to be held as the cause of the symptoms which are often attributed to it. But cerebral congestion does occur; and M. Trousseau points out under what conditions. In a woman during labour, very severe efforts are often made during the passage of the child's head, and her appearance leaves no doubt that the cranial sinuses and the brain are congested—and yet it is not in this state that eclampsia generally occurs. Again, there is no doubt cerebral congestion during an attack of whooping-cough—but nothing like eclampsia and its attendant apoplectic phenomena; and further, acrobats, and porters who carry heavy burdens, "and who get almost blue in the face, whilst the blood-vessels of the neck are turgid", are not seized while in this condition with sudden loss of consciousness or of muscular power.

"Let us admit, then, that so long as the blood is not altered in its intimate composition, and is not extravasated, it is not so injurious to our tissues as is commonly said; and that something more than a purely physical congestion is needed to produce the apoplectic phenomena which succeed epilepsy or eclampsia." (P. 35.)

Before concluding the lecture, M. Trousseau protests against being misunderstood. He does not, he says, deny the existence of cerebral congestion; but he holds that such congestion never produces the sudden and transient apoplecticiform phenomena attributed to it. Congestion may and does sometimes produce symptoms of apoplexy; but they are neither sudden nor transitory.

With one more extract, which summarises M. Trousseau's views of the relations between cerebral congestion and epilepsy, we must leave this subject.

"There are two very distinct conditions in an attack of eclampsia or of epilepsy, whether idiopathic or symptomatic: 1. *A cerebro-spinal modification*, unknown in its essence and in its nature, which in a second abolishes all the manifestations of animal life. Of the two, this is by far the more important condition. 2. *A secondary cerebral congestion* which, although less important, may in some extremely rare cases be carried so far as to produce subcutaneous ecchymoses, cerebral capillary hæmorrhage, and even meningeal hæmorrhage." (P. 36.)

The third lecture is on Epilepsy. In his remarks on this disease, M. Trousseau calls attention to a sign which was described by Van Swieten, on which, he thinks, not enough stress has been laid.

"If you examine an epileptic carefully after one of his fits, or, better still, several hours afterwards, you will often find on his forehead, his throat and chest,



minute red spots, looking like flea-bites, which do not disappear on pressure, and have all the characters of ecchymoses. .... Not only are the small red puncta I mentioned observed, but large ecchymoses also, which are produced in the same way, and apart from all contusion." (Pp. 48-9.)

If, says M. Trousseau, a patient complain that he has had pain and heaviness in the head on waking in the morning, that he has during the night passed his urine or motions involuntarily; if his tongue be painful and swollen, or cut in several places; and if ecchymosis be noticed on the forehead and throat—it may be affirmed that he has had an epileptic fit during the night.

In the course of the lecture, M. Trousseau, besides noticing the symptoms and treatment of epilepsy, comments on the relation of the disease to insanity, on hereditary taint as a cause of epilepsy, and on the influence of marriages of consanguinity; and also on the diagnosis between epilepsy and eclampsia, and on the differential diagnosis between epilepsy and hysteria.

M. Trousseau does not appear to have used bromide of potassium in epilepsy; and this gives occasion to Dr. Bazire for some remarks on the use of this remedy, which will be found at p. 98. Dr. Bazire says that the results of its administration at the Hospital for Paralysis and Epilepsy has been such "as to warrant the conclusion that it is infinitely superior to all the other remedies that have been recommended against epilepsy." He believes that better effects are produced by the continued administration of moderate doses of the bromide, than by trying to crush the disease at once by giving large doses, so as to induce the phenomena called *bromism*.

The fourth lecture is on Epileptiform Neuralgia. Under this term, M. Trousseau includes two varieties—one, the more common, characterised by neuralgic pain without convulsive twitches; the other accompanied by convulsive movements. These disorders—simple epileptiform neuralgia, and convulsive epileptiform neuralgia or *tic douloureux*—must, he says, be distinguished from the other cases of pain in the course of the fifth nerve which are classed together under the name of trifacial neuralgia. These are readily remediable; while the disease under description is obstinate—so much so, indeed, that "even now, after more than thirty-six years of practice, *I have never known it to be cured in a single case radically*." Opium in large doses is the only remedy in which he appears to have any confidence, as a means of producing, if not cure, at least that amount of relief which most nearly approaches cure.

"Of all the therapeutic agents which I have used—and I have tried a good many with extreme perseverance—opium is the drug which has least disappointed me. .... In the treatment of epileptiform neuralgia, opium should be administered in large doses, which cannot well be determined *à priori*. They should be gradually increased until the pain is quieted, so long as no unpleasant effects shew themselves.\* It may be laid down as a general rule, that the doses which in a state of health give rise to very marked functional disturbances, are on the contrary well borne in proportion to the intensity of the pain. There are also idiosyncrasies which cannot be known

beforehand, and which may completely preclude the administration of opium in sufficient doses." (P. 115.)

The subject of the fifth lecture is Glossio-Laryngeal Paralysis. The remarks made by Professor Trousseau on this affection are highly interesting. He refers the paralysis to an alteration of the motor roots of the nerves which supply the affected muscles.

The sixth lecture is on Progressive Locomotor Ataxy; or, as the translator suggests that it should be called, Progressive Locomotive Asynergia. M. Trousseau defines the disease, and describes its prodromata, symptoms, varieties, etiology, and treatment. To this lecture, Dr. Bazire adds an appendix containing the histories of several well marked cases of progressive locomotor ataxy which have come under his notice at the Hospital for the Paralysed and Epileptic.

M. Trousseau's remarks on progressive locomotor ataxy are very instructive. He begins the lecture by remarking that, although the disease had been noticed and partially described by previous writers, to Dr. Duchenne of Boulogne is to be ascribed the merit of having been the first to describe the disease correctly, and to assign to it a distinct name. M. Trousseau accepts, though still incomplete, the definition given by Duchenne:

"Progressive abolition of the faculty of co-ordinating movements, and apparent paralysis contrasting with the integrity of the muscular power."

The characteristic feature of the disease, according to M. Trousseau's description, is a difficulty, more or less great, in maintaining the equilibrium in standing. The patient can walk, but throws his legs about in doing so. Formerly, persons having this uncertainty of gait were described as suffering from paralysis; but that there is not paralysis is demonstrated by the fact that the muscular strength is considerable, although the power of co-ordinating movements is lost. One of the patients whose cases form the groundwork of the lecture, is described by M. Trousseau as being

"A young man, whose muscular power is so great that his limbs cannot be flexed or stretched against his will. Although his gait be vacillating, he is strong enough to bear on his shoulders, when standing, a weight of 160 lbs., on condition, however, that he may rest on a friend's arm or on a piece of furniture; and he can carry on his shoulders several students in succession." (P. 145.)

Other patients, again, whose cases are referred to, could not, even when supported, co-ordinate their movements so as to walk, but thrust their legs about in a disorderly manner, especially when their eyes were closed; and yet, when they were sitting or lying, it was not possible to bend or extend their limbs against their will without considerable effort.

This want of the power of co-ordination is, then, the essential feature of the disease; but in only three instances out of more than fifty has M. Trousseau found it to be the only feature. It is generally accompanied by impairment of muscular sensibility, by analgesia, and by cutaneous anaesthesia.

The disease has premonitory symptoms. The most constant consists of pains of a peculiar character.

"They come and go off with the rapidity of lightning or of the electric spark; in some cases, however, lasting from a few seconds to a minute. They recur ten, fifteen, twenty times in an hour; and they come on in paroxysms several times in the

\* Among the cases which M. Trousseau mentions, is one of an old lady, who took daily from five to twenty boluses of crude opium, each weighing a drachm.



year, or in a month, often without any other exciting cause than variations of temperature. At other times they are of a boring character, and either simultaneously or successively attack limited, perfectly well defined spots, which the patient quickly compresses or rubs so as to diminish the pains. When the disease is confirmed, these pains may become continuous and gradually increased in intensity. These have been described by some authors under the names of *general neuralgia* and *neuralgic rheumatism*, but Dr. Duchenne was the first to point them out as preludes of locomotor ataxy. They are the most constant premonitory symptom of the disease; and yet, in September 1861, I had under my care at the Hôtel-Dieu a man aged 37, suffering from well marked ataxy, who had never had any pain." (P. 147.)

Other premonitory affections which may precede locomotor ataxy are nocturnal incontinence of urine; seminal losses; defective, or excessive, sexual appetite; certain forms of transient paralysis, affecting commonly the movements of the eye or vision; a sense of constriction of various parts of the body; and paresis of the rectum and bladder, or paralysis of their sphincters.

Little is known as to the etiology of progressive locomotor ataxy. It generally occurs, M. Trousseau says, between the ages of 20 and 40; and in eight cases recorded by Dr. Bazire in his appendix, the ages ranged between 30 and 40. It is met with sometimes in advanced age—M. Trousseau mentions the case of a patient aged 80; and Professor Friedreich of Heidelberg has described the occurrence of the disease in three patients aged 15, 16, and 18.

Males are by far more subject to the malady than females. M. Trousseau has seen it three times only, and Dr. Duchenne four times, in females. Dr. Bazire states that Dr. Topinard, in a monograph on the subject, gives 33 females *versus* 81 males, in 114 collected cases; and, in 70 cases collected by Eisenmann, 20 only were females.

"This relative protection of the female sex," says Dr. Bazire, "has not been noticed in the case of progressive locomotor ataxy alone, but seems to obtain in all forms of disease of the spinal cord, as would appear from a table published by Dr. Brown-Séquard, showing that, of 177 cases of paraplegia, 129 occurred in men and only 49 in women." (P. 199.)

As to hereditary predisposition, the difficulty of assigning this as a cause is great, in a disease which has been so recently studied. M. Trousseau seems inclined to admit the influence; he says, that the occurrence of various nervous diseases in other members of a patient's family gives a certain degree of authority for connecting the ataxy with these diseases, and ascribing to them all a common origin. Dr. Bazire finds no indication of hereditary predisposition, as manifested by nervous affections, in his eight cases; but he believes that predisposition sometimes occurs, as shown both by Trousseau's cases, by "those related by Friedreich, which include two individuals of one family and four of another, and by an instance related by Dr. Marius Carré, where eighteen members of a family became ataxic in turn."

M. Trousseau then goes on to describe the disease when fully developed.

"At the outset of the complaint, the patient staggers a little, especially as he gets up after having sat down for a long time. He rests on a stick or on the chair which he has just left, and he starts. As he takes the first step, the arm which does not rest

on the stick leaves his side and oscillates like that of a rope-dancer, and his body inclines a little forwards. His walk is at first slow and uncertain, but becomes involuntarily hurried. Whereas, in true paralysis, the leg is slowly lifted off the ground and is dragged along; in ataxy the foot is thrust forward in variable directions, and comes down suddenly. Instead of the measured flexion of the knee-joint, which obtains normally, the flexion is sudden, and followed by forcible extension. When the disease is in a more advanced stage, if the patient does not rest on a stick, he throws his legs about with still greater disorder, and the inequality of his steps renders the loss of equilibrium still more imminent. Both his arms are then moved about like those of a rope-dancer, and his trunk itself is inclined or straightened according to the displacement of his centre of gravity. This uncertainty and difficulty of progression do not prevent the patient from walking several miles on even ground..... When the disease, however, has made pretty considerable progress, the violence and irregularity of his movements soon exhaust the patient's strength, and he can scarcely walk a hundred paces before he gets out of breath, and is thrown into profuse perspiration." (Pp. 151-2.)

Even beyond this there is a stage where, though muscular power is retained, the patient cannot move a single step without falling; and the muscles of the trunk and even of the arms become implicated.

The prognosis is most unfavourable. Death supervenes; and more rapidly from the exhaustive suppuration produced by the bedsores which form. Sometimes, however, but rarely, some degree of motor power is regained.

The diagnosis of the disease, in its advanced and well-marked stage, is, M. Trousseau says, easy; but not so at the outset. The increased irregularity of the patient's gait when his eyes are closed has its diagnostic value principally in an advanced stage; not for the early period. M. Trousseau employs another diagnostic method, which consists in ascertaining whether the patient can, when his feet are closely applied together at their inner edges, maintain his equilibrium when his eyes are closed. A patient affected with paralysis can do this, M. Trousseau says; an ataxic cannot, but falls at once, unless supported.

An ataxic patient, M. Trousseau says, cannot maintain his equilibrium, because his muscles are in a state of aggravated spasmodic contraction; and in an advanced period of the disease, spasmodic contractions—powerful jerkings of the limbs—are frequently observed even when the patient is at rest.

As the disease becomes developed, the pains, already described as premonitory, usually become more intense—occurring sometimes in paroxysms lasting for a few hours or days, every week or month; sometimes being continuous, recurring from ten to thirty times in an hour for months or even years. Their onset is generally sudden.

In the majority of cases there is cutaneous anæsthesia, sometimes also anæsthesia of the mucous membranes; and, when the disease is fully developed, the affections of the eye—diplopia, amblyopia, amaurosis, etc.—which have been mentioned among the premonitory symptoms, recur and may become persistent. There is often loss of sexual appetite, and paralysis of the sphincters of the rectum and bladder. All these symptoms, however, M. Trousseau points out, are not of constant occur-



rence, and are, therefore, not to be regarded as essential to the disease, but only secondary.

The development of the disease is frequently imperfect; and its progress is usually slow—extending sometimes over a period of ten or twenty years. Sometimes, however, it runs a rapid course: M. Trousseau refers to a patient in whom the ataxy became generated in six months.

M. Trousseau comments at some length on the question of the existence of a special muscular sensibility—the *muscular sense* of Sir Charles Bell, and the *sense of muscular activity* of Gerdy. He does not, he says, deny that muscles are sensible of pain under certain circumstances—as when pinched, or during surgical operations; but he holds that there is no evidence of the existence of a special sense of muscular activity; and, therefore, he does not admit the theory which has been advanced by Landry, that locomotor ataxy consists in the loss of this sense. Cutaneous and deep sensibility may be affected; and yet the muscles may retain their power—the muscular sense of Bell and others. Again, this loss of sensibility is not sufficient to constitute ataxy, as was shewn in a patient of M. Trousseau's, in whom sensibility, both superficial and deep, was lost, and yet he could walk naturally, even when his eyes were shut. There must therefore be, in M. Trousseau's opinion, another element—viz., *spasms*.

Regarding the pathological anatomy of the disease, M. Trousseau gives the following summary of the appearances which have been met with.

“The anatomical appearances in ataxy are confined, as a rule, to the posterior columns of the cord and the roots which come from them; it is only in exceptional cases that the antero-lateral columns are implicated as well. These appearances consist sometimes in a kind of grey degeneration, and sometimes in a gelatiniform and translucent condition, in a diminution of consistency, or in a state of induration called *sclerosis*. In the greater number of cases the posterior columns are sensibly diminished in size, but in some very rare instances the volume is increased. The alterations of the posterior roots are proportionate to those of the cord; that is to say, they are most marked in the roots which are connected with the most diseased portions of the cord.” (P. 169.)

Again, at p. 179, he mentions three facts as especially striking:—“First, the atrophy of the nerve-tissue of the posterior columns and the corresponding roots; secondly, the development of cellular tissue, or hypertrophy of the *neuroglia*; thirdly, the vascularity of the diseased tissues.”

All these pathological conditions M. Trousseau considers to be, not the cause, but the effect, of the disease—regarding them, indeed, much in the same light as we have seen him regarding cerebral congestion, etc., in epilepsy.

As to the treatment, M. Trousseau holds out no hope of doing anything more than alleviating some of the symptoms. Methodical and moderate flagellation has moderated the pains in some cases; and he gives alternations of belladonna and spirits of turpentine, to calm the pain, when very acute. Nitrate of silver has been praised by Wunderlich, and by Charcot and Vulpian; but M. Trousseau has been disappointed in it. Above all, he says, the patient's strength must be supported.

The seventh and last lecture is on Aphasia. Of

this affection, M. Trousseau recognises three forms, characterised by—1. Amnesia of speech; 2, amnesia of speech and writing; 3, amnesia of speech, writing, and gesture. It may be transitory, or persistent. The subject is one to which M. Trousseau has paid a great deal of attention; and his remarks should be perused by all who are engaged in the study of aphasia.

In concluding—somewhat abruptly, as regards the last lecture—this analysis of the first part of M. Trousseau's lectures, we would express our obligations and those of the profession to Dr. Bazire for placing within the reach of all of us the matured views of one of the most distinguished of modern French physicians.

**OSTEOLOGY: A Concise Description of the Human Skeleton, adapted for the Use of Students in Medicine. Accompanied by an Explanatory ATLAS OF PLATES. By ARTHUR TREHERN NORTON, Assistant-Lecturer on and Demonstrator of Anatomy, St. Mary's Medical School. Pp. 128. London: 1866.**

MR. NORTON's object has been to give a simple description of the bones, easily comprehensible by those who enter for the first time on the study of osteology, the necessary preliminary of the study of anatomy. He has placed the plates in a separate book from the description of the bones, in order to avoid the inconvenience of constantly altering the pages and the position of the book. The figures, which represent the bones in various positions, have been very carefully drawn; and each bone is marked with figures referring to the attachment of muscles. We must say that we prefer, for the first study of the bones, the plan which dispenses with the mention of muscles by name. The student, we think, who is entering on a branch of knowledge so entirely new to him as osteology, has enough to do to learn the characters of the bones and the names of their processes, etc., and to notice that certain parts are intended for the attachment of muscles, without being burdened with the names of those muscles until he enters on the study of myology.

Although Mr. Norton has, in our opinion, put rather too much into his book, we have no doubt that it will be found very useful. In using it, or any other work of the kind, students must follow the very judicious advice which he gives.

“The student is advised always to have the bone as well as the plate before him, and, in following the letter-press, to place the former in its exact position with regard to his own body, the correctness of which may be ascertained by reference to the plates. The use of the plates without the bones cannot be too strongly denounced.”

DR. ANDREW SMART has published a series of recommendations for the use of the local authority in Edinburgh, in which the measures to be taken for guarding against cholera, or grappling with its premonitory symptoms, are concisely detailed.

DR. MARY WALKER lately visited Middlesex Hospital. The students were somewhat surprised at her appearance, for it seems that she has not only donned the M.D. but the breeches as well. She wears a low-crowned plain felt hat, a dark plush coat not quite reaching to the knees, and black cloth trousers. (*Sunday Gazette*.)



**ELECTION OF EDITOR.**—DR. MARKHAM having resigned the Editorship of the **BRITISH MEDICAL JOURNAL**, the COMMITTEE OF COUNCIL will meet at Birmingham on Thursday, the 22nd of November next, to fill up the vacancy. Communications on the subject will be received by the Secretary, MR. T. WATKIN WILLIAMS, 13, Newhall Street, Birmingham.

## British Medical Journal.

SATURDAY, NOVEMBER 3RD, 1866.

### CHOLERA LITERATURE.\*

PUBLICATIONS on the subject of Cholera continue to issue from the press. Whether they do or do not advance our knowledge of the disease, their number and variety suffice to prove how deep an interest the subject excites, and how differently it is viewed by different minds.

Sir Dominic Corrigan has re-published a map, which was originally constructed at his suggestion in 1850. The towns which suffered from cholera during the epidemic (1848 to 1850) are marked black; those which escaped the disease are marked red on the map; and it is seen that, in the western parts of Ireland, where there is a scattered population, little traffic, and little direct intercourse with other countries, scarcely a town escaped the disease; while, in the eastern half of Ireland, with its populous cities and towns, its numerous seaports, roads, and factories, presenting all the facilities for the conveyance of contagion, there is a much larger proportion of the red dotted towns, which did not suffer from the disease. Sir Dominic's object in re-publishing this map is to show, as he says, "that contagion, admitting it to exist in cholera, is an element in the spread of the disease less to be dreaded than the contagion of small-pox, typhus fever, follicular or typhoid fever, erysipelas, measles, or scarlatina; and that, therefore, there exists no good reason for considering cholera, in regard to contagion, in any light different from other epidemic diseases."

It is certain that the contagiousness of cholera is very different in kind and degree from that of most

of the acknowledged infectious diseases. In this respect, it appears to resemble typhoid fever more closely than any of the other diseases mentioned by Sir Dominic Corrigan. There is this important feature which is common to the two diseases, cholera and typhoid; namely, that the specific poison of each disease is contained in the intestinal discharges, and that these discharges are the chief, if not the only, vehicle by which the disease is transmitted from one individual to another.

For a knowledge of this great fact in the history of these two diseases, we are indebted chiefly to the labours of two English physicians, the late Dr. SNOW and Dr. WILLIAM BUDD. Dr. BUDD has laboured at this subject for many years; and he has published papers of great interest in this JOURNAL and elsewhere. We trust that he will ere long give us his matured views on the interesting questions to which he has devoted so much time and thought. We believe that the only way in which the apparent anomalies represented in Sir Dominic Corrigan's map could be explained, would be by instituting a careful inquiry into the sanitary condition of each town, with reference especially to the drainage and the water supply. It would probably be found that the black towns presented a favourable soil for the reception and growth and diffusion of the cholera virus; while the red towns contrasted with the others in this respect.

One of the most remarkable illustrations of the contagiousness of cholera that we have met with, is contained in the "narrative" which stands second in the list of publications at the head of this article. The following is a condensed account of the facts, as verified by Dr. BARROW, who made careful inquiry into all the circumstances on the spot. On the morning of April 9th, the steam-ship *England* arrived about fifteen miles off Halifax having cholera on board. A pilot named Terence, with an assistant named Purcell and his son, went out to the ship in an open boat. Hearing that there was sickness on board, the pilot remained in his boat, which was towed at a considerable distance astern by a ten fathom rope. In this way, the ship, with the boat in tow, was conducted to her place of anchor. The men then went on shore, and were never on board the infected ship.

Purcell returned home the next morning (April 10th) to Portuguese Cove, eleven miles south of Halifax, and had an attack of diarrhoea on the following day (April 11th), which gradually got worse on the 12th, 13th, and 14th; by the 15th he was greatly prostrated, and then vomiting appeared for the first time. He was always free from cramps, and he recovered. Two of his children, aged 5½ and 3 years, were seized on the 16th with slight symptoms, with vomiting and debility; but quickly recovered. On the 16th, the eldest daughter, aged 15,

\* The Cholera Map of Ireland: with Observations. By Sir Dominic Corrigan, Bart. Pp. 16. Dublin: 1866.

Narrative of the late Outbreak of Asiatic Cholera on Board the Steamship *England*. By Deputy Inspector-General Barrow. Statistical, Sanitary, and Medical Reports, Army Medical Department. London: 1866.

The Nature of Cholera: a Guide to Treatment. By William Sedgwick, M.R.C.S. Pp. 200. London: 1866.

The Arrest and Prevention of Cholera: being a Guide to the Antiseptic Treatment: with New Observations on Caution. By Arthur Ernest Sansom, M.B.Lond. Pp. 131. London: 1866.

Malaria the Common Cause of Cholera, Intermittent Fever, and its Allies. By A. T. Macgowan, L.R.C.P., etc. Pp. 15. London: 1866.

Cholera: its Cause, Pathology, and Cure. By I. Pidduck, M.D. Pp. 12. London: 1866.



was attacked. She was dangerously ill with every symptom of true Asiatic cholera; and the attack was followed by low fever.

Thus, four individuals were attacked out of a family of nine persons, but there were no deaths. It was believed that the type of the disease was modified by the fair sanitary condition of the house and neighbourhood. The house was in an airy situation, fifty feet above the sea; the rooms were of fair size, and the windows were kept open.

We now return to the history of the other pilot Terence. He left the anchorage of the steam-ship *England* on April 9th, in the same boat as the two Purcells, and went ashore. The next day he was employed to pilot a block-ship to the steam-ship *England*, to serve as a hospital for the cholera patients. He then returned to Halifax, without going on board the *England*. While in bed that night, he was seized with vomiting, cramps, and purging. The next morning (the 11th), he was rowed home in a boat to Portuguese Cove (where Purcell also lived), a small fishing settlement about eleven miles south of Halifax. In Terence's case, there was much collapse, followed by fever, from which he died after an illness of nine days' duration, on April 19th. On April 14th, three days after Terence returned to his home, his daughter Elizabeth, aged 5 years, was seized with acute cholera at 6 A.M., and died the same evening at nine o'clock. Next day (the 15th), three children were prostrated. Mary, aged 3 years, who slept with her father, had a severe attack, and died on the 17th, all the symptoms of Asiatic cholera having been present. Catherine, aged 9 years, was dangerously ill; she recovered after consecutive fever. Susan, a year old, at one time seemed almost at the point of death; but reaction took place, and she recovered. Out of five children living at home, only one, a boy aged 8, escaped an attack. He slept in a room by himself, and was out of doors all day. The mother escaped, although she nursed the others; and she declared that she was frequently covered by discharges from the children.

The cottage in which the Terences lived contrasted very unfavourably with that of the Purcells. It was on the lowest level of the village, near the sea; the land sloped upwards near the back of the house; and in wet weather the surface water found its way under the floor, where it was more or less dammed up. The rooms were small and ill ventilated.

No other cases of choleraic disease appeared in Portuguese Cove, or in any part of the district, with the exception of several in a family residing at Freshwater, in the immediate neighbourhood of Halifax. The history of these cases is as follows. A man named Evans, in very indigent circumstances, was living with his wife and two children in a small cottage near the sea at Freshwater. A large quan-

tity of bedding, saturated with cholera discharges, had been thrown overboard from the steam-ship *England* soon after her arrival, and for many days was allowed to float about the harbour. Some of it drifted ashore close to Evans's abode, and a woman living in the same house declared that she had seen his children playing with it. Evans also stated to Dr. Woodhill, the medical attendant, that the two children had played with the bedding. There was also a strong suspicion that several of the family had slept on an infected mattress. On April 22nd, the eldest child, a girl about 2 years old, was seized with cholera after having had diarrhoea for nearly a week. She was conveyed to the City Hospital, and died next day. The entire family was then sent to the hospital, and kept in a state of isolation. On the 24th, two days after the seizure of the eldest child, the second, a girl aged 13 months, was prostrated. The case was a very severe one, but she recovered. Next the mother was seized on the 25th, and died on the 30th. The father had diarrhoea throughout, but declared that he was at all times subject to it.

According to this narrative, then, it appears that the ship *England*, having cholera on board, arrived off Halifax, where the disease had been unknown for many years. The two pilots, who were towed astern of the ship, were in two or three days seized with cholera; one died, and both transmitted the disease to their families. Only one other family in the district suffered; and in that case the disease was traceable, with scarcely a doubt, to infected bedding. Surely, if disease was ever communicated by infection, it was so in these cases.

The object which Mr. Sedgwick has in view in his treatise is to show that cholera is caused by "functional disorder of the central parts of the sympathetic nervous system, excited through the medium of the stomach." It would, he says, be contrary to the object of his treatise to consider the merits of other theories, and he shall, therefore, confine his attention to this one. Accordingly, we have a treatise on cholera which evinces considerable research and ingenuity; but which consistently ignores every fact and argument which does not accord with the theory of the essentially nervous character of the disease.

Mr. Sedgwick denies the existence of a blood-poison in cholera; and he does not tell us by what channel the choleraic influence reaches the nervous system. He institutes an elaborate comparison between the collapse of cholera and that well known form of collapse which results from perforating ulcer of the stomach. There are, as every one must admit, many points of contact and resemblance between these two conditions; but are there not points of difference equally striking and indisputable? The effect of treatment alone would suffice to show that there must be an essential difference between the two conditions. All are agreed that large doses of opium



afford the only hope of prolonging life in a case of perforating ulcer of the stomach. Nearly all are equally agreed that large doses of opium in cholera collapse have a deadly influence.

Again, consider the effect of venesection upon these two contrasted states. Mr. Sedgwick adduces a large amount of testimony in favour of venesection as a remedy, sometimes of marvellous efficacy, in the collapse stage of cholera. Would Mr. Sedgwick—would any practitioner in his senses—think of bleeding a patient who is cold and pulseless from the shock and pain of perforating ulcer of the stomach? Is it not certain, that such treatment would be always injurious, and often instantly fatal?

Since, then, opium and venesection have such opposite effects upon these two pathological conditions, the inference is obvious, that they must be of an essentially different character.

Our belief is, that what is common to all forms of collapse is a defective circulation, and a consequent impairment of secretion, and of all the functions which are dependent on the supply of blood. The causes of this defective circulation are different in different classes of cases. In cases of nervous shock, an enfeebled heart's action is the cause; in cases of hæmorrhage or great loss of blood-constituents, there is an absolute deficiency of blood in the vessels; while in the collapse of cholera there is an arrest of blood in its passage through the lungs, as is proved by the symptoms during life, by the effect of treatment, and by the anatomical characters of the disease discoverable after death. To ignore the differences, and to see only the resemblances, between these forms of collapse, is not, as we think, the true way to advance our knowledge of the essential nature of each.

Dr. Sansom believes that the phenomena of cholera depend upon an organic poison; and that this enters the blood, and acts as an irritant upon the great sympathetic nerve. The effect of this irritation of the sympathetic is to cause contraction of the arteries throughout the body, both systemic and pulmonary. Now, there is one part of Dr. Sansom's theory that has greatly perplexed us. He admits, as every morbid anatomist must, that, in the collapse of cholera, the pulmonary arteries are distended, and the systemic arteries are nearly empty; and he maintains that, while the contraction of the minute pulmonary arteries retains the blood in the trunks of these vessels, the contraction of the minute systemic arteries drives the blood on through the capillaries into the veins. Is it possible that the contraction of these two sets of vessels can have such directly opposite effects upon the movement of their contents? We believe not. We have no doubt that Dr. Sansom is right in his explanation of the fulness of the pulmonary arteries, and in error as to the cause of the emptiness of the systemic arteries. The

arrest of the blood in the pulmonary vessels is surely a sufficient explanation of the deficiency of blood in the systemic vessels. So we think that Dr. Sansom has misinterpreted the contraction of the systemic arteries in animals narcotised by the vapour of bichloride of carbon. It is evident, from his own account of the experiments, that the blood is arrested in the lungs. The systemic arteries are, consequently, empty; and their contraction is a consequence, and not a cause, of their emptiness.

Dr. Sansom thinks that the evacuant treatment recommended by Dr. Johnson "has had a success above all other methods hitherto vaunted." He thinks, however, that "it is better to kill the germs than to remove them;" and he advises an antiseptic treatment of cholera. He particularly recommends the administration of carbolic acid and sulphite of soda. He has given these remedies with apparent benefit in a few cases; but his observations have been too few to prove that the treatment had any really beneficial influence. This method, however, appears to be worthy of a more extended trial.

Mr. Macgowan appears to be one of those pathologists who think that true philosophy consists in confounding things which are essentially different. His pamphlet is entitled, *Malaria, the Common Cause of Cholera, Intermittent Fever, and its Allies*; and he thus expounds his doctrine. We prefer to let him speak for himself, lest it should be supposed that we have exaggerated or incorrectly stated his views. He says:

"My idea concerning cholera, sun-stroke, intermittent, remittent, and typhoid fever, as seen in India, is simply this: *Malaria* causes all. We know the parable in the Scriptures. The sower went out to sow, and some seed fell on good ground, other on stony ground; and so forth. *Malaria* is sown in one of good constitution, and intermittent fever of marked type and daily occurrence takes place. Let the same be sown in a weakly man, who has suffered from previous attacks, and remittent fever will result, relapsing surely into typhoid, if the doctor uses depletive measures. In another, congestion of the lungs and effusion on the brain is caused, or sun-stroke; in another, congestion of the bowels and effusion, or cholera. But it has all the same beginning, that beginning being the inhalation of *malaria*, which acts immediately on the nervous system, whose sudden derangement paralyses for a time the circulation of the blood."

Having thus introduced Mr. Macgowan to our readers, we leave them to draw their own conclusions—first, as to the soundness of his pathological doctrines; and secondly, as to the correctness of his taste in the use of scripture illustrations.

Dr. Pidduck believes that the cause of cholera is a subtle poison diffused through the air. Whatever be the second cause, he says, "doubtless it must be primarily traced to a Divine visitation." He argues thus:

"For dirt and squalor, unwholesome food and impure water, overcrowded and badly ventilated lanes and alleys, garrets and cellars, have always existed



in our metropolis and other large and densely inhabited cities and towns; but cholera does not always exist; so that the mysterious poison which imparts to these peculiar localities a facility for propagating this disease must come directly from God."

We fail to see the force of this argument; and we certainly would not permit a careless water-company or a negligent landlord to plead it in extenuation of guilt, or in mitigation of punishment. In the treatment of the disease, Dr. Pidduck's main object is, by the use of diluents and evacuates, to assist the natural efforts to expel the poison from the alimentary canal. He says:

"It is safer to do nothing than to injudiciously interfere and stop the diarrhoea. The most common, nay, almost universal mismanagement, is that of administering opiates and astringents to arrest the vomiting and purging."

We do not hesitate to express our conviction that, if the disease had always and in all places been treated in accordance with the principles which are advocated by Dr. Pidduck, the balance of good conferred upon cholera-stricken humanity by the medical profession would have been very largely in excess of what it now is.

#### HOMEOPATHIC LIFE-ASSURING.

THE following indicates a clever method of attempting to raise a business; but the scheme does not seem promising in the future from its history in the past. A journal tells us that, it having been found that treatment by homoeopathy increased the value of human life, a Life Assurance Company took the hint, and started on this platform into life. But "this Company was, for some cause, merged into another. The principle was correct, but the scheme was badly supported." In fact, as the Yankees say, it wouldn't float. Then came a better scheme (founded on truly homoeopathic principles), offering to treat the victim either homoeopathically, or, if he preferred it, on ordinary assurance principles; of course, the homoeopathic life-insurer being done the cheapest. We are not told if any provision was made for a change of principles, nor if this plan was more successful than the former. However, there is, at all events, a chance for every one now. The *Empire Assurance Corporation*, with a moderate capital of half a million, has opened a *homoeopathic section* for people of this credulity.

"But the Directors have not felt justified in making, in advance, a reduction of the premium rates; but they are assured by those who have mainly promoted the homoeopathic section, that at the end of each quinquennial period for the division of profits, an advantage will be shown in favour of the assured in this section. The business in this section will be kept entirely distinct from the general business; so that by this means the Directors will be able to compile statistics from time to time, by which will be ascertained the comparative value of lives in the homoeopathic and general sections."

If our homoeopathic friends will consider this promise of the Directors equivalent to a reduction of 10 per cent. on the premiums, we can only say their credulity is even bigger than we thought it to be.

On Monday last, an unofficial assembly of Fellows of the College of Physicians met at the College, in order to send a deputation to wait upon Sir Thomas Watson, and present him with a memorial requesting him to sit for a portrait to be suspended in the College as a lasting token of the respect and admiration of his cotemporary Fellows. The deputation, consisting of Drs. Alderson, Burrows, Jackson, Bennett, Sibson, Buchanan, and Markham, was unanimously voted. Out of 231 Fellows—of whom 16 have no address—no fewer than 189 have signed the memorial.

WE have to remind our readers that a meeting of the Medical Club will be held in the Hanover Square Rooms, on the 8th inst., at 2 P.M., to promote the formation of a club in London (the name of which will be decided at the general meeting), for the social intercourse of members of the medical profession, graduates in science, noblemen and gentlemen, members of scientific societies. Sir William Fergusson will take the chair.

WE have had our famous Muck-Manual, and we have now a Sewage Congress, lately holding a sitting at Leamington. Leamington has got into Chancery about its sewage, and *à propos* comes a Congress to help it out of its legal slough. This unfortunate town is therefore literally in a double mess. At present, its sewage water is deodorised by the "lime process", and then allowed to run into the river Leam, before its confluence with the Avon. This the Court of Chancery holds to be a nuisance to the residents on the banks of the river. The advocates of the "dry-earth closet" mustered strongly, and the irrigation scheme had its friends, who pointed to Croydon and Worthing with pride. The Congress met under the presidency of Lord Leigh. Dr. Hawkesley was the chief expositor of the earth-closets, and led off with a paper. After dilating upon the uses and abuses, the benefits and the diseases of excrementitious matters, he said that

"Half a century ago, a well-meaning individual invented water-closets, which quickly became in general use. Thus the unintentional error of one man became the source of their present difficulty, and bade fair to sap the health of the nation. He had invoked a monster which even now overshadowed ten large towns, and cast its baneful and destructive effects over the land. Day by day thousands of tons of animal refuse and human excreta were washed into the sewers; and though they might fondly imagine it was washed away, a portion of the gelatinous matter clung round the walls and sides of the drains, and became the constant source of disease. He then proceeded to point out the advantages of the earth-



closet system, by the use of which human excreta became absorbed; and in place of being a nuisance, became a valuable fertilising manure. If removed and attended to twice or thrice a week, it became easy, convenient, and perfectly practical. He then detailed a plan for the adoption of the system to London."

IN speaking of the Endoscope in the *Lancet*, Mr. Henry Thompson says:

"He is convinced that patients suffer greatly from unnecessary instrumental interference. The really valuable maxim which I implicitly believe to underlie all success in the surgical treatment of urethral and vesical disease, is to diminish as much as possible all sources of mechanical irritation."

He fears that the endoscope may lead to mischief in this way, and without affording any commensurate benefit.

DR. A. H. HOWE, in *Reflections on Cholera*, says that in a book he wrote in 1865, his "object was to demonstrate that epidemic diseases, so far from occurring at random and indiscriminately, observe certain fixed laws and periods of recurrence, which it is very easy and simple to calculate"; and that "a period of eighteen years and a half is the term of their periodical return. Now, if my theory is correct, it is evident that an epidemic of cholera was due in the year 1849, as the first epidemic visitation of cholera occurred in 1831. Cholera did come, according to my anticipation and computation, as a universal epidemic in the year 1848-49. I determined that I would again wait for the next expected return of cholera in 1866, resolving, in this instance, that if the epidemic should again become prevalent and universal, and my conclusions should again be verified, I would give my labours to the public, and that if cholera did not become a universal epidemic in the year 1866, I would suppress my views altogether. The year 1866 has arrived, the cholera epidemic has come." Dr. Howe says that he then carried his inquiries back into past times. "I carried the eighteen years and a half theory into the most remote periods of time from which we can derive anything like authentic data relating to the subject of epidemic diseases, and I found that the same law of recurrence pervaded and embraced them all, however remote." The doctor seems to have forgotten that we had the cholera in 1854. How does this chime in with his eighteen year interval theory?

THE present condition of the Paris Faculty of Medicine is exciting considerable attention. No less, it would appear, than seven of the actual professors, who are temporarily or permanently incapacitated for lecturing, are represented, or rather replaced, by *agrégés*—by assistants. *L'Union Médicale* declares that the only remedy for this crying evil is the *Concours*.

"The necessity is demonstrated," says M. Diday, "in the actual fallen condition of our faculty. What is the meaning of this progressive decay, which excites even the lethargic and disturbs the most stoical quietism? It is the gradual disappearing of those professors who were originally nominated by *concours*."

The disappearance of the *concours* and the degeneration of the faculty have gone on together.

"Deprived of the elements which kept it in a perfect state of nutrition, the faculty loses its strength just in proportion as it has to seek its new recruits from imperfectly elaborated materials which are introduced, without preparation, into its economy? Already engorgement, stasis, and consecutive atony have arisen; the next step will be a fatal embolism."

LADY nursing at Lincoln Hospital is most unlucky. Two superintending ladies, Miss Neville and Mrs. Whitehead, have died from diseases caught within the hospital. The third lady appointed has, we are informed, sent in her resignation. It appears that her efforts do not suit the running of the ordinary official wheels, and hence disagreements. Her supporters say that she has not had a fair trial; but has been thwarted and impeded in her movements. In the meantime, the Governors hesitate in accepting her resignation. If all we hear of this hospital be true, surely the Governors had better expend their energies in reforming its constitution, than in vain squabbles about lady nursing.

THE Annual Report of the Vienna General Hospital has just been published. During 1865, there have been treated in it 20,915 patients, of whom 12,295 were cured, 2,565 died. There were 1,542 *post mortem* examinations.

The cholera at Vienna is rapidly on the decrease. One cholera ward in the General Hospital has been closed.

In the Report of the Medical Association of Moselle, we are told of a case in which a woman refused to pay her doctor for more than one visit. She admitted in court that he had cured her of a severe illness; but said she only sent for him once; if he came oftener, that was his look out. The judge took the same view of the case; and the doctor got for his action an order to pay the costs of it!

M. Jarjavay this year delivers the opening address at the Academy. The subject of it will be *Malgaigne*. At the Academy of Medicine, the subject of the discourse, which is to be delivered by M. Bécclard, will be Professor Gerdy.

Dr. McEvers says:

"That in all cases where the forceps has been introduced, and has failed to deliver, perforation having been subsequently determined on, the forceps should be allowed to remain on the head of the child whilst perforation is being performed, as delivery will then be most easily accomplished."



## THE CHOLERA.

THE Registrar-General's weekly return shows 1394 deaths in London during last week, being 123 over the average. The excess is set down partly to the account of bronchitis. During the week, there were 112 deaths from cholera and 32 from diarrhoea; the two together being 55 lower than during last week, which was just 55 below the week before. The decrease, which is very satisfactory, would have been even greater but for the 30 deaths from malignant cholera at Woolwich and Plumstead.

Mr. Rugg tells the Registrar-General that "four fatal cases of cholera have occurred along the line of the southern outfall sewer, and just at the point where its ventilation commences—a ventilation that is by no means perfect there, inasmuch as it is made through the steam factory shaft, the fires of which are alight during the day only."

Dr. Finch, Medical Officer of Health for Charlton, writing on October 25th, states "that during the last twenty-four hours a severe outbreak of cholera has occurred in my parish, and seven cases have proved fatal, the duration of the attack varying from eight to sixteen hours. They have all occurred in the marsh district, where there are streets of small houses built on the soil without any basement whatever, and many of them flooded at present with water from the tidal ditches with which they are surrounded. These houses are much below the level of high-water mark."

The convocation of the Hungarian Diet has been postponed in consequence of the cholera. During the epidemic, 48,845 persons have been attacked, of whom 21,556 have died, in Hungary.

A meeting of the fellows, professors, students, and graduates of Trinity College, Dublin, has been held for the purpose of organising a subscription in aid of the cholera wards of Sir Patrick Dun's Hospital, and to express the thanks of the meeting to the medical scholars for the services rendered by them during the past trying summer.

A report published by the Lord Mayor shows that fifty-six local committees and fourteen hospitals had furnished the Committee with an aggregate return of 4396 deaths from cholera and 646 from diarrhoea. The total number of deaths from cholera, however, is probably nearer 8000 than 4000. In Austria, it is computed that at least 100,000 lives have been lost, and there was hardly a week in which the deaths in London were not exceeded by those in some continental city with scarce a tenth of our population. That much of this exemption is due to sanitary improvements cannot be doubted.

The medical officers of health have given an interesting account of the hygienic measures now in operation, showing an amount of vigilance and efficiency in some districts for which the local authorities and their excellent health-officers have not obtained due credit.

The health-officers of Bristol and Birkenhead, as well as of London, bear ample testimony to the utility of the disinfection of the cholera dejections by chemical agents. This can only be done effectively and kindly under medical supervision. It is a difficult chemical experiment, to perform by a practised operator. To place carbolic acid, or chloride of zinc, or permanganate of potash, in the hands of people who have never seen these substances, know none of their properties, and have just been terrified by the sudden loss of a father, a mother, or a child, is to do nothing. The poor people cannot be expected to know how a house is to be disinfected, and still less to perform the operation.

At the American Social Science Association, Dr. Read of Boston read a paper in which he maintained that cholera is not epidemic, but infectious, and communicable in various ways. Dr. Read argued that, to ward off the disease, the circle of exclusion must be made complete by some central authority; and he suggested united action between the United States Government and that of the British provinces to effectually guard the entire sea-coast when the disease threatened to approach. Certainly, he argued, it was better that the few who wanted to enter the community should be inconvenienced, than that the many should be exposed to danger; and the same principles which would govern us in our families, under similar circumstances, should obtain in matters of public concern.

## Association Intelligence.

## SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEETING.

THE second meeting for the tenth session, 1866-7, was held at the West Kent General Hospital, Maidstone, on October 26th, 1866; F. FAY, Esq., in the Chair. Sixteen members and visitors were present.

The SECRETARY stated that Mr. Hoar had excused himself from accepting the appointment of chairman, in consequence of his late domestic affliction; upon which the members expressed their sympathy.

*Next Meeting.* Samuel Gould, Esq., was chosen chairman of the meeting to be held at Gravesend in March 1867.

*Communications.* The following communications were made.

1. *Ague in connexion with Gout.* By James V. Bell, M.D. The author alluded to the difficulty of correct diagnosis and of satisfactory treatment in compound disorders; and he illustrated his remarks by instances of ague occurring in a manifold form with other diseases in malarious districts. The author also entered on a similar consideration of the Protean forms of gout that complicate other maladies. His statement was, that long continued irritability of stomach or of urinary organs, also obscure nervous symptoms, if not otherwise accounted for, will prove in the end to be due to gout. When gout and ague concur in an individual, mixed treatment becomes necessary; such as quinine or arsenic for the ague; and bicarbonate of potassa, iodide of potassium, and colchicum, for the gout. The author referred to the observations of Dr. Easton of Glasgow on the composition of the blood and urine in gout and in ague: uric acid in the blood, and oxalate of lime in the urine, in gout; uric acid in the urine in ague. The author expressed his conviction that the eliminative powers of the system are diminished by the concurrence of gout and ague. He related several cases illustrating his remarks. In two or three cases, ammonia proved highly serviceable.

2. *Brain-Disturbance in the Course of Rheumatic Pericarditis.* By S. Monckton, M.D.

3. A patient was exhibited by Mr. Matthew Adams. The particulars of the case were, recurrent hæmorrhage into the vitreous space, causing temporary blindness; four attacks from June 1863 to January 1866; both eyes affected; patient had enteric fever at age of seven years, and ague in after years.

4. A morbid specimen was exhibited by Mr. Cooper Forster; viz., Traumatic Urethral Stricture; perineal section; death by pyæmia.



# BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

THE next meeting of the above Branch will be held at the Midland Institute, on Thursday next, Nov. 8th. The chair to be taken at 3 o'clock.

The following papers will be read:—On the Cardiograph and Sphygmograph. By B. W. Foster, M.D. On some Fallacies in the Diagnosis of Phthisis. By W. F. Wade, M.B. On Rheumatic Iritis. By J. Vose Solomon, Esq.

T. H. BARTLEET, *Hon. Sec.*

# COMMITTEE ON THE OBSERVATION AND REGISTRATION OF DISEASE.

1, St. Peter's Square, Manchester, Oct. 29th, 1866.

SIR,—I have been requested by the Committee on the Observation and Registration of Disease to forward to you, for publication in the *BRITISH MEDICAL JOURNAL*, a report of a portion of their proceedings at a meeting which took place on October 11th, at the rooms of the Manchester and Salford Sanitary Association. I also subjoin a letter from Dr. Farr, in answer to the resolutions passed at this meeting.

I am, etc., ARTHUR RANSOME, *Hon. Sec.*

To the Editor of the *BRITISH MEDICAL JOURNAL*.

MR. RUMSEY called the attention of the Committee to Dr. Farr's recent letter to the Registrar-General, in which he has suggested an important improvement in the machinery of mortuary registration, with the object of verifying the fact of death, identifying the person of the deceased, and, as accurately as possible, investigating and recording the cause of death.

Dr. Farr's plan may be thus briefly described.

1. That a specially qualified registration medical officer should be appointed in each of the registration districts of the kingdom.

2. While certificates of the cause of death should still be received from the (family) medical attendants, provided they have seen the deceased on the day of death, or have seen the body subsequently for identification—that, in every case of death not thus certified, and in every case without medical attendance up to the date of death, or in which the certificate could not be obtained from a legally qualified medical attendant, it should be the duty of the proposed officer to visit the body, and, if all were clear and satisfactory, to certify the probable cause of death, thus authorising the Registrar to issue the usual certificate for burial.

3. That, if the case were enveloped in any suspicion or obscurity, the registration medical officer should refuse his certificate until an inquest had been held or refused by the coroner, "whose inquiry should by no means be superseded"; and that, if necessary, the proposed officer should appear as medical witness (or assessor) at the inquest, and should conduct *post mortem* examinations when ordered by the coroner.

4. That still-born children should be seen by the registration medical officer, whose certificate to the effect that they were still-born would authorise their burial without funeral rites.

5. That this officer, visiting the dwellings of the poor in unfavourable sanitary conditions, would discover and point out the evils of these conditions to the families themselves, and to the authorities, especially in seasons of cholera, fever, or other epidemics; that it would be his duty to give advice concerning

the removal of such conditions; and, in certain cases of infection or overcrowding, to direct the prompt removal of the corpse to a mortuary-house, if such were established under recent legislative provisions. The authorities would in most cases find it convenient to make him the health officer of the district.

6. That, while he should be entitled for his medical certificate to a regulated fee "sufficiently high to command the services of a good class of the profession", a portion of his pay should come out of the rates and out of the Consolidated Fund.

7. That the appointment and remuneration of this officer by local authorities should be subject to the approval of a central authority, and to general rules which should be laid down as to qualification.

The following resolutions were then passed unanimously by the Committee.

1. That this Committee, recognising the importance of Dr. Farr's proposition for the appointment of a registration medical officer, in every Superintendent-Registrar's district, strongly urge him to press it to a successful issue, and assure him of their hearty co-operation.

2. That, in the opinion of this Committee, such a medical officer would be the suitable authority for collecting and publishing periodical returns of disease, obtained by local associations.

3. That the districts for the registration of disease should be based on the division of the country for the registration of births, deaths, and marriages.

4. That it is desirable that voluntary associations should be formed in each of the above districts, to carry out the scheme of registration of disease adopted by this Association. (See *BRITISH MEDICAL JOURNAL*, August 25th, p. 229.)

5. That the Honorary Secretary be requested to send a copy of the above resolutions to the *BRITISH MEDICAL JOURNAL*, along with some account of Dr. Farr's proposition.

[COPY.]

General Register Office, Somerset House, Oct. 26th, 1866.

DEAR SIR,—I have the honour to acknowledge the receipt of your letter, as Secretary of the Committee of the British Medical Association on the Observation and Registration of Disease.

It is particularly gratifying to me to learn, from the account you give of a portion of their proceedings, at a meeting held at the rooms of the Manchester and Salford Sanitary Association on October 11th, that the Committee recognise the importance of the propositions which I had the honour to submit to the Registrar-General, with a view to improve the arrangements for the correct registration of the causes of death.

The deliberate expression of opinion in favour of the appointment of a registration medical officer in every district by so competent a Committee, confirms my conviction of the public utility of such an officer.

The Committee strongly urges me to press the proposal to "a successful issue." I will do all I can to comply with this request, more particularly by bringing their letter under the notice of the Registrar-General, who, I feel confident, will attach great importance to this expression of opinion by so important an Association.

If I may venture to make a suggestion, it is this: that the Committee should bring their own views on the subject immediately before the Registrar-General and the Secretary of State for the Home Department. At the same time, even if these eminent officers of the Government be favourable to the measure, it could only be carried out by an Act of the legislature, under the influence of enlightened public opinion.



The proceedings of your Committee will contribute to create this influence.

I have the honour to be, dear sir,

Your faithful servant,

W. FARR.

Arthur Ransome, Esq., M.D., 1, St. Peter's Square, Manchester.

## Correspondence.

### REDUCTION OF DISLOCATIONS OF THE JOINTS BY MANIPULATION.

LETTER FROM JOHN BIRKETT, Esq.

SIR,—I send you a very brief report, with the dates, of the cases of dislocations of the hip-joint reduced by myself, and which have been under my care in Guy's Hospital.

I will not needlessly occupy space in your columns by comments, as the cases speak for themselves; except to add that all recent cases of dislocation have been so reduced for many years at Guy's.

1. 1848, February. Dislocation into foramen ovale; a female, aged 22.

2. 1849, December. Dislocation on to dorsum ilii; a female, aged 45 to 50—the twenty-second reduction.

3. 1850, February. Dislocation on to dorsum ilii; a female, aged 29.

4. 1850, February. Dislocation into ischiatic notch; a muscular male, aged 56.

5. 1851, April. Dislocation into foramen ovale; a very muscular male, aged 30.

6. 1854, January. Dislocation on to foramen ovale; a very muscular male, aged 28.

7. 1854, March. Dislocation on to foramen ovale; a male, aged 13.

8. 1855, April. Dislocation into ischiatic notch; a female, aged 36.

9. 1855, September. Dislocation into ischiatic notch; a female, aged 9 to 10.

10. 1858, August. Dislocation on to dorsum ilii; a male, aged 53.

11. 1859, April. Dislocation into ischiatic notch; a male, aged 26.

12. 1860, March. Dislocation on to ramus of the pubis, with simple fracture of the same femur at its upper and middle third; a male, aged 12. The value of this method was most strikingly exemplified in this case; for we literally replaced the head of the femur in the acetabulum with the hands.

13. 1861, October. Dislocation on to dorsum ilii; a female, aged 31.

14. 1863, March. Dislocation on to dorsum ilii; a male, aged 47.

15. 1864, March. Dislocation on to dorsum ilii; a male, aged 66, knocked down in the streets, and complicated with simple fracture of the left clavicle and several of the ribs on the left side. The patient, however, completely recovered.

16. 1864, September. Dislocation into ischiatic notch; a very muscular man, aged 52.

All these patients were under the influence of chloroform at the time of the reduction of the dislocation.

Thus, six dislocations of the femur on the dorsum ilii; five into the ischiatic notch; four into the foramen ovale; and one on the ramus of the pubes; were reduced by manipulation without the aid of pulleys during the last eighteen years.

I am, etc.,

JOHN BIRKETT.

59, Green Street, Grosvenor Square, Oct. 27th, 1866.

### INJECTION OF ACETIC ACID IN CANCER.

LETTER FROM JOHN BARCLAY, M.D.

SIR,—In the report given by the *Medical Times and Gazette* for October 20th of the late meeting of the Pathological Society, I notice a discussion on the "Treatment of Cancer by the Injection of Acetic Acid". Mr. Moore takes to himself the credit, and I believe most deservedly, of first treating cancerous tumours by injection, having "for a year and a half treated cancerous tumours by the injection of different fluids." But it is what follows in his remarks that I take the liberty of trying to correct; namely, this: "But it had been," he said, "reserved for Dr. Broadbent to suggest the material which seemed likely to be most useful." Now, a reference to dates will, I think, make the matter sufficiently clear as to who was the first to suggest the use of acetic acid. By referring to the number of the *BRITISH MEDICAL JOURNAL* for April 21st, 1866, it will be found that I began to employ citric acid in the treatment of cancer in the beginning of September 1865, though this was by no means the first time that citric acid had been so used; that a few weeks afterwards, "remembering the solvent power of acetic acid over cancer cell-walls," it occurred to me to try the effect of this substance; and lastly, that on December 28th, 1865, the use of carbolic acid was first begun (proposed by Dr. Manson of this place). The details of treatment by all these acids are given in said paper. By turning now to Dr. Broadbent's pamphlet, I find that this gentleman did not begin the acetic acid treatment till the 18th of May, 1866, nearly four weeks after the appearance of my communication in this *JOURNAL*; and that he did not employ carbolic acid until the 14th of July, about two months later. So that, as far as I can discover, the facts of the case, as regards priority of suggestion, are as follows. Mr. Moore was the first to suggest the treatment of cancer by injection, "a year and a half" ago; I first suggested the treatment of cancer by acetic acid on April 21st, 1866; and Dr. Broadbent made a combination of the above suggestions, and brought them to a more practical result on May 18th, 1866. I do not deny, however, that Dr. Broadbent deserves more credit for what he has done than either Mr. Moore or myself; and I hope that the first named gentleman will soon be able to give us a further list of cases as satisfactory as those he has published in his admirable pamphlet.

I am, etc.,

JOHN BARCLAY.

Banff, October 25th, 1866.

### LADY NURSES IN HOSPITALS.

SIR,—In the *JOURNAL* of October 20th, you take notice of a report from the *Times* of the introduction of lady nurses at the Woolwich Hospital, which you conceive to be an invention of the "enemy", because it is stated that our *braves* object to the attendance of female nurses. I do not perceive the slightest occasion for alleging that such complaints from our sick soldiers need be an "invention".

There is no medical man who is not ready to acknowledge, because he has too frequently to lament, the want of good nursing to his patients; but I think it will be admitted that properly trained male nurses are in most cases superior to nurses of the other sex; and I can readily enter into the feelings of the soldiers who have expressed themselves dissatisfied with the change.

The movement for establishing hospital sisterhoods, lady nurses, etc., has for a length of time been fashionable; but I think, from a feeling of de-



ference to the *fair sex*, the opinions expressed have been too much on one side.

There was an illustration given in the *JOURNAL* two or three weeks ago as to what occurred in a hospital in Spain, where the "sisters" not only acted in opposition to the instructions of the physicians, but also showed a great want of ordinary humane feelings. We frequently hear of complaints from our brethren in France as to the interference of "sisters" with their patients; and is it not possible that our lady nurses, backed as they are by the clergy, will not in time, when they have obtained a firm foothold, become troublesome and obstructive to ourselves?

The great value attached to the services rendered by lady nurses to our soldiers in the Crimea, and which I do not wish to depreciate in the slightest degree, has given rise to this nursing movement; but it did not originate, so far as I am aware, from any want of efficiency or demoralisation on the part of what male nurses could be obtained to attend upon their sick comrades; and the only occasions on which I consider females may be admissible into military hospitals arise when there is a paucity of male attendants.

During the late war in the United States of America, lady nursing was found to be inoperative, and that in a country where women can with propriety assert their *rights*, and are at liberty to maintain them too, if they can hold the "position".

I may observe, that I for some time attended the practice of the large civil hospitals in New York, and I do not recollect having seen a female nurse (or female doctor!) in attendance at any of them.

I am, etc., N. Y.

October 22nd, 1866.

**DR. HASSALL.** Her Majesty has granted a pension on the Civil List to Dr. Arthur Hill Hassall for his public and scientific services. We are happy to learn that Dr. Hassall's health has somewhat improved.

**THE CATTLE-PLAGUE.** A brief return tells that the cattle-plague is all but "stamped out." Only a very few sparks now remain, and they get fewer every day. There were only six attacks last week, one in Essex, one in Shropshire, and four at Northwich, in Cheshire. There have been more than 250,000 attacks; more than 200,000 animals have died, or been killed, and only about 33,000 recovered. The return observes that "since the commencement of the disease 51 in every 1,000 of the estimated ordinary stock of cattle in Great Britain are returned as having been attacked." This is more than one in twenty for the whole island, one of its chief characteristics is the want of uniformity. Cheshire has been the principal sufferer, having had 67,000 cases.

**QUEKETT MICROSCOPICAL CLUB.** The ordinary monthly meeting took place in the library of University College, on the 26th inst.; Ernest Hart, Esq., President, in the chair. Mr. Highley, F.G.S., read a paper on Shore Collecting; wherein he described the dress and implements most suited for such explorations; how to search the sands, seaweeds, clefts in rocks, ledges, rock-basins, and under boulders, and what animals, microscopic or otherwise, were most likely to be found in each of these several retreats for the ocean's inhabitants. A *Conversazione* followed, in which many objects of interest were exhibited, amongst which was a new form of microscope of novel construction, by Mr. Cole. Nineteen members were proposed, and twenty-eight new members were elected.

## Medical News.

**APOTHECARIES' HALL.** On October 25th, 1866, the following Licentiates were admitted:—

Bowen, David, Newport, Pembrokeshire  
Coombs, Rowland Hill, Bedford  
Cremonini, John, Tettenhall, Staffordshire  
Deuton, Frederick George, Claycross  
Grime, John, Blackburn, Lancashire  
Hall, John Henry Wynne, Barking Road, E.  
Heelas, Martin Luther, The Holt, Wokingham, Berks  
Levick, George, West Ham, Essex  
Marriott, Osborne Delano, Sevenoaks, Kent  
Wilkinson, Alfred George, Aston Road, Birmingham

### APPOINTMENTS.

#### ROYAL NAVY.

ELKINGTON, Staff-Surgeon A. G., to be Battalion-Surgeon Grenadier Guards, *vice* Surgeon-Major C. R. Nicoll.  
GILBORNE, Surgeon R., 6th Dragon Guards, to be Surgeon-Major, having completed twenty years' full-pay service.  
MADSEN, Surgeon J., 8th Foot, to be Surgeon-Major, having completed twenty years' full-pay service.  
MANDEVILLE, Surgeon E. W. T., 7th Foot, to be Surgeon-Major, having completed twenty years' full-pay service.  
NICHOLSON, Staff-Surgeon B., M.D., to be Surgeon-Major, having completed twenty years' full-pay service.

**VOLUNTEERS. (A.V.=Artillery Volunteers; R.V.= Rifle Volunteers):—**

BAKEWELL, R. H., M.D., to be Assistant-Surgeon 3rd Staffordshire R.V.  
JEAFFERSON, C. S., Esq., to be Assistant-Surgeon 1st Warwickshire R.V.

### BIRTHS.

EVANS. On October 26th, at Northampton, the wife of \*Charles Jewel Evans, Esq., of a daughter.  
RIDINGS. On October 21st, at Walmer, the wife of W. G. Ridings, Esq., Surgeon R.N., of a daughter.

### MARRIAGES.

DAVSON, Smith Houston, M.D., of Carlton Terrace, Kilburn Park, to Rose Annie, second daughter of Henry CHAPMAN, Esq., of Lee, Kent, on October 27.  
EVANS, Thomas Hornby, Esq., to Emily A. F., second daughter of W. WEBBER, Esq., Surgeon, at St. George's, Hanover Square, on October 25.  
WALKER, I. William, Esq., of St. Arnaud, Victoria, eldest son of \*Thomas Walker, M.D., of Peterborough, to Charlotte Henrietta, eldest daughter of the late Herbert CORNEWALL, Esq., of Delbury Hall, Shropshire, at Clewer, Windsor, on October 23.

### DEATHS.

\*BURNETT, C. Mountford, M.D., at Alton, Hants, aged 59, on October 25.  
CONQUEST, John T., M.D., at The Oaks, Plumstead Common, Kent, aged 77, on October 24.

**TESTIMONIAL TO MR. WILKINSON OF HARTHILL.** A testimonial, consisting of a claret-jug and cup and a pair of grape-scissors, has been presented to Mr. Wilkinson of Harthill by the ladies of Barlborough, as a mark of their sense of the manner in which he has discharged his professional duties more than thirty years. The claret-jug bears the following inscription: "Presented to William Wilkinson, Esq., by the inhabitants of Barlborough, as a token of their regard, October 1866."

**THE BIRMINGHAM HOSPITALS.** Sunday last was the annual occasion when, at all the churches and other places of public worship in Birmingham, a collection is made in behalf of the local charities, two of the principal of which take the fund in turn, and the third year the amount obtained is divided among the miscellaneous charities. It is tolerably certain that the aggregate will considerably exceed £4000. This year the proceeds go exclusively to the Queen's Hospital.



**VICTORIAN MEDICAL BENEVOLENT ASSOCIATION.** The first annual meeting of this Association was held in the board-room of the Melbourne Hospital, on May 9th ult. The committee stated that a large measure of success has followed the establishment of the association. They had received many replies, all expressive of satisfaction at the formation of the association, and enclosing subscriptions and donations.

**MEDICAL STUDENTS.** From the following return it will be seen that the number of entries at the eleven metropolitan hospitals, namely, Guy's, St. Bartholomew's, University College, King's College, St. Mary's, St. George's, St. Thomas's, Middlesex, London, Charing Cross, and Westminster, is this year above that of preceding sessions. In 1863 there were 354 new entries, or first year's men, making, with old students, a total of 1,020. In 1864 there 309 freshmen; total at all schools, 995. In 1865 the new entries had increased to 321, total, 1,013. In the present October session, 362 new students have registered their names at the Royal College of Surgeons, making a total of 1,027 gentlemen now pursuing their medical studies in this metropolis. Guy's, St. Bartholomew's, University and King's Colleges still take the lead. The return from the provincial schools has not yet been compiled, but it is stated that the new entries in Ireland are satisfactory. As the Scotch session does not commence until November, it is impossible to ascertain at present what the number attending the northern schools will be. The number of qualified members of the profession in Great Britain has decidedly diminished during the past few years, but this is due more to the openings for young medical men in India, the colonies, the government emigration, peninsular, and other services, than from any dearth in the supply of medical students, since, with over a thousand pursuing their studies in London alone, the vacancies in the profession must be rapidly filled up.

#### MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

- TUESDAY.** Pathological Society of London, 8 P.M.—Anthropological Society of London, 8 P.M.  
**WEDNESDAY.** Obstetrical Society of London, 8 P.M. Dr. Braxton Hicks, "On the Pathology of Puerperal Eclampsia"; Dr. Madge, "On the Relation of the Mother and Fetus"; Dr. Shortt, "On Criminal Abortion"; and other papers.

#### BOOKS RECEIVED.

1. Cholera: its Seat, Nature, and Treatment. By Charles Shrimpton, M.D. London: 1866.
2. Contributions to Medicine and Midwifery. By T. E. Beatty, M.D. Dublin: 1866.
3. The Study of Botany in Connection with Pharmacy. By R. Beasley, Esq., F.L.S. 1866.

#### OPERATION DAYS AT THE HOSPITALS.

- MONDAY.....**Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.  
**TUESDAY. ....** Guy's, 14 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.  
**WEDNESDAY...** St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.  
**THURSDAY....** St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.  
**FRIDAY. ....** Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.  
**SATURDAY....** St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

#### TO CORRESPONDENTS.

\*.\* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

**COMMUNICATIONS.**—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

**CORRESPONDENTS,** who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

The Publisher begs to intimate that orders for JOURNALS sent by post must be accompanied by stamps for the amount. Price of each number is, by post, sixpence.

**COMMUNICATIONS** have been received from:—Dr C. HANDFIELD JONES; Dr. WATERS; Dr. T. FOX; Mr. C. J. EVANS; Mr. HENRY GREENWAY; Mr. A. B. STEELE; Mr. T. E. CLARK; Dr. JOHN BARCLAY; Mr. E. MACKAY; Dr. WADE; Mr. BIRKETT; Mr. J. R. HUMPHREYS; Dr. GIDLEY; Dr. E. LAWFOR; Dr. FREDERICK J. BROWN; Dr. J. V. BELL; Dr. E. ANDREW; THE HONORARY SECRETARY OF THE OBSTETRICAL SOCIETY; Mr. J. P. CÆSAR; Mr. STARTIN; Mr. AUBIN; Mr. JONES; and Mr. T. H. BARTLETT.

#### ADVERTISEMENTS.

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# Clinical Lecture

ON

## CHOLERA AND ITS TREATMENT.

*Delivered October 8th, 1866.*

BY

GEORGE JOHNSON, M.D., F.R.C.P.,

PHYSICIAN TO KING'S COLLEGE HOSPITAL; PROFESSOR OF  
MEDICINE IN KING'S COLLEGE; ETC.

I AVAIL myself of the very earliest opportunity to give you the results of my experience of cholera during the present epidemic. Our experience here within the walls of the hospital has been very limited. We have had only twenty cases of actual cholera, and twelve of these have been fatal cases.\* A mortality of sixty per cent. appears sufficiently unsatisfactory. I scarcely need tell you, that our cases have been too few to afford a trustworthy average of the results of treatment. When the numbers are small, the accidental concurrence of a few intractable cases gives an entirely fallacious result.

We had two large wards ready for the reception of cholera patients; and we were prepared to put our plan of treatment fairly to the test in a large number of cases, but the opportunity has not now been afforded us. We have had very few cases, and most of them have been beyond the reach of any remedial treatment.

With regard to the question of the treatment of cholera, we have advanced beyond the point at which mere statistics can render us much assistance. Our knowledge of the natural history of cholera is now so far complete that we have the key which will unlock most of the pathological intricacies of the disease. We have freed ourselves from that delusive and mischievous theory which attributes collapse to the mere drain of fluid from the blood. That death may occur in spite of the discharges, nay that it may directly result from the profuse discharges excited by the amount or the virulence of the morbid poison, we have never doubted or denied; but, nevertheless, we know that a continuance of the discharges from the alimentary canal is an essential condition for recovery from collapse; while an entire cessation of these discharges during collapse is a fatal sign. Death may occur in collapse without discharges; recovery never. It is a mere mockery to say that in cases of *cholera sicca* the morbid secretions are found in the digestive canal. The amount thus collected is far too small to cause death by exhaustion; and we know that the symptoms of collapse are not such as a drain of liquid from the blood in any quantity would occasion.

I maintain, then, that our knowledge of the natural history of cholera and of the natural process of cure, enables us to judge of the influence of treatment in each case; that a few cases carefully observed are far more instructive than a large num-

ber imperfectly noted, and that our failures may be as instructive as our successes.

The careful study of our twenty cases, with twelve deaths, has not in the slightest degree diminished, but rather tended to confirm, my conviction that, as the natural cure of cholera in all its stages occurs by a process of elimination, so the business of the physician is to avoid all such means as tend to impede that process, and to assist it, when necessary, by all available means. I shall presently show you in what way death occurred in the twelve fatal cases. But, first, I have to say of the cases of recovery, that they were all in collapse of varying degrees of severity at the time of admission. All were treated by castor oil. In each case, the vomiting and purging continued until reaction occurred; then the discharges gradually ceased; and convalescence was quickly established. There were besides some cases of choleraic diarrhoea in the wards, which quickly recovered.

To return now to our twelve fatal cases. Of these twelve cases, six died during the stage of collapse, six during the period of reaction. All were treated by repeated doses of castor oil. One had two doses of croton oil, and one took two doses of calomel; and we have to inquire whether there is any reason to suppose that this evacuant treatment was injurious. Now, in the first place, it is remarkable that, in four out of the six cases fatal during collapse, there was neither vomiting nor purging after the patients were admitted; and, in two of these four cases, death occurred within an hour after admission, and after a single dose only of castor oil had been given. In these four cases, it is manifest that our treatment was evacuant in intention and not in effect. It was simply ineffectual, and could not be considered in any way injurious.

The fifth case of death during collapse occurred in a very feeble woman, aged 62, and having the look of being 70. She had been living badly, and had been profusely purged for three days before her admission. She was in collapse when admitted. She was ordered to have castor oil at first every three hours, then every four hours. At length, as the purging went on very actively, the oil was discontinued. She died in collapse, sixty-three hours after her admission. Looking back at this case, and considering the amount of purging which was going on spontaneously, I think it would have been well if no oil had been given, or at the most only an occasional dose at long intervals. It happened that I did not see her until the second day after her admission, and then I discontinued the oil. When the discharges from the intestinal canal are profuse, and when there is no evidence of accumulation within the bowel, no evacuant medicine is required, and therefore none should be given. I am sure, however, that no treatment could have saved this poor woman. She was very aged; and she was greatly enfeebled by a poor diet and by three days of profuse purging before she fell into collapse. In such a case there was no ground for a hopeful prognosis.

The sixth and last case of death during collapse occurred in a man, 35 years of age, who had been purged from ten to twenty times daily for three days before his admission on Sept. 16th. When admitted, he was in full collapse; pulse extremely feeble. Temperature 94½°. The face was blue, and the eyes sunken. He was ordered to have the oil at

\* Another fatal case has occurred since this lecture was given. The history of that case will be found in a postscript.



first every two hours, then every three hours. Several doses were vomited, but it brought away a moderate amount of rice-water secretion. His face became less dusky, and for a time he felt relieved; but he relapsed into profound collapse, and died twenty-seven hours after admission.

Now, with respect to this case, I would remark, that the most unfavourable circumstance was the fact that he had been profusely purged for three days before his admission. This must have weakened him, and rendered him less able to bear up against the disease when he fell into collapse. The same source of exhaustion had occurred in the case of the old woman last mentioned.

I have sometimes been asked how it happens, if the vomiting and purging be a conservative eliminative process, that a patient falls into collapse after having been profusely purged for several days. This question is a reasonable one, and it is not difficult to answer. In the first place, the transition from prolonged diarrhoea to collapse does not occur in the case of patients who from the first are treated within the hospital. I have not yet seen one instance of the transition from choleraic diarrhoea to collapse under the evacuant treatment in the wards of the hospital, although many of the cases in 1854 appeared to be on the very verge of collapse when they were admitted. The continuance of a diarrhoea day after day in the cases under consideration is probably to be explained by the fact that the patient is continually exposed to the exciting cause of the disease, either in his home or in his place of labour. He daily breathes the same poisoned air or drinks the same poisoned water, and thus the symptoms are perpetuated by renewed doses of the poison, just as in those notorious cases of slow poisoning by arsenic or antimony mixed with the food. At length, when the accumulative effect of the poison has induced collapse, the patient, exhausted by his prolonged diarrhoea, has less power to combat the disease, than he would have had if a single dose of the poison had sent him at once into collapse. The only safeguard for a patient in whom a diarrhoea is kept up by a continual recurrence of the exciting cause, is to discover and to avoid the cause, whether in the air, or food, or drink. To give astringent and repressive drugs, while the patient is constantly inhaling or imbibing the poison, is only to increase the peril. It is like closing the safety-valve of the boiler while the furnace is fiercely burning below. With such opposing forces in continual operation, it is manifest that sooner or later an explosion must occur.

Passing on now to the six cases of death during the reaction stage.

The first case was that of an infant 15 months old. The child rallied from extreme collapse; then quickly became drowsy, with hurried breathing; then convulsions occurred, and death forty-eight hours from the commencement of the illness. Such a result in a child of that age is very common, and very difficult to avert.

The second case occurred in a woman, aged 47, who had for years been a great invalid. For seventeen hours before admission there had been profuse vomiting and purging. When admitted, she was pulseless. Temperature  $94\frac{1}{2}^{\circ}$ . Vomiting and purging had ceased; but the bowels became painfully distended, and it was with great difficulty that any evacuation could be obtained. First, an enema

brought away a very offensive rice-water stool, after four doses of castor oil had been given without effect. As the bowels were becoming more distended, we gave two doses of croton oil, two minims for a dose, combined with castor oil. The result was seven scanty stools, with some relief; but the bowels remained distended, and during the last seven hours of her life there was no further purging. The last stools were bilious, and the temperature rose to  $98\frac{3}{4}$ ; but there was an evident want of rallying power. The respiration became gasping; and she died twenty-six hours after her admission.

The next three cases were sisters, aged respectively 5, 6, and 9. The parents had come from the country two years ago, and lived in a dirty court in Newport Market, and the whole family had been ill-fed. In the youngest child, the collapse was moderate in degree; in the two elder girls, there was extreme collapse with pulselessness for many hours. In all three cases, the purging was very moderate in amount and frequency. All three rallied from collapse, and the stools became bilious; and they all passed into the same condition. There was drowsiness, grinding of the teeth, with hurried breathing. The youngest died thirty-six hours after admission, the second in sixty-four hours, and the third in forty-eight hours.

In the two youngest there was extreme fatty degeneration of the kidneys. I have not for a long time seen so much oil in the kidneys. The glands were white and wax-like, and the degeneration was evidently of long standing. In the youngest there were, in addition, patches of local fatty degeneration in the liver; and the lungs were much gorged. Reaction had occurred, and there was bile in the intestines in each case. In the eldest child, the kidneys were healthy; but many of the mesenteric glands were considerably enlarged.

In these three cases, it is evident that the poor children, being ill-fed and strumous, had not the requisite rallying power to carry them through the disease.

Our last case was an equally unsatisfactory subject—a young man, aged 23, of weak intellect, who had a chronic ulcer on his leg in a most offensive state. He had no regular occupation. He lived in a lodging in Clements Lane; and was dependent on his parents for supplies of food. His mother said that he got meat once a week, and sometimes it might be twice. He was in extreme collapse for many hours; and repeated doses of castor oil excited only a very moderate purging. We made an unsuccessful attempt to inject hot water into his veins. He made an imperfect rally, and died twenty-four hours after his admission.

These are the six cases of death after reaction. An infant, 15 months old; a sickly woman, who had been profusely purged before she came in; three half-starved, strumous children; and an ill-fed, unhealthy young man. It would appear as if the choleraic influence in this part of London, being very feeble, had seized chiefly upon those whose weakness and unsoundness had rendered them least able to resist the poison.

Now, gentlemen, I am not here to apologise for the deaths of these twelve patients. My object is to place before you the facts upon which you may base your own judgment. Is there any reason to suppose that our treatment was injurious? Would a different,



would an opposite mode of treatment, would a let-alone treatment, have been attended with more favourable results? I think not; but let each man form his own opinion after a careful weighing of the evidence.

With regard to this question of the treatment of cholera, we stand upon very firm ground. We maintain that no drug has any direct antidotal or curative influence in cholera; that there is only one method of cure for the disease in all its stages, and that is the method by which Nature herself accomplishes the cure. The most that art can do is to assist and, if need be, to regulate the natural eliminative process.

I will not here stop to inquire whether there is an eliminative effort in cholera. The denial of this doctrine appears to me to involve merely a discussion about words and terms. There are, at any rate, foul morbid secretions which in cases of recovery are cast out of the bowel, and which are poisonous to others. This fact must suffice for plain practical men, whose business is not that of hair-splitting.

The mortality from cholera will vary greatly at different times and in different localities. At one time the deaths may be eighty per cent., at another twenty per cent.; but be the recoveries few or be they many, and whatever may be the method of treatment employed, it is indisputably true that the actual cure is effected by the same natural eliminative process in every case. I have asked for a detailed history of any case of recovery from collapse in which there has not been a continuance, more or less, of discharges from the alimentary canal while reaction was taking place. I believe that no such case has ever been seen; certainly, none has been recorded. Yet, if collapse were caused by loss of fluid, an arrest of the discharges must necessarily precede recovery from collapse in every instance. Happily, there are now few pathologists who defend the theory, that collapse is a result of the fluid drain from the blood. It is now very generally admitted, that the facts of the disease are utterly inconsistent with that theory; and with the abandonment of this theory, there is of necessity implied the condemnation of the brandy and opium treatment of collapse.

But now we are told by some that the best that we can do for a patient in collapse is nothing, but to let him lie in bed, drink cold water, and recover if he can. I have seen something of the treatment of cholera by coloured water. I have seen patients thus treated lying in full collapse, having had neither vomiting nor purging for hours, and suffering agonising pain from over-distension of the bowels. It was evident that all the natural expulsive efforts had ceased, and that without some artificial aid death was inevitable. It appears to me that to look on at a patient in such mortal agony, and to make no attempt to relieve him, is as unjustifiable and as cruel as it would be to leave a patient with retention of urine unrelieved. This routine system of *laissez-faire*, when there is such an obvious indication for treatment as distention of the bowels by offensive morbid secretions, is an abuse of the so-called "expectant method", which threatens to extend itself to the treatment of more than one acute disease. A routine system of doing nothing in acute diseases is as unscientific and, it may be, as mischievous as a routine abuse of active drugs.

The advocates of the do-nothing system in cho-

lera, to be consistent, should adopt this method from the commencement and in all stages of the disease. It is thoroughly inconsistent and unreasonable to treat choleraic diarrhoea by opiates and astringents, to arrest the discharges, thus induce collapse, and then say to the unhappy victim, Now you shall be left alone to recover—if you can. This is like pushing a man from a shallow into deep water and telling him to swim for his life. He who did this would certainly not deserve the medal of the Royal Humane Society. This combination of a constringing practice in choleraic diarrhoea with an expectant treatment in collapse is like repressing the rash of scarlatina by exposure to cold, and then treating the renal disease and the dropsy which are thus provoked by rest in bed, and nothing more. The *vis medicatrix* may suffice to cure the patient, but he will owe small thanks to his doctor.

There are some cases of cholera of so malignant a type, that no treatment can be of any avail—they are obviously hopeless; there are others of so mild a character that they will recover by the unaided efforts of Nature. Then there is an intermediate class of doubtful cases in which the result may be much influenced by the treatment employed; and it is only in the management of cases of this kind that the actual effect of treatment can be determined. Mere statistics are quite useless; they give only the deaths and recoveries; but what we have to learn is the actual influence of treatment upon the progress of the disease and upon the mortality. This knowledge we can acquire only by the careful observation of each case that comes before us.

If we cannot ascertain the real influence of treatment on the progress of this disease by the careful observation of each individual case, we shall never arrive at this knowledge by the careless noting of a large number of cases. What would a chemist say to the proposal to determine the ultimate composition of a substance by taking the average results of a large number of incomplete and inaccurate analyses? The attempt to ascertain the influence of treatment in cases of cholera by a mere statistical statement of results is in no degree less absurd than would be such a proposal. We ought to be able to determine, and I believe that we can determine, with some degree of probability in each case, whether our treatment has been beneficial or the contrary, or whether it has been simply inefficient.

I am quite sure that I saved at least one life during the present epidemic.

At the beginning of August, I attended with Dr. Halse a youth aged 15, who had been only a few days in London, and who had drunk water from one of the pumps in the Temple. He had diarrhoea, which was stopped by two doses of opium. Then, after a few hours' cessation of diarrhoea, he was seized with cramps and purging, and he rapidly passed into collapse. When I saw him, his pulse could scarcely be felt; his eyes were sunk; his skin and tongue were icy cold; the cramps very severe. There had been no purging for a considerable period, yet his intestines were full of liquid. There was evidently no natural effort to expel the contents of the bowel; and I believe that, under a merely expectant treatment, he would have died with distended bowels. He got about eight half-ounce doses of castor oil in twenty-four hours. The bowels acted freely, the discharges being at first foetid rice-water, then bilious.



He rallied; had slight drowsiness for a few hours; then an abundant rash of roseola; but he made steady progress towards complete recovery. I consider this life to have been as unquestionably saved by the treatment, as if we had pulled him, in a state of unconsciousness, out of deep water.

Henceforth no reports of the results of treatment in cases of cholera will be of any value which do not give some particulars as to the character of the cases, the age and general condition and habits of the patients, the degree and the duration of the collapse, and the actual operation of the remedies employed. In my work on *Epidemic Diarrhœa and Cholera*, published in 1855, I have given all these particulars respecting fifty-four cases which were under my care during the last epidemic. I take this opportunity of correcting a misstatement which has frequently been made, to the effect that the evacuant treatment was tried here in 1854 only towards the close of the epidemic. The first case thus treated was admitted on the 10th of August; and the same plan of treatment was continued during the whole period of the epidemic, which reached its height in the early part of September.

To tell us that the evacuant treatment of cholera has failed in any set of cases is worse than useless, unless we are informed whether the cases were such as afforded hope of benefit from treatment of any kind; also whether medicines were given in such a way as to ensure their evacuant action; and what other means were employed at the same time. During the height of an epidemic, it would be easy to select twenty cases or more, which, under any plan of treatment, would certainly give a mortality of 100 per cent. Some time since I saw, in one of the hospitals, a very old woman, pulseless, voiceless, and toothless. She was evidently dying; but she had been ordered to have a dose of castor-oil on admission, to be repeated in four hours. It was certain that she would not live to take the second dose; but the case would probably be returned as one unsuccessfully treated by castor-oil. I am told that, in one hospital, a considerable number of cases were treated by castor-oil, but with the addition of brandy and hot baths. Now, according to my experience, this would not be a fair trial of the evacuant method. I am sure that brandy, even in small doses, is injurious during collapse; and I believe that warm baths, in spite of the great temporary relief which they may sometimes afford, are, on the whole, rather hurtful than wholesome.

Dr. M'Cloy has given in the *Lancet* (Aug. 18th) some interesting particulars of cases of cholera treated in the Liverpool Parish Infirmary. He has compared the results of what he calls the "eliminative" treatment, chiefly by means of castor-oil, with other methods of treatment. He declares that "*the eliminative treatment has been most successful*." It has been a success which those only who have seen and compared the relative severity of the cases can appreciate—a success which statistics cannot show." Out of fifty cases thus treated, there were seventeen deaths; and of these seventeen, "nine were cases in which there was no radial pulsation, and in which neither emesis nor purgation could be produced." I learn that this method of treatment has since been continued in the same institution with equal success, and that at one dispensary in Liverpool about two thousand cases of diarrhœa have been treated on the

evacuant plan with uniform success. I hear, too, that many private practitioners, in various parts of the country, have had most favourable experience of the plan. A highly intelligent gentleman in large practice, who had been very sceptical about the evacuant treatment of diarrhœa, was induced to give the plan a trial. I met him a few days since, and he was enthusiastic about its success. He said to me: "Well, you have established one grand principle; that is, in the treatment of diarrhœa, to free the bowels from morbid secretions before you lock them up by astringents." My reply was: "Common sense would have taught us this, if we had not permitted ourselves to be blinded by an erroneous theory."

Amongst the out-patients of the hospital, many hundred cases of diarrhœa have been successfully treated during the last few weeks, and in nearly all of them a single dose of castor-oil has been the only medicine given.

I should detain you for another hour, if I were to narrate to you my recent experience of the ill results of the abuse of opiates and astringents in the treatment of diarrhœa and cholera. I trust that before long practitioners who have had experience of the evacuant method of treatment will publish the results. I find, however, that some men, whose experience has been most favourable to the plan, are unwilling publicly to face the tide of prejudice which sets in against this safe and simple method of treatment—prejudice as unreasonable and as violent as that which, two hundred years ago, opposed the admission of cool and fresh air into the rooms of small-pox patients. The simplicity of the treatment appears to the minds of some men to be its great fault; they believe in no remedy which does not, as they suppose, exert some specific curative influence. It has been said by some that, if castor-oil have any good effect in choleraic cases, this is due, not to its evacuant action, but to some "alterative" influence on the mucous membrane. A facetious friend remarked to me, that many practitioners, who are now sceptical, would believe in castor-oil, if they could be assured that it exerts a peculiar "castor-oilative" influence.

POSTSCRIPT. Since this lecture was given, another fatal case of cholera has occurred in the hospital. A woman, L. B., aged 48, was admitted on October 12th. She was a widow, and had worked very hard to support her seven children. She had been ailing for a fortnight. For five days there had been very frequent vomiting and purging; but there had been no action of the bowels since 1 P.M. on the day of her admission. She was admitted at 6 P.M. She was in extreme collapse, pulseless, and cold; temperature  $96\frac{1}{2}^{\circ}$ ; features much sunk. There was great dyspnoea, and severe pain, at each inspiration, over the bottom of the sternum. When I saw her at 8 P.M., I found that four half-ounce doses of oil had been given; these had excited neither vomiting nor purging. There was evidence of a moderate amount of liquid in the intestines. She was still pulseless; the dyspnoea very urgent; and each inspiration was abruptly stopped by a sharp pain, apparently having its seat in the over-distended right cavities of the heart. After watching her for a time, I felt sure that to assist the circulation by hot injection into the veins afforded the only hope of rescuing her; and accordingly we slowly injected



forty-two ounces of water, at 118°. During the injection, the pulse became perceptible, the temperature rose to 98°, the pain over the heart and the dyspnoea somewhat diminished; but the relief was much less than I had hoped for, and I suggested that probably a clot had formed in the right side of the heart. She vomited several times after the injection. No more medicine was given; and there was no action of the bowels from the time of her admission until her death, which occurred at 4 A.M. on the following day—i. e., ten hours after her admission.

Shortly before her death, there had been some appearance of improvement in her condition; and, on examination *post mortem*, there was evidence that reaction had just commenced. The evidence was great engorgement of the lungs, such as we have not seen in any case after death in the stage of collapse; and the upper part of the small intestines, for a length of about eighteen inches, contained bright yellow bile. The secretion of bile, then, had recommenced just before death. The small intestines below contained a considerable amount of the usual choleraic secretions, but tinged of a dirty pink colour by admixture with blood which had escaped from the abraded mucous membrane. The stomach contained a small quantity of the castor-oil, but none had passed on into the bowel. In the right ventricle of the heart there was a firm decolorised clot attached near the apex of the heart; it was of considerable length, and extended in a tapering form about four inches into the pulmonary artery. This clot had evidently formed during life, and probably before we injected the vein; it must have obstructed the circulation, not only by the space which it occupied within the artery, but by preventing the closure of the semilunar valves. Hence, probably, the painful distension of the right side of the heart, and the small amount of relief which the hot injection afforded.

Our treatment in this case was thoroughly inefficient. Would any other treatment have been more efficacious? I know of none that would. It was evident after death that, if she had completely rallied from collapse, she would have died exhausted by hæmorrhage from the bowels.

THE CLIMATE OF PODOLIA is probably the healthiest in the world. During the last five years 354 persons have died at from 95 to 110 years of age, 320 of whom were under 100 years old, 27 between 100 and 105, and seven between 105 and 110. Of these 141 were women.

DEATH OF DR. CONQUEST. The death is reported of Dr. Conquest, at Shooter's Hill. The deceased, who was 77 years of age, was formerly lecturer on midwifery at St. Bartholomew's Hospital. He wrote a pamphlet on *The Use and Abuse of Money*, the publication of which led to his giving a prize of a hundred guineas for the best essay on the subject. This resulted in the publication of *Mammon*, by the Rev. Dr. Harris, a work which excited some interest and obtained a large sale. He also published a work entitled *Outlines of Midwifery*, which has passed through six editions in this country, and has been translated into the French, German, and Hindustanee languages. Dr. Conquest was also the author of a revised edition of the Bible, generally known as *The Bible with 20,000 Emendations*.

## Original Communications.

### TWO CASES OF FURUNCULAR ACNE IN WHICH THE URINE CONTAINED AN INORDINATE QUANTITY OF UREA, "AZOTURIA."

By THOMAS BALMAN, M.D., Liverpool.

IN the first edition of his work on *Stomach and Renal Diseases*, published in 1821, Dr. Prout has directed attention to a peculiar condition of the urine characterised by a superabundance of urea, the quantity of water and other ingredients being unaltered. Subsequently, Willis mentioned a similar disorder, to which he, I think not inappropriately, has given the title of azoturia. (*Urinary Diseases and their Treatment*. By Robert Willis, London, 1838.) As the independent existence of this malady has since been called in question by some more recent authorities, and believing that it is of no unfrequent occurrence and entitled to a more prominent position in our nosology than it has yet obtained, I have ventured to bring before the members of the British Medical Association the two following cases, which I take to be examples of the disease in question. Both of the cases which I shall presently read to you, and in which this condition of the urine was observed, were suffering from a somewhat severe cutaneous affection, "follicular acne."

Dermatologists have described several forms of acne. Acne simplex, though oftentimes of trifling importance, is known to be of very frequent occurrence, especially in young and phlegmatic persons of both sexes, and is generally amenable to treatment. The cases in which I have noticed ureous urine have, however, seemed to belong to the third species of Willan's classification, viz., Acne indurata; though it has a strong resemblance to, and is doubtless often taken for, the next species, acne rosacea. The several forms of acne, originating as they all unquestionably do in the sebaceous follicles of the skin, I agree with Mr. E. Wilson might severally be classed under two heads: Acne simplex, and acne rosacea; the first three species, acne simplex, acne punctata, and acne indurata, being mere modifications of the same form of disease. Acne rosacea, however, independent of the erythematous rash, which is its main characteristic, often leads to a dilated and tortuous condition of the superficial capillary bloodvessels of the face, is generally met with in persons of more advanced ages, and is more frequently the result of intemperance, when not of hereditary origin, than the cases I am about to mention. Acne furunculus would convey a more exact idea of the anatomical element of the eruption, and as the term is not altogether new in connexion with the disease, I propose to retain it in this place.

The different forms of acne, affecting as they invariably do the face, are known to be sometimes of an extremely obstinate character, resisting for years the most skilful treatment even of some of our most eminent physicians. The disfigurement these eruptions often occasion, and the mistaken and erroneous notions commonly entertained as to their origin, are a perpetual source of annoyance to females especially, who are ready to make any sacrifice of personal comfort that may seem to hold out the slightest prospect of cure. These complaints, therefore, should have the best attention of the medical practitioner.

The first case occurred in 1852, and the following



is an abstract of the notes I then made of it. W. H., aged 21, unmarried, clerk in a merchant's office, and of most temperate habits, consulted me on Nov. 4th, 1852. He stated that he had suffered from slight symptoms of indigestion for several years, though not sufficiently urgent as to require medical assistance. About two years previous to his coming to me, a few red pimples first appeared on his forehead, which, to his great dismay, gradually spread over the whole face; as soon as one set of pustules subsided, others made their appearance in a more aggravated form, so that his visage was literally seamed and furrowed with indelible scars and cicatrices caused by this rapid recurrence of the disease. Both cheeks still exhibited a copious display of vari of an irregular and slightly ovate form, and of different degrees of consistence.

The skin and integuments over the whole extent of the eruption were observed to be thicker than natural, and to present occasionally a dark livid appearance, evidently arising from the intense congestion, both of the glandular as well as of the subcutaneous cellular textures in the immediate vicinity of the eruption. The pustules softened very slowly, without pointing as in ordinary pustular inflammation, and the contents had consequently every now and then to be discharged by the aid of a lancet. Sometimes two or more vari would coalesce, and thus form a tumour of the size of a horse-bean or small hazel-nut.

Nov. 4th. Examined the first specimen of his urine, it was slightly turbid from lithates, and had a strong acid reaction to the blue litmus. Its specific gravity was 1.035, nitric acid, without concentration of the urine, quickly converted the portion so treated into a solid crystalline mass of nitrate of urea.

This unusually great density, dependent as it manifestly was upon an excess of urea, at once attracted my attention, and led me afterwards to examine the urine of this patient carefully for a considerable time. During the subsequent four weeks the specific gravity was found to oscillate from 1.020 to 1.033. The night specimen, *urina cibi*, having always the greatest density averaging 1.031, and the morning specimen, *urina sanguinis*, 1.025. It was now bright in colour and without any perceptible deposit. The quantity passed in twenty-four hours was about 44 ounces. Oxalate of lime was present in almost every specimen. He was ordered a mixture with ten grains of the bicarbonate of potash in the compound infusion of gentian, twice a day, and an aloetic and steel pill at night.

Dec. 9th. As he was no better, and the urine in no degree changed, I requested him to abstain altogether from animal food, and to live upon a diet as free as possible from nitrogen, that I might ascertain whether this surplus urea was due to food, or to ulterior tissue changes. He was likewise ordered to take ten minims of the tincture of colchicum in some bitter infusion, thrice a day.

Dec. 23rd. A fortnight afterwards a marked improvement had taken place in the eruption, he also expressed himself as feeling as strong and well as when taking his usual diet of meat and beer once or twice daily. The specimen of urine he brought with him was of a pale straw colour, perfectly bright, and its specific gravity was very little above the average standard: the night specimen being 1.021, and that passed in the morning 1.018. Finding he was so much better, he begged hard to be allowed to return to his usual routine of living, he was accordingly allowed animal food, once daily, with a glass of bitter ale if he chose.

Feb. 25. Two months from the beforementioned date, during which he had rigidly adhered to this

very simple diet, he returned to me as bad as ever, his face covered with boils, and altogether in a most unsatisfactory state, the urine had returned to its former great density 1.035, and darker in colour than I had ever before seen it. Prout describes the urine in such cases as being sometimes so dark as to resemble a mixture of porter and water. Unfortunately I was obliged about this time to leave Liverpool for some months, and I therefore saw him no more.

Two other cases have more recently occurred to me in the practice of the Dispensary for Diseases of the Skin, one of which I have carefully watched for several months.\*

Eliza G., aged 25, unmarried, had suffered from furuncular acne for above seven years. She had tried various modes of treatment without deriving the slightest benefit. She was of a sanguine and excitable temperament, and whilst these notes were being taken, an uncomfortable scarlet hue seemed every now and then on the slightest emotion to mantle her otherwise mottled and already highly tinted cheek. Her general health was nevertheless tolerably good. She, however, complained of a slight feeling of lassitude and fatigue after walking, and was also subject to occasional attacks of indigestion. There was a dry clammy taste of the mouth, and the tongue I thought looked larger and more flabby than natural. The saliva was acid; the menstrual flow was healthy and regularly performed, but her face, she observed, was always worse about these periods.

The urine differed slightly from the previous case. Its specific gravity being of a more uniformly high character, from 1.028 to 1.035; in no instance below 1.028. In appearance it presented nothing unusual, perhaps a little darker in colour than natural, very acid, and showed the same characteristic increase of urea. Oxalate of lime was occasionally present, and traces of sugar in one of the specimens examined. She suffered every now and then from slight dysuria, and urgent calls to relieve the bladder, chiefly in the daytime. The quantity very rarely exceeded three pints in the twenty-four hours, more frequently under two. She took a variety of tonics, including quinine with small doses of opium, from which I have found the greatest benefit in several similar cases, without any very decided results. A mixture containing the alkaline carbonates, magnesia and potash, with colchicum, and five minims of the tincture of opium, did her the most good. Cod-liver oil, which is reputed to have a marked effect in lessening the quantity of urea in the urine, she could not take. Acetate of potash with ammonia, and the bicarbonate of potash were tried, without producing the slightest change in the eruption, nor did it appear to diminish in any marked degree the quantity of solids in the urine. Benzoic acid was also tried with no better results.

I saw this young woman about a month after relinquishing all treatment. The cutaneous affection in the whole was decidedly better, the skin being clearer and of better colour, and the vari fewer in number than formerly. The condition of the urine, however, remained unchanged, the specific gravity of the last specimen examined being still as high as 1.033.

GENERAL REMARKS. It is well known that the quantity of urea in the urine may be temporarily increased, both absolutely as well as relatively under a great variety of circumstances. In health, free action of the skin, a full meal with wine in moderation will

\* This case is one so exactly similar as regards the local cutaneous affection to that I have just related, that it is needless to dwell upon this feature of it.



cause the urine to be secreted of a deeper colour than usual, and the solid matters consequently in considerable excess. In several diseases the same thing may happen. In pneumonia, several dyspeptic and febrile affections, when the urine becomes highly concentrated, it is of frequent occurrence, and depends upon a diminishing secretion of water only. In Typhus, Dr. Parkes found as much as 883 grains in twenty-four hours, and in a case of pyæmia, Vogel detected 1240 grains or nearly three ounces of urea within the same period. A case is recorded in the third volume of the *Medico-Chirurgical Transactions*, by Dr. Bostock, of a patient, a female, discharging five quarts of urine daily of a specific gravity of 1.034, not saccharine, which on analysis was found to contain nine ounces and a half of solids, seven ounces and a half being urea, and two ounces salts.

This would be rather more than six times the average quantity for a healthy man. The patient recovered completely under the use of chalybeates.

The condition of the urine I have described, differs materially from all these cases: 1st, In the more or less persistent character of this secretion; 2nd, In the relative as well as absolute quantity of urea, as compared with the other ingredients, the quantity of water being normal, or only in slight excess. They correspond, therefore, with the first form alluded to by Prout, excess of urea without diuresis.

Sometimes the quantity of water, together with the urea and other products of the urine, are simultaneously increased. Excess of urea with diuresis: in such cases the quantity of urine discharged is described by Dr. Prout as being excessive. The quantity of renal urea in any given specimen may under such circumstances be relatively less than in health, but owing to the increase in the quantity of the urine, absolutely much above the natural standard. Prout considered these affections to be of rare occurrence, so much so indeed, that, where he had seen one case of this last form of the disease, he had seen twenty cases of diabetes. Parkes says, "I have never seen a disease of this kind; all the cases of excessive urea I have seen have been either connected with pyrexia, or with some peculiarity of diet, excess of nitrogenous substances, or have been examples of diabetes insipidus, with excess of urea." Willis, who in his valuable work devotes several pages to its consideration, seems only to have noticed the second and more uncommon form of the disease. Most of the more recent cases I have read of, independent of the cutaneous affections with which both of my cases were associated, differ in some other respects.

The case mentioned by Dr. Sieveking in the *JOURNAL* for June 1865, was 53 years of age, had jaundice, diarrhoea, and was otherwise extremely nervous and debilitated. Prout's cases all occurred in middle aged men, of thin, spare habits, and one likewise unusually nervous and depressed. Dr. Prout only met with one instance in the female. The cases recorded by Dr. Parkes and Roberts were also men of about 50. The daily flow of urine in Parkes's case amounted to ninety-six fluid ounces, in that of Dr. Roberts only thirty-four ounces, and the quantity of urea was never more than five hundred and fifty grains daily. Dr. Handfield Jones, in the October number of the *JOURNAL* for 1861, under the title "Baruria," gives six additional cases, five males and one female. Three were under 25 years of age, the others between 45 and 50.

They were all persons evidently much out of health, and suffering from a variety of anomalous nerve symptoms; one was epileptic and died of dementia, the others yielded apparently to treatment.

The question of most importance to determine in connexion with the cases I have recorded, is the pathological relation of this condition of the urine to the cutaneous affection from which they both suffered; and, granting this supposed connexion, to trace the organ or function at fault in its production. The first case seemed to show there was a very obvious connexion between the two phenomena. By cutting off the supply of nitrogen from his food, in the instance of the young man first noticed, the density of the urine was immediately reduced, and the disease appeared to yield in a very striking way, but returned on his assuming his ordinary diet of meat once or twice daily, showing, apparently, as if a portion at least of the nitrogen taken as food is converted directly into urea in the blood, and eliminated by the kidney without becoming fixed in the general textures of the body. It would hardly be safe, however, to build up a theory of this disease from a single isolated case, as the main facts are unfortunately negatived in the second case. Similar restrictions, perseveringly carried out for many weeks, producing no such corresponding results.

This over-production, if I may use such an expression, of one of the most important and essential constituents of the urine, can have, I presume, but three sources. 1. It may originate from some defective or perverted action of the primary assimilating processes of digestion or chyliification, whereby, as I have already stated, a portion of the alimentary materials are at once transformed into urea in the blood. 2. From that mysterious and more distant function of the animal economy by which the old and used up materials are unceasingly being carried away, and new ones deposited, and known to physiologists as the hystolic process of disintegration, or metamorphosis of tissue; this is probably the main source of urea in a healthy individual. 3. From that less probable and scarcely recognised channel, a morbid or excited condition of the kidney itself, analogous, perhaps, to what some of the older writers regarded as a state of erythism of the organ, but which more advanced pathologists would, with perhaps greater propriety, call paresis of the renal plexus of nerves, with its attendant results, dilatation of the bloodvessels and consequent increase of blood, and when there is more blood sent to an organ than usual, we may expect temporary increase of function. This is probably the condition of the kidney in cases of diabetes insipidus, and some nervous affections, in which such an enormous quantity of water is sometimes discharged, and which is often so effectually controlled by opium. In either case, we should probably have an abnormal quantity of urea very constantly circulating in the blood, spoiling, just as an excess of water is known sometimes to do, the red particles, and thus unfitting this vital stream for the healthy performance of nutrition, upon the due integrity of which the physiological well being of the individual must depend.

## ETHER-SPRAY IN THE REDUCTION OF HERNIA.

By A. B. STEELE, M.R.C.S.E., Liverpool.

THE account of Dr. Barclay's case, published on the 20th ult., induces me to mention, that some months ago I used the ether-spray with success in the reduction of a rather large inguinal hernia in a boy about 4 years old, who had worn a truss from early infancy. The hernia had remained down sufficiently long to cause vomiting and other early symptoms of strangulation.

Having persevered with the taxis in the ordinary



way for some time, I applied the ether-spray, and ultimately succeeded in returning the bowel. I did not carry the frigorific effect so far as to produce complete congelation and blanching of the surface; but short of that condition, which might possibly have been injurious, the excessive coldness materially aided in the reduction of the hernia, and in all probability saved the patient from a capital operation.

While on the subject, I wish to communicate my experience with different kinds of ether. I have tried the ether sold by Mr. Robbins, that manufactured by Howard, and also methylated ether, and can discover no difference of effect in either of the three.

It is desirable that attention should be carefully directed to the relative efficiency of ether obtained from various sources; because if, as I strongly suspect, it be found that the only essential matter is the rapidity of evaporation, as determined by specific gravity, the successful use of methylated ether, at a fourth of the price of other ethers, will be no small boon to those who desire to avail themselves of Dr. Richardson's valuable discovery in many cases where the expense of material falls upon the practitioner.

My first experiments with the ether-spray were uncertain, and often unsatisfactory; and, on appealing to Dr. Richardson for an explanation, was told by him that it was all a question of ether, and that none except that sold by Robbins could be depended upon. Subsequent experience, however, has led me to believe that my previous want of success depended partly on some defect in the instrument, the wire in the nozzle having become encrusted with a deposit, and partly perhaps upon my own want of skill in manipulating. I find that I can now freeze the skin with ether prepared from methylated spirit quite as readily as with that sold by Mr. Robbins.

In the early days of chloroform, great stress was laid upon the importance of the purity of the chloroform; and some people believed that the right article could be obtained nowhere except from Duncan and Flockhart of Edinburgh.

I have used extensively, and for a long period, chloroform made with methylated spirit, which I find produce precisely the same results as any other; and I believe it is chemically and therapeutically identical with that prepared with alcohol, the only difference between the two being that one is more than double the price of the other.

## NOTES FROM PRACTICE.

By J. BIRCHENALL, Esq., Macclesfield.

In forwarding the subjoined notes for insertion in the *BRITISH MEDICAL JOURNAL*, I would simply premise that the allusions therein contained are not designed to convey the slightest imputation on the professional competency of the gentlemen concerned.

As I have myself a reasonable share of the mental infirmities of our common humanity, I have learnt to be very chary in my reflections upon others; and I have lived long enough to know that, as the wisest of men are sometimes at fault, a point of practical importance may incidentally be overlooked even by those whom we are accustomed justly to regard as among the most cautious and discriminating of our medical brethren.

The cases occurred many years ago, and I write from memory, but can vouch for the accuracy of the reports.

CASE I. Rev. Mr. —, residing in a populous town in Yorkshire, was in the act of raising a teakettle

full of boiling water from the fire, when it slipped from his hand, and fell upon his foot, which was thereby severely bruised and scalded.

When the injury to the skin was repaired, he found that he could not walk without considerable pain; but, as the medical gentleman in attendance (who was a respectable practitioner) regarded the case as a purely hyperæsthetic condition, it was treated accordingly.

After the lapse of some weeks, as there was no improvement, Mr. —, at the instance of some of his friends, visited a hydropathic establishment, but, returning unrelieved, he subsequently took the advice, at different intervals, of two or three eminent surgeons in succession, who thought that the inconvenience complained of was owing to chronic inflammation of the tarsal articulating surfaces, or was the result of an arthritic diathesis. Several months had intervened during the treatment suggested without any relief, when Mr. — being on a visit to some of his friends in this town, who were my patients, I was requested to look at the case. I found the inner cuneiform bone, which was the seat of pain, enlarged; pressure on the part giving to the patient a sharp pricking sensation; and, by grasping the scaphoid bone with one hand, and by forcible pressure with the other, attempting a rotatory movement of the metatarsal bone of the great toe upon its tarsal articulation, I detected a distinct crepitus in the enlarged cuneiform bone.

After submitting to the patient and his friends, that six or eight weeks of perfect rest would be required for the successful treatment of the case, arrangements were made for this purpose. The foot was closely enveloped in a starched bandage, over which a roller was applied, and the limb maintained in a state of perfect repose. At the end of six weeks, as the tenderness was gone, an elastic sock was substituted for the previous appliances, and gradual exercise allowed.

Mr. — returned home in two or three weeks more, nothing further being required but the use, for a time, of a boot of easier adaptation than ordinary, and he has since prosecuted his duties with unremitting activity, without the slightest inconvenience.

CASE II. Rev. Mr. B., aged 63, of robust frame, of nervous sanguine temperament, fair and florid complexion, and of perfectly regular and active habits, came to reside in this town about fifteen years ago. His health, previously uniformly good, had been failing for some time. He complained of lassitude, weariness on slight exertion, with loss of appetite, and occasional nausea. The head was free from pain, the intellect clear; there was no vertigo, or any disturbance in the organs of special sense; no cough or dyspnoea; the action of the heart was normal; the belly soft, no tenderness on pressure throughout its whole extent; no glandular or other enlargement; the bowels a little torpid; the tongue pretty clean and moist; but the sleep was disturbed; the spirits, ordinarily buoyant, began to droop; and there was a brooding presentiment that "this sickness would be unto death."

In the absence of all indications of positive disease, I was induced to regard the case as one of purely climacteric decay, and had recourse mainly to hygienic means for its relief.

There was one inconvenience of which my patient early complained; namely, a difficulty in emptying the bladder. The urine was clear, and free from deposits, flowed in a full stream, after an effort of a few seconds, and was discharged in moderate quantity; but there was always a lingering consciousness that the relief was incomplete. I expressed a suspicion that there might be some enlargement of the pro-



state, and proposed the introduction of the catheter: to this, however, Mr. B. had an insuperable objection, and as there was no incontinence he could not be brought to entertain the propriety of the suggestion. In a few weeks from my first interview he was compelled by languor and increasing debility to retire from his public exercises, into the privacy and quiet of the domestic circle. Perfect freedom from all exertion, physical and mental, combined with the exhilarating influence of the bright days of a dry and temperate autumn, arrested the downward course of the complaint for a time; but, as winter approached, this was materially accelerated.

At the end of the year he was importuned by his daughters, who kept a ladies' seminary in a neighbouring town, to pay them a visit. Though the journey was short, it exhausted him so much that he was obliged to remain in bed; and the medical attendant of the family was called in, in consultation with another professional gentleman of acknowledged repute. I was informed that a tumour had been detected in the abdominal cavity, which, it was very naturally supposed, might have been insidiously undermining the general health. I could not question the accuracy of diagnosis of two such respectable witnesses, although I was a little annoyed at the astonishment expressed by the friends residing here, that so prominent a feature in the case should have been unnoticed by myself, and I could only aver in reply, my thorough persuasion that no such tumour existed a few weeks previously.

Mr. B. returned home in two or three weeks more, to succumb to the force of disease. My first visit naturally turned upon the tumour in question. It was plain, palpable, and persistent, firm and well-defined, occupying the centre of the hypogastric region, during the sitting posture, and that of the umbilical in the recumbent. There was no tenderness, no vomiting, no gastric or gastro-enteric disturbance, beyond the prior occasional nausea; there had been no accession of continuous dull or throbbing pain, during the intervening period, nor any rigors. On questioning my patient, I gathered that on his arrival in M— he had experienced more than usual difficulty in relieving the bladder, with increased uneasiness after every natural effort. I therefore again urged the use of the catheter, but could not by any mode of reasoning obtain his acquiescence. His strength now rapidly declined, his nights were restless, insomnia supervened, and this was aggravated by febrile excitement, there was a gradual loathing of every kind of food, and he died in about a month after his return.

I obtained permission to open the abdominal cavity.

There was no trace of organic disease. The viscera presented a somewhat anæmic appearance, but were all otherwise healthy. There was marked induration, however, in the hypogastric region of a *quondam* inflammatory condition. Portions of both the smaller and the large intestines were agglutinated by old standing adhesions, and both the ascending and descending colon were firmly bound by false membrane to the iliac fossæ. In addition to this, there was a firm semitendinous band stretching across from these attachments, from right to left, by which the bladder, in its previously over distended state, had been compressed into a double sac, the fundus thereby permanently enlarged by its fluid contents into a round ball, whilst the lower pelvic portion, by which the expulsive efforts had been recently maintained, was also over-loaded, though in a less degree. I now passed the catheter, and drew off about a quart of clear high coloured urine, this was quickly followed by collapse of the bladder into the pelvic

cavity, and total disappearance of the tumour. There was but little deviation in the state of the prostate from its normal size.

On inquiry of the widow of the deceased, I ascertained that her late husband had laboured under acute peritonitis about thirty years before.

CASE III. I had a somewhat extraordinary case of retention of urine from mechanical obstruction about thirty years ago, and it is worthy of note, as illustrative of the amount of distention of which the bladder is capable. I was sent for to a woman of stout appearance, but of rather loose and flabby fibre, aged about 45. She had a family of several children, was again in a state of pregnancy, between the fourth and fifth month as she supposed; she had all the outward appearance, however, of a woman at the full period of utero-gestation, and had strong bearing down pains at intervals. On examination, I found a round solid tumour, occupying the lower cavity of the pelvis, which, on closer investigation, I perceived to be the fundus of the uterus, the os, which was thin and elliptical, resting upon the margin of the pubis. On inquiry I learnt that my patient had passed no water for a week or more; I therefore introduced the catheter, and emptied the bladder. The quantity contained (fourteen pints) might appear almost incredible, if it had not been accurately determined by me at the time, by measurement. The recumbent posture was maintained, and the catheter used twice daily for upwards of a week, until the uterus had recovered its normal position, when the case went through its natural course.

I was summoned to the same patient about three years afterwards, who supposed herself to be again in labour, but when I arrived, I found she had just expelled an enormous mass of fleshy substance, thickly studded with hydatids. There had been considerable hæmorrhage, which ceased with the expulsive effort, and the woman quickly recovered. After this I saw her no more, as she lived out of town, so that I am unable to state whether there was any recurrence of the catamenial function, or whether this was the last in the series of intrauterine phenomena.

DR. GIBBON, medical officer of health for the Holborn district, has reported to the local board of works that whenever a death or removal of a cholera case has occurred, he has instructed the inspector to retain the key of the sick chamber until every article of bedding and clothing has been plunged into a mixture of boiling water and carbolic acid, and he "considers this method of disinfection more effectual than the somewhat costly one recommended by the Order in Council of burning every article. In order to burn you must generally remove the article, and every removal is attended with more or less risk of spreading the disease.

A GOOD MOVE. A Bill has passed the Legislative Assembly of New South Wales, and is under discussion in the Legislative Council, that any habitual drunkard who has been thrice within the preceding twelve months convicted of being found drunk in the highway, may, if found drunk and disorderly in public, be committed by the magistrate to the workhouse, and there kept until the Governor, with the advice of the Executive Council, shall order his discharge. The superintendent of the workhouse is to have the power of punishment, not exceeding seven days' close confinement, in order to maintain discipline. It was intimated that in committee a system of official visitation of workhouses would be proposed, in lieu of leaving these inmates to appeal to the Council.



## Reviews and Notices.

**SURGICAL APPLIANCES AND MINOR OPERATIVE SURGERY.** By THOMAS ANNANDALE, F.R.C.S. Edin., Lecturer on Surgery, etc. Pp. 246. Edinburgh: 1866.

In the eight chapters of which this book consists, Mr. ANNANDALE describes the Duties of House-Surgeons and Dressers; the Instruments required by them; the Application of Heat and Cold, and of Counterirritants; Injuries and their Treatment; the Operating Theatre, and the Treatment of Patients after Operations; Minor Operations; Case-taking; and the Preservation of Pathological Specimens. The book is, in our opinion, calculated to be very useful to students and young practitioners, especially those who are entrusted with the care of surgical patients in hospitals.

It has, we are aware, been said that Mr. Annandale has availed himself, in a manner not altogether fair, of the excellent *Manual of Minor Surgery and Bandaging*, of which Mr. Heath of the Westminster Hospital is the author. An accusation of this kind is one which we are very unwilling to believe, unless on the strongest internal evidence; and, in such works as those of Mr. Heath and Mr. Annandale, it must be very difficult to describe many of the injuries or operations in two ways. Still, there is sufficient similarity in the plan of Mr. Annandale's book to give some colour to the statement to which we have alluded; and we therefore think that it was an oversight on the part of Mr. Annandale, if he considered the production of his book really necessary, not to recognise the labours of Mr. Heath in the same field, and to acknowledge, at least generally, his obligations for such information as the perusal of Mr. Heath's book might have afforded him.

**A PRACTICAL TREATISE ON APOPLEXY (CEREBRAL HEMORRHAGE); its Pathology, Diagnosis, Therapeutics, and Prophylaxis: with an Essay on (so-called) Nervous Apoplexy, on Congestion of the Brain, and Serous Effusion.** By WILLIAM BOYD MUSHET, M.B.Lond., University Medallist in Medicine; M.R.C.P.; Physician to the North London Hospital for Consumption, etc. Pp. 194. London: 1866.

DR. MUSHET's object in writing this book is, he says, "to extricate Apoplexy as a substantive disease from an assemblage of symptoms, *i.e.*, from the multiform phases of coma."

"I am," he says, "strongly impressed that the main obstacle to a proper and simple understanding of the affection has been its confusion with every malady attended with unconsciousness, irrespective of pathological conditions; coma (the order) and apoplexy (the genus) having been almost invariably regarded as metonyms, loosely expressing a deeper or more pronounced degree of cerebral torpidity than their obsolete and less definite congeners—*carus*, *cataphora*, and *lethargus*."

He defines apoplexy as

"A more or less sudden impairment of the functions of the brain and nervous system—of conscious-

ness, motion, and sensation—from extravasation of blood into the substance, or upon, or between the membranes of the brain, arising from internal causes." (P. 4.)

After giving the classification of apoplexy adopted by various writers, Dr. Mushet examines into its pathology. In doing this, he first discusses the question whether the quantity of blood within the cranium is subject to variation. He notices and comments on the opinions of Drs. Burrows, Kellie, C. J. B. Williams, Kirkes, Copland, Todd, Hughes Bennett, Carpenter, and Neil Arnott; and arrives at the conclusion that the quantity of blood in the cranium may vary, even in physiological states, both relatively in the arteries, veins, and capillaries, and also absolutely, as shewn especially in the experiments of Mr. Durham on the state of the brain during sleep. He also refers to the modifications in the force of the intracranial circulation from various causes; and concludes, "that simple modification in the supply of blood to the brain does not *singly* exercise any influence on the causation of apoplexy."

The author discusses very fully, but in a rather discursive manner, the question of the relation of atheromatous degeneration of the arteries and disease of the heart to apoplexy. Neither of these conditions is, according to him, competent *per se* to produce effusion of blood within the cranium. Changes in the coats of the vessels he believes to be almost universal after a certain age, while cardiac diseases are frequent in youth and middle life; but it is a combination of the two pathological states that constitutes the proclivity to apoplexy.

In the second part of the work, Dr. Mushet argues against the doctrine that congestion of the cerebral vessels is a cause of apoplexy. His remarks on this point, though diffuse, like those to which we have already referred, will be read with interest. He has evidently thought deeply on the subject on which he has undertaken to write, and has, before coming forward in public, made himself master of the opinions that have been expressed by the numerous writers on the subject of apoplexy.

**A MANUAL OF THE OPERATIONS OF SURGERY, for the Use of Senior Students, House-Surgeons, and Junior Practitioners. Illustrated.** By JOSEPH BELL, F.R.C.S. Edin.; Lecturer on Surgery; Assistant-Surgeon, Clinical Wards, Royal Infirmary; etc. Pp. 267. Edinburgh: 1866.

MANY practitioners must have felt the want of a manual, which should give them, in a concise and at the same practically useful form, a description of the most approved methods of performing the various operations of surgery. Such a work has been prepared by Mr. JOSEPH BELL, a former house-surgeon and present assistant of Mr. Syme; and he has performed the task undertaken by him in a manner creditable both to himself and to the school to which he belongs.

The book consists of thirteen chapters; viz., 1. Ligature of Arteries; 2. Amputation; 3. Excision of Joints; and Operations on—4. The Cranium and Scalp; 5. The Eye and its Appendages; 6. Nose and Lips; 7. Jaws; 8. Mouth and Throat; 9. Air-passages; 10. Thorax; 11. Abdomen; 12. Pelvis; and 13. Tenotomy.

The author, while there is apparent throughout



his book a tendency—which can only be considered as natural—to prefer Edinburgh methods of operation, yet very fairly draws his information from all reliable sources. One operation which he describes is one rarely if ever mentioned in English surgical works: it is that of amputation at the elbow-joint.

“In cases where it is found impossible to save any portion of the forearm, disarticulation at the elbow-joint may be easily performed. This operation was proposed and performed so long ago as the days of Ambrose Paré, was much approved by Dupuytren, Baudens, and Velpeau, had fallen into disuse for a time, but is now again recommended by some excellent surgeons, especially by Gross of Philadelphia.

“It is tolerably easy to perform, and does not involve any sawing of bones, but the flaps are apt to be cut too short, unless care be taken, from the manner in which the trochlea projects downwards beyond the line of the condyles, so that if the base of an ordinary-shaped flap be made on a level with the condyles, it will prove insufficient to cover the bone. It may be performed either by the circular method (Velpeau), oval (Baudens), or by a long anterior and short posterior flap (Textor and Dupuytren). Probably, the best method is by a long anterior flap when it can be obtained, thus:—The arm being placed in a slightly flexed position, the surgeon transfixes in front of the joint, in a line extending from the level of the external condyle to a point one inch below the internal condyle; the tissues should be held well forwards at the moment of transfixion. This flap should be at least two and a half inches deep at its apex, which must be rounded off. The two ends of this flap may then be united behind by a semilunar incision, which will separate the radial attachments. The ulna must then be cleared, and the triceps divided at its insertion.” (P. 52.)

Mr. Carden's method of amputating at the condyles of the femur, Mr. Bell describes as “most excellent”, and regards it as preferable to all others when it is required to amputate at the lower third of the thigh, and where the skin over the patella is available. He has, he says, slightly modified it by making a slightly convex posterior flap of skin, which he allows to retract before dividing the muscles by a circular cut.

In amputation at the hip-joint, Mr. Bell informs us, the application of Lister's aorta-clamp has enabled Mr. Syme to follow out a new method, less rapid indeed than the ordinary one, but very easy, and resulting in good flaps.

“He cuts an anterior flap in the usual manner by transfixion, then makes a straight incision from its outer edge down to about two inches below the great trochanter, thus exposing it fully, and from the lower end of this incision transfixes again, cutting a posterior flap nearly equal in size to the anterior; a few strokes of the knife round the joint finishes the disarticulation. The resulting flaps come together with great accuracy, and are not burdened with the great unequal masses of muscles so often noticed in the posterior flaps which are made by cutting from within outwards after disarticulation.” (Pp. 91-2.)

Besides describing the several operations, the author gives sketches of the history of some of them, and intersperses his descriptions with brief but judicious practical remarks. Thus, the chapter on Excision is opened with an historical sketch of the operation: after which, are given some directions as to the kind of cases in which excisions are suitable; the reasons, in regard to excision for disease, for and

against excision as compared with expectant treatment and with amputation—the points considered being the difficulties and dangers of the operation, and the results on the usefulness of the limb.

The work is illustrated by a number of diagrammatic woodcuts; and on four plates of the human figure, placed at the commencement, are drawn the lines of operation in the ligatures of arteries, in amputations, and in excisions.

## Progress of Medical Science.

### ANATOMY, PHYSIOLOGY, & PATHOLOGY.

DEVELOPMENT OF EPITHELIAL CANCER IN INTERNAL ORGANS. Dr. C. Otto Weber says that secondary canceroid deposits are found in internal organs much more frequently than is believed. His researches have been made chiefly in the liver and lungs. The epitheliomata in internal organs, he says, are developed at the expense of the nuclei of the interstitial connective tissue and not of the proper epithelial cells of the organs. He gives several instances of the coexistence of epithelial cancer and tubercle in the same organs. From experiment on animals, Dr. Weber is led to conclude that these secondary cancers are developed like metastatic abscesses. They do not arise from cells detached from the original cancer and carried along in the circulation; but the embolus exerts some inexplicable catalytic influence, and its presence determines the excessive growth of nuclei of connective tissue, with the result of forming a secondary cancer. (*Virchow's Archiv*; and *Gaz. Méd. de Paris*, June 16th, 1866.)

STRUCTURE OF THE KIDNEY. M. Chrzonszczewsky combats Henle's ideas on the structure of the kidney. He injects carminate of ammonia into the jugular vein of a rabbit; the carmine passes into the vessels and thence into the uriniferous tubes and the urine. To colour the vessels alone, he ties the renal veins immediately after injecting the jugular, then the artery; to colour the uriniferous tubes only, he ties the ureter and injects through the renal artery a saline solution, which removes all the colouring matter deposited in the vessels of the kidney. The principal results at which he has arrived are the following. The uriniferous tubes end in three ways: in anastomoses, in *culs-de-sac*, and in the Malpighian corpuscles. The anastomoses, which are very numerous in man, in the calf, and in the pig, are met with chiefly in the cortical substance. The termination in *cul-de-sac* is very rare; but there is no doubt of its existence. The Malpighian corpuscles (or rather capsules) are continuous with the tortuous tubes alone, and each with only one. The Malpighian capsule is lined with pavement-epithelium; the internal surface of the glomerulus of vessels is also covered with epithelium, but of larger cubic cells, more resembling the tortuous tubes. The Malpighian capsules communicate with the flexuous tubes, and through them with the straight tubes; and all may be injected through the ureter. In the looped canals described by Henle two kinds are to be distinguished: 1. Some described already by Ferrein, found in the peripheral portion of the medullary substance, are merely loops of flexuous tubes burying themselves in this substance. 2. Others, reaching the summits of the pyramids, are merely vessels. (*Gaz. Méd. de Paris*, June 23rd, 1866.)



ELECTION OF EDITOR.—DR. MARKHAM having resigned the Editorship of the BRITISH MEDICAL JOURNAL, the COMMITTEE OF COUNCIL will meet at Birmingham on Thursday, the 22nd of November next, to fill up the vacancy. Communications on the subject will be received by the Secretary, MR. T. WATKIN WILLIAMS, 13, Newhall Street, Birmingham.

## British Medical Journal.

SATURDAY, NOVEMBER 10TH, 1866.

### VENOUS INJECTIONS IN CHOLERA.

DR. PARKES, in his admirable treatise on *Cholera*, stated, as the conclusion of his close and clinical observation of a fearful epidemic, that, in his opinion, the only reasonable hope we have of combating the disease is by the aid of injections into the veins. Whatever may be the real value of such a means of cure, this much is certain, that every succeeding epidemic of the disease has only too surely proved the inefficiency of all ordinary therapeutical agents hitherto employed to combat it—shows, therefore, that, at all events, we ought, as rational men of medicine, to try thoroughly, for once and all, a remedy which *primâ facie* admittedly produces most remarkable temporary benefits. We brought this subject earnestly before the profession when this present epidemic of cholera was imminent over us—before it had broken out. We pressed upon the notice of our brethren the already too oft proven inefficacy of drugs as remedies in cholera. We suggested that there was reason to believe more harm than good was often done by the powerful drugs employed; and we therefore urged the profession to take up systematically the subject of venous injections, and prove or disprove their value. For a reasonable and hopeful solution of such a question, it was evident that certain well performed preliminary experiments were required. It was necessary, first of all, to decide and to lay down rules for the safe and proper performance of the operation itself as such; and then it was necessary that physiologists should endeavour to learn experimentally what kind of injections are most likely to undergo assimilation, or to be received innocuously into the circulation of the blood. We urged that, at all events, the subject was worthy of formal discussion in our societies, that we might at least hear the arguments which could be adduced in excuse of not trying the remedy, and fairly weigh the arguments which could be adduced in favour of it. But nothing of all this has been done. Remedies, whose utter inefficacy has been again and again proved to demonstration, have been again largely resorted to; but, with an apathy strange and remarkable, this one, which alone holds out a hope of cure,

faint though it may be, we have passed by in negligence, as if it had been proved to be useless. Once again have we allowed a great occasion of trying the experiment to slip away—contented with the hopeless administration once more of the drugs which have again and again been proved powerless to stay the plague. True, in some few cases, venous injections have been employed; but only in those in which the elements of probable success were wanting. The selected were, as usual, hopeless cases; and the main great element—the nature of the injection and the mode of injection—not properly determined. And yet, we put it to the profession, is there any known remedy which has such wonderfully revivifying influence as hot injections? And ought not this marked temporary influence induced by hot injections to give us hopes of cure, and point this out as the true line of treatment? Will any member of the profession venture to affirm, *à priori*, that it is impossible to discover an injection of a kind which shall not only revivify, but which shall also sustain, the animal functions, and long enough, perchance, to preserve life through the deadly struggle? Surely, in such a desperate case as this, so hopeful and powerful an agent is worthy of full and complete trial. Surely the public may fairly ask, How comes it that, amidst so much *hopeless* and energetic drug-administering, there has been no attempt made, by systematic and well-considered means, to try the value of this *hopeful* remedy?

We urged also, and in vain, that venous injections should be tried in even a still more hopeful case—the cattle-plague. We urged it as an experiment which might have led us to perhaps great discovery in the treatment of human febrile diseases. But this great occasion, also, has been let slip. We were met by the argument: of what use to inject healthy blood into the veins of a diseased animal, when, as Dr. Sanderson's experiments show, the new blood will rapidly become tainted like the old?—the objector totally forgetting that the diseased blood of the animal was still the blood which nourished it—still the blood which kept it alive, and, if it lived, which still sustained it through the struggle; forgetting, also, that the animal mainly died from want of blood—from exhaustion—and because its digestive organs were unable to convert food into blood; that the animals died, not from the altered condition of the blood, but from want of new blood. The alteration of the blood was the *result* of the disease, not the cause of the diseased condition. But, as we have said, this one remedy, which we urged, and, as we think, with the most unanswerable arguments, as giving full (*à priori*) reasonable hopes of success, was ridiculed and argued down by such arguments as these, whilst at the same moment a whole battery of pharmaceutical drugs were being hopelessly discharged into the bowels of the diseased animal.



We must candidly say that, in both these cases, the profession has much to answer for at the bar of public opinion. Will any one venture to defend the apathy of the learned societies who represent the profession in this matter?

### MEDICAL ETHICS.

A HOMŒOPATH, called in to treat a patient during the absence of the usual medical attendant, thought it not wrong to treat the case allopathically, as he called it. We said of the proceeding, amongst other things, that so treating a patient is to treat him like "a bale of goods". The homœopathic practitioner in question defends the course he took, and asks to give his reasons in our JOURNAL.

"I was called in," he says, "suddenly, to see a child in an epileptic fit, the usual medical attendant being from home. I found that the parents were allopaths. The usual medical man was also an allopath, and was expected home within an hour or so. The patient had for some time been under his charge; and his opinion was, that the fits always occurred when the stomach was overloaded. I saw no reason to doubt the correctness of this conclusion.

"I admit that there were several courses open to me in this case; but there was only one which I could consistently follow as a gentleman and as a Christian; viz., to 'do unto (these) others as I would that they should do unto me' under similar circumstances. In accordance with this 'golden rule' of ethics, I prescribed in such a way as could do the patient no harm, and at the same time accorded, or at least did not oppose, the course of treatment adopted by the usual medical adviser of the family, and which met the wishes of the family. How otherwise could I have acted? The case was one involving no danger to life; the patient *fortuitously* came under my treatment for one short hour. Was I to prostitute this opportunity to the purpose of shaking the confidence of these people in their family doctor? Suppose a physician, believing in bleeding and calomel, were accidentally called in to take one hour's charge of a patient with pneumonia, whose regular attendant was pursuing the opposite mode of treatment—*e. g.*, that of stimulation: do you mean to uphold that it would be his duty to reverse the whole treatment, and to employ his hour's opportunity in bleeding the patient, and in dosing him with calomel—doing also all in his power to undermine the confidence of the patient?

"The difference between the treatment I should have adopted, had the case of the epileptic been my own, and the treatment which I prescribed in deference to the proclivities of the patient's friends and his doctor, were not so diametrically opposed as are the relative methods of the 'bleeders' and the 'stimulators' of the allopathic school. The medicine I prescribed, though allopathic, involved no 'life-destroying business'.

"I do not contend that it is our duty to our brother practitioner (when accidentally called to one of his cases) to go the length of prescribing, *in any event*, according to his supposed wish or proclivity; but that we should always do so *as far as is consistent with the safety of the patient*. If the case were one of extreme danger, and if we believe that we hold, as it were, the keys of life and of death in our hands, then we manifestly are bound to apply that key which we believe will assure life; but even

then the greatest care should be taken not to injure the absent practitioner."

We give this expression of homœopathic *credo*; but we can assure our correspondent that it will have little effect in convincing our readers. We can, *à priori*, assure him that he will find no member of our profession who will reciprocate his liberality of sentiment in this particular; that is, who, called in to a homœopath's patient, will prescribe homœopathic globules, or, as one might say, will set a thief to catch a thief, in the shape of letting loose *similia on similibus*. The ethics to be pursued by a medical practitioner in such a case are plain and simple. He would say to the patient: "I don't practise or understand the thing; I believe it to be a dangerous delusion, and a mockery of science. If you want my services, I will give them you as best I may, and in accordance with my lights and conscience. I totally disagree with the confession of faith adopted by your homœopathic adviser, as you well know; and therefore you will hardly ask me to practise his method. The whole thing is, in my view, simply nonsense. Were I to do so, I should be deceiving you, and doing an injury to my own conscience." This, undoubtedly, would be the argument of a medical practitioner in such a case. We neither understand nor appreciate the generosity of our correspondent in consenting for the time, and under the special circumstances, to substitute for homœopathic treatment the practice which he has forsworn and denounces as bad. His logic, we must assure him, is sadly at fault in the comparison of cases which he supposes. They differ *toto calo*. In our opinion, the duty of every medical man, when called in to a patient, is to do his very best for him, without fear or favour. We answer without hesitation, that, if called in legitimately to attend another practitioner's case of pneumonia, and if we thought bleeding was required, we should unhesitatingly perform the operation, whatever might or might not be the opinion or the actual treatment of the regular medical attendant. It is quite clear that the ethics of homœopathy differ from the ethics of medicine.

THE College of Surgeons would do a service in obtaining a new Charter, if it were only to relieve us from falling into errors of details, in matters touching the anomalous and complicated constitution of its governing body. Messrs. South, Cæsar Hawkins, and Luke, are not, as we hinted, subject to quinquennial re-election—for the reason, that they were elected before the last Charter of the College was obtained. *They hold office during the will of the Council*. The Council can, therefore, at any moment conclude their term of examinership; and, after the vote which they lately came to, they will, of course, stultify themselves if they fail to do so—



unless they be saved the necessity of performing the ungracious duty by the resignation of the examiners in question. Mr. Lawrence, the oldest examiner, having been elected before both the last Charters were obtained, cannot be removed. He is a life member. The other six examiners under the last Charter are subject to quinquennial re-election; and up to the present time this quinquennial re-election has been made (contrary to the express spirit of the Charter, as we have so often said) virtually a life election. But the resolution of the Council, if it means anything, will put an end to all this. Its only error is in not distinctly stating that no examiner shall hold office for a longer period than five years. The good of the College and fair play to the Fellows at large demand such limitation.

DR. GIBBON is, we learn, a candidate for the Coronership of the City of London. We need, we hope, hardly enforce upon our brethren the supporting of a medical man for such an office.

THE treatment of cancer by the injection of acetic acid, brought forward by Dr. Broadbent at the meeting of the Association at Chester, is exciting great interest and promises to be of real service. The object aimed at by Dr. Broadbent, as stated by himself (*Cancer: A New Method of Treatment*), was "that the vitality and nutrition of cancerous growths might be so far modified as to check or arrest their progress without necessarily causing their suppuration"; and this has actually been realised. A cancerous gland was exhibited by Mr. Moore at the Pathological Society, in which the malignant structure had been completely disintegrated by acetic acid injected into it; and small tumours have been made to disappear entirely by this process, a single injection sufficing. The treatment is being tried at most of the hospitals in London, and we may expect to have soon further evidence as to its value.

A MEDICAL CONGRESS will meet in Paris on August 16th, 1867, under the auspices of the Minister of Public Instruction. It will sit for two weeks. French medical members will pay twenty francs subscription. Foreign medical members will be admitted without fee. The following is the programme of subjects to be discussed. 1. Anatomy and Pathology of Tubercle—Tubercularisation in different Countries, and its Influence on Mortality; 2. The Ordinary Causes of Death after Surgical Operations; 3. Can different Governments unite in Measures for Preventing the Spread of Venereal Diseases? 4. The Effects of the Food of different Countries in the Production of certain Diseases; 5. The Influence of Climate, Race, etc., on Menstruation; 6. The Acclimatisation of European Races in Tropical Countries; 7. Entozoa in Man. Medical men wishing

to become members must apply to Dr. Jaccoud, 4, Rue Druot, Paris. Members desirous of making communications on any of these questions, or on any other, must forward them to the Secretary three weeks before the opening of the Congress. The Committee will decide as to their admission, etc. The meetings will take place morning and evening—the day meeting from 2 to 6 P.M., and the evening meeting from 8 to 10 P.M. Each question will occupy only one day. No paper shall take longer than twenty minutes reading. All the papers will become the property of the Congress. Students will be admitted, but not allowed to speak. Doubtless the British Medical Association will arrange that its annual meeting do not clash with this important Congress. We would suggest that our Association might well open a communication with the Congress, and send a deputation to attend it. Also, the Association might invite a deputation to attend our next meeting in Dublin.

THE Duke of Cambridge, as Commander-in-Chief, appears to have lapsed into a chronic condition as snubber of doctors. Who can be his advisers in matters medical? Whose influence is it which operates in thus misdirecting the Commander-in-Chief's medical operations? Advertising curers of consumption have, we believe, influence at the Horse Guards; and we have heard that even homœopathic priests are not without power there. In one sense, at all events, the Duke is happy. He has medical advisers who, whether they direct his conscience or not, at all events throw the mantle of their high medical authority over his ducal ultimata. Royal dukes, of course, cannot err; and it is perhaps too much to expect that the Medical Department of the army should venture to suggest to his Royal Highness that he could order medical matters amiss. The Duke, however, is not without wisdom in the carrying out of his anti-doctors' schemes. In the present case, he has resorted to the strategy of delay. He has won the victory by playing a waiting game. He has bowled the doctors over; not boldly and at once, but slowly, *gradatim*, and, as one might say, sneakily—on the quiet—when there was no Parliamentary eye to watch him. He has chosen his time well; viz., about half way between the last out-going and the next in-coming Parliament—just at the time when, as might be supposed, the public had forgotten the dispute in the last Parliament, and when the matter might again be forgotten before the next Parliament meets. If the thing were right in itself, why had not his Royal Highness courage enough to do it before last Parliament broke up? But the profession knows how this Commander-in-Chief carries on the military affairs of the nation. It has not forgotten and will not forget that his Royal Highness the Duke of Cambridge secretly upset the terms of a public



royal warrant by a private Horse Guards memorandum—which to this day he has neither had the courage nor (shall we say?) the honesty to publish; that he secretly and illegally took away from medical officers by a private memorandum, privately issued to commanding officers of regiments, privileges which had been given them by royal warrant. His last—the performance to which we now allude—is thus described.

"Staff-Surgeon Elkington is gazetted as Battalion-Surgeon, Grenadier Guards," says the *Pall Mall Gazette*. "The Duke of Cambridge has thus made an appointment which he was besought by the almost unanimous voice of all the military members of the House of Commons not to make, and has inflicted an injustice on the medical officers of the Guards, which was explained, admitted, and regretted by the Minister for War. The course which the Commander-in-Chief has pursued is worthy of notice for many reasons; one is, the curious policy of delay with which he has met expostulations. This appointment was to have been made seven months ago; it was postponed when the Parliamentary debate occurred, and twice subsequently, but, after a period of absolute quiescence lasting over some months, the obnoxious step is taken, as though no remonstrance whatever had been made. The wording of the *Gazette*, too, is very curious. Instead of gazetetting the promotion as 'Assistant-Surgeon Elkington, from the Fusilier Guards, to be Battalion Surgeon, Grenadier Guards' (over the heads of half-a-dozen officers, senior to him in the regimental order) he is called 'Staff-Surgeon.' Having been gazetted first out of his regiment on to the staff, with superior rank, he is then transferred to the Guards by the Director-General. It is a great pity that to carry so small a point the whole medical service should have been annoyed and injured and public opinion defied. No one doubted that the Duke could promote a man out of his turn; but there were many who hoped that in this case he would not."

WE most earnestly call the attention of our readers to the appeal from the Chairman of the Medical Benevolent Fund, published at page 533. This excellent institution, which, indeed, may be called the noblest of the offsprings of the Association, deserves far more support than has hitherto been afforded it, however great this has been. It works in the true spirit of charity and goodwill. Managed by a Committee of well-known and upright men, it invites the distressed members of our profession and their widows and orphans to apply; and when they have done this, it grants them aid, after inquiry, without ostentation, and without putting the recipients of bounty to the pain of public exposure of their circumstances. With all the good that the Fund has done and is doing, there is yet much distress that it is powerless to relieve, simply because the supply of money is far less than the demands for aid. We, therefore, earnestly call on all our fellow-associates, and on all members of the profession, to add whatever may be in the power of each to the resources of the Fund. Large subscriptions are not asked for. A few shillings annually from each of some hundreds

of men would raise a sum that would enable the Committee to relieve much distress that they are now obliged to overlook. Subscriptions and donations may be paid to the Treasurer, Dr. Sieveking, 17, Manchester Square; the Honorary Secretary, Dr. Broadbent, 23, Upper Seymour Street, W.; or Mr. W. Self, 216, Richmond Road, Hackney.

THE advertising columns of this day's JOURNAL contain the first list of subscriptions to the Richardson testimonial. We call the attention of our readers to the fact, in the hope that they will add their names to the list. As has already been repeatedly said, the services rendered by Dr. Richardson to the profession deserve some practical recognition of an honourable and substantial kind.

THE Mayor of Innsbruck has forbidden smoking amongst Tyrolese youths attending the schools in his district, as well as amongst apprentices. Parents and medical men and the clergy are requested to preach against the use of tobacco.

The Parisian medical students have their opening day in November. This year, as on several previous years, it has been a very uproarious one with them. M. Wurtz, the Dean, began the proceedings. The report says that the invited present were few, and the seats of many of the professors empty. But the students were there in crowds, uproarious, agitated, impatient; applauding with frenzy, and murmuring with anger; interrupting the orators with noises, apostrophes, and divers kinds of demonstrations; filling the amphitheatre with their clamour and laughter, shouting bravo for this one, and down with that other! Into the midst of this company entered the Faculty on the 3rd of November, whereupon arose the applause of some, whilst others, in formidable chorus, gave forth the opening canticle of religious festivals, "*Sanctus Spiritus*, descend upon us!" Professor Jarjavay struggled valiantly for three-quarters of an hour against this impassioned auditory, delivering his eulogy on Malgaigne. And of all this uproar no one, says *L'Union Médicale*, can give an account. "The scene was afflicting. We hear much of liberality; but of its practice we here see but little."

By decree of November 3rd, MM. Andral, Cruveilhier, Piorry, and Trousseau, Professors of the Faculty, have been permitted to claim their superannuation. On the same day, M. Jobert was also permitted so to do. M. Piorry has been nominated Officer of the Legion of Honour. MM. Andral, Cruveilhier, and Trousseau, have been nominated Honorary Professors.



PRESENTATION OF A MEMORIAL TO SIR  
THOMAS WATSON, BART., M.D., BY  
THE FELLOWS OF THE COL-  
LEGE OF PHYSICIANS.

On the 7th instant, in accordance with a resolution passed at a meeting of Fellows of the College on the 29th ultimo, a deputation, consisting of Dr. Alderson, Dr. Burrows, Dr. Tweedie, Dr. Sibson, Dr. Jackson, Dr. Buchanan, and Dr. Markham, waited upon Sir Thomas Watson, at the College of Physicians, to present him with a memorial, signed by 189 Fellows of the College.

Dr. ALDERSON, in presenting the memorial, said: It is a great satisfaction, Mr. President, to us whom you see around you to have been nominated, at a large meeting of the Fellows, to present to you a memorial requesting you to sit to some celebrated artist for your portrait; the picture to be placed within the College by the side of those of the other distinguished men whose portraits now grace our walls. The memorial bears the signature of nearly every Fellow of the College; and may be considered an heirloom document, to be transmitted to your family as an evidence of the warm feeling of respect and attachment entertained for you by all the Fellows of the College.

Dr. PITMAN then read the memorial, as follows.

"We, the undersigned Fellows, request you will do us the favour to sit for a portrait to be placed within the College walls, as the expression of our regard and esteem, of our high appreciation of your character and learning, and of our grateful sense of the many services you have rendered to our College."

Sir THOMAS WATSON replied, that it would be difficult, if not impossible, for him to express in adequate terms his feelings of gratitude at a memorial thus presented to him by so large a body of men whom he deeply esteemed. More than forty years had he been connected with the College, and five years as its President; and the culminating compliment, the highest which could be paid to him, was the request he had now received from the Fellows. "It is always a matter of pride," said Sir Thomas, "to receive marks of esteem from those whom we esteem—from gentlemen of social position; but especially is it so from members of our own profession. I hope the deputation will let the Fellows at large know that I consider this mark of their esteem as the greatest honour which could be paid to me. Fame and good repute are oftentimes fleeting, and may be soon forgotten; and few are the men of our profession who carry their names to posterity in connexion with literary labours. So changing ever is medicine, that neither style nor matter can avail to keep our memory alive; but to be associated thus with the College by our effigies is to be assured of a kind of earthly immortality, of which I may well be proud—and especially proud when the honour is received from the hands of such a distinguished deputation. It is the greatest honour which could be paid to me in my old age. I beg the deputation will themselves receive, and communicate to the Fellows at large, my warmest thanks." [In making these remarks, the worthy President spoke with marked emotion.]

Dr. BURROWS then said: Sir Thomas, Dr. Alderson having so completely and appropriately expressed the feelings of the meeting of the Fellows who have deputed us to present their memorial, I have now to call your attention to another resolution passed at

the meeting of Fellows. It is the wish of the Fellows to pay you every additional compliment on this occasion, and they express a hope that you will select the artist whom you would prefer to paint your portrait. We feel it is very important that some artist should be selected who would not only give us a good picture, but that it should be one who is familiar with your features and well acquainted with you, and who would transmit to posterity a faithful representation of one who has filled the presidential chair with so much dignity, ability, and urbanity.

In answer to the resolution conveying this request, the President replied that, however much he felt this additional proof of the confidence reposed in him by the Fellows, he should gladly be excused from making the choice. Such choice, indeed, would be difficult and perplexing to him. Far better that the selection should be made by the Fellows themselves. He begged that the Fellows would allow him to forego the request contained in this resolution.

[In consequence of the wish of the President not to name an artist, another meeting of the Fellows will be called for the purpose.]

### CHOLERA DEATH-RATE.

DURING the past quarter 116,826 deaths were registered in England, and the annual rate of mortality was 2.182 per cent. This exceeds the average mortality, the excess on the population being equivalent to 10,720 deaths. The deaths returned from cholera amounted to 10,365; the deaths from diarrhoea, also due in great part to the same cause, to 9570.

The mortality was at the rate of 25 per 1,000 in the large town districts, and 18 in the village and small town districts. The mortality in the town districts was considerably above its usual summer average; while in the rest of the country the increase was slight.

The three months of July, August, and September are usually the healthiest; and their average annual rate of mortality per 1,000 is 20; but their mortality during these months in the present year was at the rate of 22.

The mortality of London was at the rate of 29 in 1,000; of the north-western division, 27; in the two northern divisions and in Wales the mortality was at the rate of 22.

The mortality was at the rate of 19 in Birmingham, 21 in Bristol, 22 in Hull, 24 in Sheffield, 26 in Salford, 31 in Manchester, 32 in Newcastle-upon-Tyne, 50 in Liverpool. In Edinburgh the rate of mortality was 23, in Glasgow 25, in Dublin 24. The high rates of mortality are generally due to the invasion of cholera.

It is well known that this epidemic raged around us in France, Belgium, and Holland, earlier in the year, and during July it established itself in England, where it put the sanitary defences of nearly every district on the coasts to the test.

The mortality of Birkenhead on the south side of the Mersey, was at the rate of 24 in 1,000, while in Liverpool it was 50.

The cholera has prevailed, as on former occasions, in particular fields. The London cholera field, by extension down the Thames, reached Ransgate. The second considerable field lies round the Solent along the coast from Portsmouth and Southampton to Newport in the Isle of Wight. The Exeter field extended beyond Torbay, to Totnes and Brixham. The Liverpool field extended to Chester, Wigan, and Bolton, but scarcely touched Manchester. The Swansea field was visited with extreme severity; and



although the mortality was concentrated mainly on Swansea, Neath, and Llanelly, it was felt all over Glamorgan, Carmarthen, and Pembroke, as far as Haverfordwest.

The epidemic has been most fatal on the sea coast in the chief ports of the kingdom. It is by no means capricious, says the Registrar-General, but obeys definite laws. It never destroys the people to any extent where the water supply is pure, or where the hygienic conditions are good, when the authorities adopt judicious and well organised measures of early treatment and systematic disinfection. Those districts which are supplied with bad water, have no effective system of sewage, have no health officer, and have no precautions in force, should immediately set their houses in order, as they are still in imminent danger.

### THE MEDICAL CLUB.

A NUMEROUSLY attended meeting of members of the medical profession to consider the propriety of forming a medical club in London, was held at the Hanover Square Rooms on Thursday last. The chair was taken by Sir William Fergusson, Bart.; and Dr. Lory Marsh acted as Secretary.

The CHAIRMAN, in opening the proceedings, said that the object in view was to form a club for the profession on the plan of those large institutions which had sprung up in London during the last half century. It was remarkable that the proposal had not before been made seriously. Suggestions had indeed been from time to time offered, but had never been carried out. Now, however, the formation of a club was proposed in earnest, and he hoped it would be carried out. It would be strange if, out of the 15,000 members of the profession within reach of London, 500 or 1000 could not be obtained as members of the club. He commented on the value of such an institution to men who, having passed some years in practice, were able to relax somewhat from their labours, and were desirous of enjoying social intercourse with their brother practitioners and with men of science and literature. No class of men, he thought, more required such an institution, and none more deserved it, than the members of the medical profession.

Dr. LORY MARSH reported the progress which had been made towards the formation of the Club. There were more than three hundred members; most of whom had paid their fees. These fees would after a time be necessarily raised; but it was usual to offer advantages to those joining the Club at first. Membership would be attended with no pecuniary liability beyond the entrance fee and subscription. It was intended that members should always have the privilege of introducing their friends; that sleeping accommodation should be provided for country members; and that rooms should be set aside for the use of members desirous of holding professional consultations. There would also be a library, reading-room, refreshment-rooms, etc.

The following resolutions were then proposed, seconded, and carried.

1. Proposed by the CHAIRMAN, and seconded by Mr. ATKINSON, of Iver, Berks.

"That, in the opinion of this meeting, it is desirable to establish a Club in London for the social intercourse of members of the medical profession, British and foreign; to promote and maintain a mutual interest and fellowship between men of art, science, and letters."

2. Proposed by Dr. B. W. RICHARDSON, and seconded by Sir CHARLES McGRIGOR—

"That the club be called 'The Medical Club'; but that it be competent to elect as members gentlemen connected with literature, science, and art, as well as members of other scientific societies: the election in all cases to be by ballot."

3. Proposed by Mr. ERASMUS WILSON, F.R.S., and seconded by Dr. WEBSTER of Northampton—

"That a Committee be formed, consisting of the following gentlemen, with power to add to their number; viz., Sir W. Fergusson, Bart.; Dr. Farquharson, Coldstream Guards; Mr. Clement, M.P., Shrewsbury; Mr. Probert, London; Sir Charles McGrigor, Bart.; Dr. Bell Fletcher, Birmingham; Mr. Grigg, R.N., Greenwich Hospital—to settle the rules; to determine the amount of the future entrance-fee and subscription; and to take the necessary steps for opening the Club as soon as practicable; it being distinctly understood that, previous to their adoption, the rules shall be revised by counsel, so that members shall not, under any circumstances, be rendered liable to pay more than the amount of their entrance and subscription."

4. Proposed by Dr. WARD of Huntingdon, and seconded by Dr. FARQUHARSON, Coldstream Guards—

"That a copy of the resolutions now adopted be forwarded to the members of the Club, with a request that they will circulate them among their friends."

A vote of thanks to the Chairman was proposed by Mr. Probert, seconded by Dr. Chevallier of Ipswich, and carried unanimously. In acknowledging the vote, Sir W. Fergusson took occasion to express the thanks of the meeting to Dr. Lory Marsh; who stated that the idea of forming a club for medical men had originated in a suggestion made to him three years ago by the late Dr. Babington and Dr. Spurgin.

## Special Correspondence.

### LIVERPOOL.

[FROM OUR OWN CORRESPONDENT.]

THE cholera epidemic in this town has now so much abated, that the provisional arrangements instituted by the parochial authorities, consisting of a temporary hospital, cholera wards in the workhouse, additional dispensaries, extra medical officers, and lay house-to-house visitors, have been dispensed with. The present invasion, when compared with that of 1849, has neither lasted so long, nor has it become so generally prevalent amongst the population at large, as in that year. As to the rate of mortality, it will probably be found, when the returns of this epidemic are complete, that it has varied but very little, if at all, from that of former epidemics of cholera. The average number of deaths seems to have been somewhere about 50 per cent. of the seizures; that is, when only such cases are included as present undoubted symptoms of confirmed cholera, as indicated by collapse more or less profound.

The treatment has varied in the practice of different practitioners; but I believe that the eliminative principle has been that most generally adopted, calomel in small repeated doses being a favourite remedy. All appear now to be agreed as to the inutility and even the injurious effects of alcoholic stimulants during the stage of collapse. One practitioner, who has had considerable opportunities of



treating cholera in 1849, as well as during the present year, is still convinced of the importance of checking the premonitory diarrhoea at once; and his favourite remedy, which, he asserts, scarcely ever disappoints him, is acetate of lead. He believes that he has by this means prevented many cases from passing on from diarrhoea to cholera. This is, however, opposed to the views of others, who treat the cases from the commencement without astringents. These conflicting opinions are embarrassing, and we must hope that future observation and further inquiry may afford a solution of the difficulty. It is possible that the diarrhoea which always prevails in cholera times may, after all, be a disease quite distinct in its essential character from cholera; and, in fact, the very interesting Report of the garrison surgeons at Malta, which formed the subject of a leading article in your columns a short time since, almost conclusively proves that such is the case. If that be so, the supposed anticipatory cure of cholera is really nothing more than the checking of simple diarrhoea, which, if left to itself, instead of passing into the severe malady, would run the ordinary course of the milder disease.

Although it must be admitted that we are still as far as ever from having discovered a specific for this disease, we may congratulate ourselves upon having ascertained pretty clearly that certain remedies, which were formerly used and relied upon, are to be avoided as positively injurious—an important step towards placing our treatment on a sound basis.

One useful lesson has been gained from this epidemic; and that is, the undoubted efficacy of preventive measures. To the prompt and efficient means taken by the local authorities we may fairly attribute the shortened duration and the less general spread of this, as compared with other invasions of the disease. As an illustration of the extensive scale upon which sanitary precautions have been carried out in Liverpool, we may mention that not less than £1,000 has been spent upon carbolic acid alone. It is true, that the disease has not been so thoroughly stamped out here at the commencement as it appears to have been at Bristol, where, owing to the energetic means carried out in accordance with the directions of Dr. W. Budd, the disease was completely checked in its origin; but there may be local peculiarities in this town which present difficulties not existing elsewhere. With the best intentions, and with the utmost vigilance, it is perhaps impracticable entirely to prevent the introduction of a contagious disease into this overgrown seaport, amidst the complicated circumstances of almost unlimited intercommunication with all parts of the world, and the various conflicting interests of extensive commercial operations, and with a dense mass of pauperised and unenlightened people, who may readily baffle and embarrass the wisest and most complete sanitary arrangements.

The departure of cholera has afforded to the believers in the delusions of Hahnemann a safe opportunity of extolling the alleged superiority of their system over that of scientific medicine. At a public

meeting recently held in this town, a clergyman is reported to have boldly stated that "the percentage of deaths from cholera under homœopathic treatment has not been over ten." The assertion of such unprecedented success in the treatment of a disease universally acknowledged to be so fatal, if we could only believe it, would encourage us to hope that by a still further dilution, or by more repeated potential agitations of the marvellous globule, the ten per cent. might be reduced to *nil*, and "the rider on the pale horse" banished from his most productive hunting-grounds.

The most noteworthy events of recent occurrence in our medical world are the opening of the School of Medicine, and the commencement of the meetings of the Medical Institution for the ensuing winter session. The former has commenced with a larger number of new students, and with better prospects of success, than have been the case for several years, attributable, no doubt, to increased efficiency in the management, and a more liberal expenditure, with a view to develop the resources of the establishment, than has hitherto characterised its operations; and there is every reason to anticipate that the result of these judicious arrangements will be to raise the Liverpool School of Medicine from the secondary position it has for some years occupied to the foremost rank as a provincial school. So far as resources and *matériel* are concerned, there is no reason why Liverpool should not possess a school of medicine of the most efficient character. The Royal Infirmary affords opportunities of clinical study, especially as to surgical disease and the capital operations of surgery, which are exceeded by few, if any, similar institutions, either in the metropolitan towns or in the provinces. The Northern and Southern Hospitals, situated in the immediate vicinity of the docks, comprise a wide field of observation, in the treatment of fractures and almost every variety of injury, and also the special diseases of sailors and foreigners, with which the wards are constantly filled. In addition to these are the Ophthalmic Hospital, the Lock, and the Lying-in Hospital; and, at an easy distance, an extensive pauper Lunatic Asylum, each of which is available for students. An almost unlimited supply of subjects in the dissecting-room offers every facility for the study of practical anatomy. The several chairs are filled by lecturers whose heart is in their work, and who are earnestly desirous of doing all in their power to enable the students to avail themselves to the utmost of the ample opportunities afforded them in every department of medical study.

The members of the Medical Society, in their inauguration of the session, have likewise evinced a desire to "set their house in order". Dissatisfied with their present constitution and laws, originally designed to meet the requirements of the amalgamation of two distinct societies, but which are found to be unsuited to the advanced and improved position of the institution, they are, at the suggestion of Dr. Gee, one of the vice-presidents, considering a plan to remodel and consolidate the existing code of laws, with a view of assimilating it more nearly to those of kindred societies of a high character in the metropolis and elsewhere.



## Association Intelligence.

### COMMITTEE OF COUNCIL: NOTICE OF MEETING.

THE Committee of Council will meet at the Queen's Hotel, Birmingham, on THURSDAY, the 22nd day of November, 1866, at 3 o'clock P.M. *precisely*.

To elect an Editor of the JOURNAL, in the place of Dr. Markham; and other important business.

T. WATKIN WILLIAMS, *General Secretary*.

13, Newhall Street, Birmingham, November 6th, 1866.

### MEDICAL BENEVOLENT FUND.

At a Special General Meeting of subscribers to the Medical Benevolent Fund, held on Tuesday, October 30th, the following gentlemen were elected to the office of Trustee.

H. W. Acland, M.D., F.R.S., Regius Professor of Medicine in the University of Oxford.

James Paget, Esq., F.R.S.

Edward H. Sieveking, M.D., Physician to H.R.H. the Prince of Wales.

The following Biennial Appeal has been issued.

"The time has arrived at which the Committee of the Medical Benevolent Fund usually address their professional brethren for renewed aid in carrying on the charitable work in which they are engaged, and they adhere to the plan of circulating an appeal as more consistent with the unobtrusive character of their operations than a public dinner.

"The Committee believe that no stronger claim for support can be urged than a simple statement of what the Fund is doing. There are now thirty annuitants between 67 and 88 years of age, and in most instances in feeble health, who are saved from want in their declining years. In addition to these, in the year 1865, £770 was distributed among eighty-eight cases of distress, some being of the most painful and urgent character; and already in the first seven months of 1866, sixty-five applicants have received relief amounting in the aggregate to £680. Very few of these could have been reached by any other existing charity; and, besides the alleviation of misery, it has frequently happened that the grants have been the means of enabling the recipient to regain a self-supporting position.

"The Committee would, as on previous occasions, call attention to the inexpensive mode in which the charity is administered. All its agencies are voluntary, all its offices honorary, a room for the meetings is generously furnished by a member of the Committee, and the only expenses are the indispensable ones attending the collecting of subscriptions, the printing, and postage. Thus, the money goes directly to those for whom it was intended, without the heavy deductions too frequently witnessed.

"Again, the applicants are put to no expense beyond such as is necessary to furnish evidence of their need and worth. They have not to parade their poverty by a public canvass. The relief reaches them promptly, and is proportioned, as far as the means at the disposal of the Committee will permit, to their necessities.

"At the present moment, the Medical Benevolent Fund has a special claim upon the support of the profession, inasmuch as it has been recently deprived of several of its warmest friends. The names of Mr. Newham, Mr. Toynbee, and Sir Charles Hastings, have long been identified with this

charity, and their loss is felt to be a serious drawback to its prosperity. The sudden and untimely death of Mr. Toynbee especially demands a tribute from all friends of the Fund. The Committee are fortunate in having obtained the consent of Dr. Sieveking to act as Treasurer; and they hope for a continuance of the generous support which has placed the Fund in its present position. Great as its usefulness now is, it is still far short of the limits of its application. As the area of its operations is extended, more cases of distress are brought within its sphere, and the demands for assistance multiply, rendering necessary an increase in the number of subscribers. It is impossible to imagine more legitimate objects of charity than the aged, afflicted, or unfortunate of one's own profession, and on their behalf the Committee again invoke the sympathy and aid of their brethren."

### SHROPSHIRE SCIENTIFIC BRANCH: ANNUAL MEETING.

THE Annual Meeting of this Branch was held in the Museum, Shrewsbury, on October 24th; EDWARD BURD, M.D., President, in the Chair; WILLIAM NEWMAN, M.D., Vice-President.

The Secretary read the minutes of the quarterly meetings.

*Election of Officers.* Samuel Wood, Esq., was elected Vice-President for the ensuing year; Dr. Oakley, Treasurer; Dr. Burd, Dr. Johnson, and the Honorary Secretary, Representatives on the General Council.

*President's Address.* The PRESIDENT then delivered an eloquent address, reviewing the more recent advances in medical and surgical science; and showed that a steady onward progress characterised the work of the profession at large; that although to the metropolitan schools and workers new theories and proposals of fresh treatment were mostly due, the provincial men were not wanting in fruit, gathered from the vast fields of research which were being explored; whilst the busy country practitioner was, from his daily familiarity with disease occurring in denizens of towns and country districts, the most fit arbiter of their value. Submitted to the touchstone of practical experience, the worthier were either welcomed with avidity or laid aside with regret.

*Contributions.* 1. Dr. NEWMAN read a very practical paper on a singular Case of Hernia occurring in his practice.

2. Mr. HOLMES COOTE contributed a series of skulls and casts of brains, accompanied by an explanatory paper.

3. Mr. MORRIS and Mr. WOOD contributed papers.

5. A number of new instruments, including the Sphygmograph, were exhibited.

Several papers had to be omitted from want of time, among which was a valuable one on Water and its Impurities, by Mr. T. B. Blunt, M.B.Oxon. These and others will be read at the January quarterly meeting.

*New Members.* Mr. Holmes Coote was elected an honorary member. Four new members were balloted for and elected.

*Dinner.* The members and visitors then adjourned to the Raven Hotel at six o'clock, where thirty-four sat down to an excellent dinner, and a most agreeable evening concluded the meeting.

A NEW VILLAGE HOSPITAL, called the Capel, has been established by the liberality of Mrs. Broadwood. It is fitted up for the accommodation of five males and five females.



## Reports of Societies.

### LIVERPOOL MEDICAL INSTITUTION.

THURSDAY, OCT. 18TH, 1866.

J. CAMERON, M.D., Vice-President, in the Chair.

*Specimen.* Mr. BICKERTON showed a sixth month fœtus, one of Triplets, enclosed in its membranes. Movements were observed for three-quarters of an hour after separation from the placenta.

Mr. MCHEANE gave the following history of a piece of Nut-shell expelled after six months from the Trachea of a Child, which he exhibited. Six months ago, whilst cracking an ordinary brown nut, half the shell slipped into the larynx and threatened suffocation. It was dislodged immediately by external manipulation, and passed into the trachea, being firmly fixed in the right bronchus. Acute pain was felt just about the right nipple on drawing a full breath. Inflammation intervened; for which he was under medical treatment. He had frequent spasmodic cough, with frothy mucous expectoration streaked with blood. His general health has suffered materially. At present there is dulness on percussion over a circumscribed space below the right nipple, where there is also absence of respiratory murmur and increased distinctness of the sounds of the heart, indicating consolidation of lung.

Mr. HAKES showed a specimen of diseased knee-joints which he removed, one for disease and the other for injury. Excision was performed for the former and amputation at the joint for the latter.

Mr. HARRISON showed the lower half of a femur he had removed for necrosis in a child aged 9 years; the epiphysis at the lower end of the bone was free from disease.

*The Forceps in Midwifery.* Mr. STEELE read a paper on the use of the midwifery forceps; in which he advocated an earlier and more frequent recourse to them in tedious or powerless labour than is generally recommended in the writings of obstetric authors. [Mr. Steele's paper has been received for publication in the JOURNAL.]

## Correspondence.

### TREATMENT OF BOILS AND CARBUNCLES.

LETTER FROM JAMES STARTIN, Esq.

SIR,—If the enclosed letter on a subject concerning which I have received numerous inquiries from professional confrères, is deemed worthy of a corner in your JOURNAL, I have Mr. Solly's permission to make this use of it.

I am, etc., JAMES STARTIN.

October 29th, 1866.

"MY DEAR SOLLY,—In reply to your inquiry respecting the practice I have for many years adopted in the treatment of boils and carbuncles, I may briefly state, that it is to regard these maladies as having frequently or constantly a parasitic origin, and to treat them accordingly. I should mention that this opinion is rather borne out by the success and efficiency of the practice in the cure of these ailments than by microscopic verification, though in an example or two, amongst very many failures, this test has demonstrated cryptogamic vegetation resembling what is found in sycosis. But the opinion

cited may rather be said to be grounded upon the frequently observed contagious nature of boils, as evidenced not only by their being extended to different parts of the body by the fingers of the patient, but occasionally transmitted to others by very close contact, as in the case of a bedfellow, where, probably, as in the former case, by scratching, the integrity of the cuticle becomes broken, so as to allow inoculation of the secretions; a fact which is further verified and exemplified by the appearance of boils on the hands or body of the surgeon or dresser where abrasions of the cuticle are present, or from a chance puncture by the lancet, or imperfectly cleaned instrument, previously employed in operations on these maladies. In one instance, this occurred on my own hand; and I have several times observed a like manifestation on the hands of others. Boils very frequently appear in the vicinity of carbuncles, which are exaggerated boils modified by a peculiar constitutional cachexy; and the appearance of boils beneath poultice applied to boil or carbuncle which serves to retain the morbid secretions in close contact with the skin, may also be cited. But, as I before mentioned, my opinion of the parasitic nature of these complaints is chiefly influenced by the rapidly curative effect of the application of parasitocides to the apex of the boil or carbuncle. These may consist of various agents having the same end in view; as iodine, nitrate of silver, caustic potash, chloride of zinc, blistering liquids, the mineral acids, etc.; but I give the preference to the acid nitrate of mercury of the *Skin Hospital Pharmacopœia*; for the reason that it acts deeply, and combines with the slough by endosmose or absorption into its structure, as well as superficially, by blistering and destroying the surface to which it is applied. The extent to which this caustic is to be used must be measured by the size of the boil or carbuncle; in the case of boils, a small point, of the size of a watch key, augmented according to the case to the size of a threepenny piece, will be sufficient; in the case of carbuncles, the size of the cauterisation may vary from a quarter of an inch to two or more inches in diameter. The caustic is best applied by means of a spun glass brush; and it will generally be found better and more agreeable to the feelings of the patient to surround the boil or carbuncle with a piece of opium plaster spread upon wash leather, large enough to cover the entire induration, with a cross or hole, of the size of the cauterisation, cut in its centre. A poultice may be applied over this plaster, in or over which poultice half a drachm to a drachm of the unguentum hydrargyri mitius, P.L., may be mixed or spread, but this may be varied by any other parasiticide. The constitution is to be supported by a generous animal diet, with a full allowance of wine or brandy (not malt liquors), and full doses of iron; four-grain doses of the sulphate for example, combined with bitters and saline aperients, is the medicine chiefly to be relied on: of course, there are cases where the knife may be needed to divide bands of integument, sloughs, etc., in the advanced stages of carbuncle, or in boils where suppuration has far advanced; but, as a rule, during the last fifteen years, or longer, that I have adopted this plan of treatment, I can scarcely recollect a single case, in a wide public and private practice, where I have not found the treatment herein advocated sufficient, or where recovery has not followed its adoption.

As I have not, according to my intention when leisure permitted, published this method of curing boils and carbuncles, beyond the mention of it in my clinical instructions, perhaps you will state this circumstance to your class, and if you think well, as you have had some personal experience of this plan of



treatment, permit me to publish this letter as addressed to you, in one of the journals.

"I am, dear Solly, yours sincerely,  
"JAMES STARTIN."

P.S. Whilst correcting this proof, a case has presented itself which reminds me that I have omitted to mention, that the boils of India and the East—even the Aleppo boil—I have found yield to the same plan of treatment.

## THE TREATMENT OF CHOLERA.

LETTER FROM JOHN COCKLE, M.D.

SIR,—May I ask your indulgence for the insertion of a few remarks upon the treatment of cholera? It would hardly have been necessary to have troubled you in this matter at present but for the daily occurrence of fresh cases and their excessive fatality. I witnessed the very earliest outbreak of the present epidemic at the east end of London, and am still treating cases at the Royal Free Hospital, without perceiving the slightest tendency to diminution in the virulence of the disease. In many of the most recent cases, a few hours have sufficed for a fatal termination.

Those who have had much to do with cholera, either in the present or former epidemic, are aware not only that the cases vary almost infinitely in point of intensity, but that a single symptom is occasionally greatly preponderant, and that the remedy thereby indicated may not only check this, but the other symptoms also; for example, a woman living in one of the most infected courts near Gray's Inn Lane, with but moderate watery vomiting and purging, suffered such violent and agonising cramps of the upper and lower extremities, that her screams actually frightened her neighbours from the spot. She was brought by a policeman to the hospital. In this case, two grains of solid opium given at once checked not only the cramps, but almost the vomiting and purging. This woman rapidly convalesced; there was not, however, any very serious amount of collapse. In other instances, for the most part of children, where fortunately the sickness and purging abated, unusually marked symptoms of gastro-intestinal irritation remained; in these examples, very small quantities of mild nourishment, sinapisms to the abdomen, and lemonade for drink, seemed of much apparent service. These are somewhat exceptional forms; and I only allude to the latter because the children came from the most infected places, their parents having, in several instances, already died of the disease.

Of the more ordinary cases of actual cholera, there are two primary stages, and of these only I write, standing in tolerably direct causal relation the one to the other; the excessive watery vomiting and purging, violent cramps, faintness and exhaustion, if persistent, leading generally, after a very varying interval, to the second stage, that of *true* collapse; but it must be admitted that such a contingency may occur fearfully early without any unusual amount of vomiting or purging, at least without the peculiar draining having any outward issue. Many examples of this form have been observed in my hospital practice.

Of these two stages, the first may be a recoverable one. Each practitioner, in accordance with his views of the pathology of the disease, adopts a corresponding treatment. Those who consider cholera to be a blood poison regard the gastro-intestinal discharges as an effort of nature to eliminate the *materies morbi*, and hesitate to interfere; while others, equally persuaded of the existence of some deleterious agent,

though acting principally upon the gastro-intestinal tubing, and noting how often with sure step collapse follows the outward or inward draining, believe that the chances of recovery are greatly dependent upon the arrest of this discharge, by measures either intended to act upon the large viscera (as calomel, etc.), or to modify directly the congested and over-acting structures of the gastro-intestinal canal. How frequent the insuccess of these various measures, the most recent results painfully prove. I, at least, can speak from my own former experience, and have long since resolved if I again had to treat cholera to venture upon a different plan. The cases thus treated are far too small to warrant the slightest scientific conclusion; indeed, like most others, such plan may signally fail upon more extended trial; the present results, however, justify its continuance. For want of a better term, it may be designated as the *substitutive method*, in other words, that which consists in the attempt to induce an altered vital action in a morbidly acting track of mucous membrane. To effect such change, I employ the old tincture of hellebore, in doses and at intervals proportioned to its apparent effects, and to the intensity of the disease. In one very bad case, the peculiar vomiting and purging speedily yielded, and both liver and kidneys recommenced their functions. In another case equally serious, excellent results apparently followed; here, however, the remedy seemed to induce some cerebral disturbance for a time, but which gradually disappeared, and the woman completely recovered. Such a plan neither excludes nor renders less necessary the application of turpentine epithems to the abdomen and spine, or constant friction of the extremities by relays of attendants when the temperature of the body begins steadily to fall. These measures, whatever else of good they may achieve, often much diminish the violence of the spasms, which are partly direct, partly reflex, and partly dependent on spinal venous congestion. It is more particularly to the management of the collapse stage that I would direct attention. I do not mean, of course, the transient coldness, faintness, sense of sinking, etc., which may attend even common English cholera, and which is often speedily relieved by ordinary stimulants, but to that algid stage—the stage of true capillary palsy—in which all ordinary stimulants fail. Here—the general aspect is almost pathognomonic, the eyes often upturned, leaving the whites exposed, a very unfavourable sign; the hands and feet are clammy, cyanosed, and of corpse-like coldness, though in a few cases warmth has been partially restored before death; the pulse is gone, yet the breath comes tolerably free, blowing cool upon the hand; the tongue is also cold; the heart's action is confused, and its sounds dull and toneless. Even now, the patient may be quite conscious and docile, though, sometimes, extremely restless; at others, lying apparently indifferent to the outer world, or wandering at intervals, yet sensible when roused. All this time there may go on, at intervals, slight draining from the bowels. This stage may last some hours, but from it, I never yet saw a single patient emerge; and it is here, sir, I earnestly solicit trial of a plan you yourself have advocated, I mean, transfusion of blood: indeed, it is for this purpose most particularly I address you, to ascertain how best one might efficiently carry out the plan. Numerous difficulties have been hitherto in my way. It is hardly fair or right to ask the immediate attendants on the sick to be the medium, and volunteers outside hospital doors are, even in such a cause, most difficult to find. Even with regard to mammalian blood, to secure a ready supply is a matter of great practical difficulty.

I do trust the subject will attract the further



attention of your readers and yourself, and that a fair trial may be given to the plan.

I am, etc., JOHN COCKLE.

### TREATMENT OF CHOLERA.

LETTER FROM J. J. D. BURNS, M.D.

SIR,—From the varied remedies, and the unsatisfactory reports of the treatment of cholera, I am induced to send you a few remarks, which, I trust, may interest the profession, anxious as we must all feel to discover some reliable course to be pursued to check the fatal progress of the epidemic, when every known remedy is reported to have been tried in vain.

During the epidemic of 1849, I had opportunities of trying the treatment proposed by Dr. Ayre, of repeated doses of calomel, but without any marked success. I then tried large doses of calomel, with an equally unsatisfactory result. The saline treatment was then employed, and then sulphuric acid. The latter was found to be most objectionable, from precluding the use of other remedies, when stimulants seemed so urgently called for, though I have known cold water alone restore the circulation. The combination of opium in the remedies was decidedly injurious, and nearly every case proved fatal in which it was employed. I may also mention that the use of the warm bath was found to be prejudicial, from its debilitating effect, which was manifest in all cases in which it was employed, as well as from the exertion and exposure which it involved.

Finding the ordinary remedies useless, chiefly from the difficulty of getting them retained on the stomach, on the recurrence of the epidemic in 1854, towards its close, I adopted the following treatment; and from those to whom I suggested it a most favourable report was given. I visited five patients consecutively under the care of Dr. Richardson of Woolwich (who was a strong advocate of the calomel treatment), who all died; and, from witnessing my success, he was induced to change his treatment for mine; and he told me he never after had a fatal case.

The treatment I adopted was this: I placed the patient in bed between the blankets, applying hot bottles to the surface of the body and extremities, using a hot-air bath by covering the body with a wicker frame, and using a spirit of wine lamp with a tube entering at the foot of the bed between the blankets; administering a scruple of carbonate of ammonia in an ounce of water. After vomiting, I gave a mixture containing a drachm of aromatic spirits of ammonia, two drachms of compound tincture of lavender, and six ounces of water: one-sixth part to be given every half-hour. Then mustard applications to the calves of the legs, dry rubbing having been previously used; and also to the inner side of the thighs and abdomen, if necessary. As soon as the stomach can retain it, arrowroot and brandy. As soon as there is any secretion of urine, or even before, I give five grains of calomel.

In the use of this treatment I was rarely unsuccessful. Though the epidemic was rather on the decline, and the virulence of the disease might have in some degree abated, yet it gave me every inducement to rely on it for the future, and I beg most strongly to recommend it for a fair trial.

The object of this mode of treatment was to rouse the system by an emetic, which should stimulate rather than weaken the vital powers, and procure heat on the surface by restoring the circulation; to introduce an alkali as a substitute for the bile, and keep the blood fluid, that, when reaction is produced, the natural secretions may be facilitated. I may

add, that the stomach would retain the carbonate of ammonia in a state of effervescence with citric acid, when it rejected everything else, given in six-grain doses. Cold or iced water was given as a drink, to relieve thirst.

I am, etc.,

JOHN J. D. BURNS, M.D.

New Brompton, Kent, November 1st, 1866.

In 1849, we had 27 deaths in about 30 cases. In 1854, we had 38 cases and 13 deaths.

## Medical News.

APOTHECARIES' HALL. On November 1st, 1866, the following Licentiates were admitted:—

Bonner, Wm. Augustus, Elm House, Queen's Elm, Brompton  
Crew, Eli, Tetbury, Gloucestershire  
Dyer, Thomas Birch, Guy's Hospital  
Ireland, Edward, Kendal, Westmoreland  
Stokell, George, Guy's Hospital

At the same Court, the following passed the first examination:—

Littelljohn, Saltern G., St. Thomas's Hospital  
Maybury, Augustus Constable, St. Thomas's Hospital  
Molecey, Octavius Twigg, King's College Hospital  
Munden, Charles, Guy's Hospital  
Weldon, Richard, St. George's Hospital

### APPOINTMENTS.

EVANS, George, Esq., elected Surgeon to the Hospital for Diseases of the Throat.

#### ARMY.

SPARROW, Staff-Assistant-Surgeon J., to be Staff-Surgeon.

#### ROYAL NAVY.

BARTLETT, Walter F. C., Esq., Surgeon (additional), to the *Cumberland*.  
BRAMISH, Richard, Esq., Acting Assistant-Surgeon, to the *Rinaldo*.  
BREAKEY, John, M.D., Surgeon, to the *Rinaldo*.  
DANN, Edward, M.D., Assistant-Surgeon, to the *Reindeer*.  
DICK, James N., Esq., Surgeon, to the *Satellite*.  
DUNN, Edward, M.D., Assistant-Surgeon, to the *Reindeer*.  
EASTGATE, James C., Esq., Surgeon, to the *Reindeer*.  
EASTCOTT, James C., Esq., Surgeon, to the *Reindeer*.  
FASKEN, William, M.D., Surgeon, to be Staff-Surgeon.  
FINNEAUL, David, M.D., Surgeon (additional), to the *Royal Adelaide*.  
FINUCANE, D. M.D., Surgeon (additional), to the *Royal Adelaide*.  
HUMPHREYS, Robert, Esq., Surgeon (additional), to the *Frederick William*.  
LAURENSEN, George R., Esq., Assistant-Surgeon, to the *Medusa*.  
MEADE, Edward, Esq., Assistant-Surgeon, to the *Satellite*.  
NOBLE, John, Esq., Assistant-Surgeon, to the *Cumberland*.

### BIRTHS.

WARDEN. On Oct. 31st, at Hagley Road, Edgbaston, Birmingham, the wife of Charles Warden, M.D., of a son.  
WESTMACOTT. On November 1st, at St. Mary's Terrace, Maida Hill, the wife of John G. Westmacott, M.D., of a son.

### MARRIAGES.

BECKER, Herman F. V. J., M.D., of Carthilian House, the Lizard, Cornwall, to Mary Julia, daughter of the late John Kirby, Esq., of Talgarth, Monmouthshire, at Chepstow, on October 25.  
BICK, Alfred, L.R.C.P. Ed., to Mary Harriet, only daughter of W. S. FLINDERS, Esq., of Dalston, at Hackney, on October 31.  
SHAPLAND, John Dee, Esq., Surgeon, of Croydon, to Mary Anna, eldest daughter of G. WESTMACOTT, Esq., of St. Mary Axe and South Norwood, on November 1.  
SMITH, James Thomas, Esq., Surgeon, Sutton Coldfield, to Mary TURNER, eldest daughter of Edward KENDRICK, Esq., of Wrexford, on October 31.  
SWINDALE, John, Esq., Surgeon, of Binfield, Berks, to Matilda, second daughter of Henry ASTON, Esq., of Dalston, at Hackney, on October 31.  
VEALE, Richard, M.D., of Hampthwaite, Yorkshire, to Laura, second surviving daughter of Henry DE PAIVA, Esq., of Heckmondwike, Yorkshire, at Canonbury, on November 1.  
WILSON, Thomas, Esq., Surgeon, of Walsell, to Sarah Hassall, second daughter of the late HUNTLEY, M.D., of Howden, on October 29.  
YOUNG, Henry Jas., M.D., of Bridgnorth, to Ellen Martha, daughter of the late Thomas JAY, Esq., of Daneford, near Bridgnorth, at Worfield, Shropshire, on November 1.



## DEATHS.

**BLENKIN.** On October 30th, at Inverness Road, Hyde Park, Grace, widow of I. T. Blenkin, Esq., Assistant-Surgeon Madras Army.  
**BOND, Henry H., Esq., Surgeon,** at Barnsbury, aged 61, on Nov. 1.  
**BURKE.** On October 30th, at Bath, aged 71, Anna Louisa, wife of John Burne, M.D.  
**BURRELL, William H., M.D., Deputy Inspector-General of Hospitals,** at Exmouth, aged 71, on October 31.  
**DAVIS.** On October 29th, aged 3 years, William Edward, eldest son of the late Wm. Davis, Esq., Surgeon, at St. George's, Salop.  
**HOLLAND.** On November 2nd, at 25, Lower Brook Street, Sara, wife of Sir Henry Holland, Bart., M.D.  
**HUGMAN.** On November 1st, at Guilford Street, aged 11, Mary Beatrice, youngest child of W. C. Hugman, Esq., Surgeon.  
**HUNTER, George Yeates, Esq., Surgeon,** at Margate, aged 71, on November 2.  
**\*LESLIE, Andrew, Esq., Surgeon R.N.,** at Cowley, near Exeter, aged 89, on October 31.  
**PRICE.** On November 1st, at Brixton, Louisa Ann, wife of James Price, M.D., late Army Medical Staff.  
**RAYNER.** On November 1st, at Quadrant Road North, Highbury New Park, Emily, wife of John Rayner, M.D.  
**THORNTON.** On October 30th, at Uxbridge, Matilda, widow of Wm. Thornton, Esq., Surgeon H.M.'s 99th Regiment of Foot.  
**WATSON, S. Key, Esq., Surgeon,** at Jersey, on October 20.

A NEW OPERATING THEATRE is under course of construction at Guy's Hospital.

LADY HOLLAND died on the 2nd inst. Her ladyship was the daughter of the late Rev. Sydney Smith.

NAVAL APPOINTMENT. The situation of surgeon and agent of sick and wounded at Southsea and Langston harbour, has been given to Dr. Elliott, of Warwick House, Southsea.

THE CONTAGIOUS DISEASES ACT. In pursuance of the above Act. It is certified by Her Majesty's Principal Secretary for War that the London Lock Hospital is useful and efficient as a hospital for the purposes of the said Act.

A REAL LEVELLER. The *Nobles' Gazette* of Moscow contains this curious phrase: "Until now, thanks to the visible protection of Providence, the cholera had only attacked the lower classes; but at present the terrible scourge attacks the middle classes, and even the nobility."

TESTIMONIAL TO DR. COTTON. Last week, a splendid testimonial was presented to Dr. Cotton by the Society of Loyal United Brethren—a benefit society of which Dr. Cotton has been Consulting-Physician for the past ten years. The testimonial consisted of a large massive and handsomely chased silver vase.

APOTHECARIES' HALL. At the competitive examinations, held on the 17th and 19th ultimo, for the prizes offered annually by the Society for Proficiency in the Knowledge of *Materia Medica* and *Pharmaceutical Chemistry*, the successful candidates were—first, Mr. Albert Henry Baines, of Guy's Hospital; second, Mr. James Goodridge Anderson, of St. Mary's Hospital.

ACCIDENTS IN FACTORIES. The Report of Inspectors of Factories for the six months ended April 1866, record 2576 accidents from machinery. Of these, twenty-eight were fatal, and six of the fatal cases were children. Thirty children also suffered amputation of part of right hand, and twenty amputation of part of left hand. Sixteen got fractured limbs and bones of trunk; thirty-two, fracture of hand or foot; and sixteen, injuries to head and face.

DEATH OF DR. G. Y. HUNTER. This gentleman died on the 2nd inst., at his residence in Margate in the seventy-second of his age. He was the first Mayor of Margate elected to that honour under the local act of incorporation, and so highly were his services appreciated by his fellow townsmen, that he was elected for the third time to the Mayor's chair, in November last.

EXTRAORDINARY LONGEVITY. The obituary in the *Times* last week contained some rare illustrations of prolonged existence in the case of three ladies and three gentlemen, whose united ages amounted to 522 years, giving an average of exactly 87 years to each. The fair sex, as usual, take the lead, the eldest having arrived at 94 years and the youngest at 84; of the opposite sex the eldest was 89 and the youngest 82 years of age.

QUARTERLY RETURN. The registers of the United Kingdom show births of 239,748 children, and the deaths of 151,054 persons of both sexes, in the three months ending Sept. 30th. The death-rate of the United Kingdom is less than that prevailing in England and Wales. The population of England, Scotland, and Ireland in 1866, is estimated at 29,945,404. The corrected death-rate of the quarter is 2.085 per cent.

THE CATTLE-PLAGUE. The cattle-plague returns for the week ending the 27th ult., show that 15 attacks were reported to have occurred, being an increase of 9 on the previous return. Since the commencement of the disease, 51 in every 1,000 of the estimated ordinary stock of cattle in Great Britain are returned as having been attacked. The total number of sheep reported to have been attacked up to the date of this return is 6,826.

THE FRENCH SENATE. It has been remarked that nearly every profession but that of medicine was represented in the Senate. This anomaly has struck the Emperor, it would appear, as the *Evenement* announces that his Majesty's physician, Dr. Conneau, is to be promoted forthwith to a seat at the Luxembourg. Dr. Conneau has one point in common with the late Dr. Orfila, he is remarkably fond of music.

ROYAL COLLEGE OF SURGEONS. At the primary or anatomical and physiological examination on Tuesday last, twenty-two candidates presented themselves for examination, when only five were referred to their studies for three months. Dr. Sharpey and Parkes, and Mr. Cooper, visited the examinations on the part of the Medical Council. The next pass, or pathological and surgical examination will take place this day (Saturday) and extend to Tuesday, Wednesday and Thursday next.

DEATH OF DR. BURRELL. Dr. W. H. Burrell, Deputy-Inspector of Hospitals, died on the 31st ult., at Exmouth, aged 71. In 1849, Dr. Burrell sat as one of the members of a board appointed by the War Office to make inquiries concerning yellow fever, and contributed a valuable paper on the subject, which was afterwards published by the General Board of Health, with their second report on quarantine. Subsequently Dr. Burrell, while principal medical officer at Malta, drew up an elaborate account, from official records then at his command, of the plague, which ravaged that island in 1813. On the appointment of the Barrack and Hospital Commission, Dr. Burrell was appointed by Lord Herbert to act in conjunction with Dr. Sutherland and Captain Galton, and he contributed in no slight degree to the success of an inquiry which has since led to so great an improvement, as regards the comfort and sanitary well-being of the soldier.

UNIVERSITY COLLEGE, LONDON. The Council held its first session for the academical year 1866-7 on the 3rd inst. It was resolved that the vacancies consequent on the recent appointment of Mr. Marshall to the Professorship of the Principles and Practice of Surgery in the offices of assistant-surgeon at the hospital, of instructor in bandaging, and of practical instructor in operative surgery, should be advertised. On the recommendation of the examiners, Professor



Wilson Fox Dean, Professor Sharpey, and Professor Ringer, the Filliter exhibition of £30 was awarded to Mr. Henry Carter Wigg, of Geelong. The report of the Rev. Philip Smith, examiner for the medical entrance examinations, was received, and exhibitions, each tenable for two years, were conferred as follows: one of £30 on Mr. Charles H. Carter, of London; one of £20 on Mr. Alfred H. Carter, of Pewsey; and one of £10 on Mr. William Hammond, of Hastings. Certificates of honour were awarded to Mr. W. S. Greenfield, of London; Mr. Lewis Lewis, of Plymouth; and Mr. James B. Ball, of Dublin.

**Too PARTICULAR.** In consequence of the large number of applicants for admission to the Royal navy who have been rejected by the stringency of the existing medical regulations, the Inspector-General of Hospitals and Fleets has called for a nominal list from the medical department of the *Fisgard*, at Woolwich-dockyard, of the number rejected, with a statement of the causes. They are as follows: Muscular debility, weakness of intellect, palpitation, dyspepsia, deformed chest, rupture, and tendency thereto, varicocele, impediment of speech, delicate aspect, indifferent eyesight, flat chest, defective feet, cataract in the eye, shallow chest, and other distortions of frame, small and emaciated, under and over age, round-shouldered, eruption, scars, loss of fingers, chronic enlargement of tonsils, pigeon-breasted, defective nutrition, enlarged glands, etc. As but very few of the applicants were found totally exempt from one or more of the above-named impediments, an amended list has received the sanction of the Lords Commissioners of the Admiralty submitted by the Medical Department.

**THE MEDICAL ACT.** In pursuance of the 29th section of the above Act, to regulate the qualifications of practitioners in medicine and surgery, which recites that, "If any registered medical practitioner shall be convicted in England or Ireland of any felony or misdemeanour, or in Scotland of any crime or offence, or shall, after due inquiry, be judged by the General Council to have been guilty of infamous conduct in any professional respect, the General Council may, if they see fit, direct the registrar to erase the name of such medical practitioner from the register." Acting on this power the General Council of Medical Education and Registration of the United Kingdom has just published the following list of delinquents, with the causes which gave rise to the punishments now inflicted on these persons, viz., John Edward Protheroe, name erased in consequence of the entry of it having been fraudulently obtained; Richard Organ, for infamous conduct in a professional respect; John Burton, the entry of his name having been fraudulently or incorrectly made; John Broatch, in consequence of false declaration; John Kearney, for infamous conduct in a professional respect; Daniel de la Cherois Gourley, in consequence of his having been convicted of a misdemeanour; David Griffiths Jones, in consequence of his having been convicted of a misdemeanour; Evan Thomas, in consequence of his having been convicted of perjury; Robert Wrixon, having been convicted of forgery; Samuel La Mert, for infamous conduct in a professional respect; Robert Jacob Jordan, his qualification of M.R.C.S.England erased in consequence of his name having been removed from the list of members of that College, and his qualification as licentiate of R.C.P.Edinburgh for the same reason; John Carter Barrett, having been convicted of forgery; William John Cumming, having been convicted of felony; Robert Abercrombie, his qualification of M.R.C.S.England erased in consequence of

his having been removed from the list of members of that College; Thompson Whalley, having been convicted of a misdemeanour; and John Permewan, having been convicted of felony.

**THE TREATMENT OF CHOLERA.** The views of Dr. George Johnson and other opponents of the astringent treatment of choleraic diarrhoea have received a strong confirmation by the report of the Army Medical Department on the late outbreak of cholera at Malta. An abstract of that report is given in the *BRITISH MEDICAL JOURNAL*, and, though of course we express no opinion on the matter ourselves, yet a brief reference to that abstract cannot fail to be interesting to the general reader. There exists a vehement controversy in the medical world with respect to this premonitory treatment, each side maintaining that the system which it condemns is not merely useless, but positively injurious in a very high degree; and the more clearly the professional doctor perceives that this antagonism is well known to the non-professional world, the less prone will he be to adopt either view without a more careful study of the whole question than most apothecaries and physicians think it necessary to give to the subject. A pestilence like cholera, concerning which nothing is theoretically known, while the only practical thing about it is that no remedy has yet been discovered, is just one of those diseases about which doctors are apt to be careless, from their utter bewilderment in its presence. As they cannot cure the disease, too many of them forget that a remedy may not only fail to stop it, but may frightfully aggravate its intensity. And this is the conclusion which the *BRITISH MEDICAL JOURNAL* draws from the report of the army department on the outbreak at Malta, where the diarrhoea was very severe owing to the drunken and dissipated habits of the English soldiers, and the large consumption of fruits by the poorer Maltese, who were tempted by the low prices consequent on the abstinence of the better classes during the epidemic. The report states that while the ordinary diarrhoea thus produced was very tractable in its nature, the astringent system utterly failed to check the real choleraic diarrhoea. The only remedies that appeared to be of any effect were emetics, and the population who were treated by the civilian practitioners on the mild system exhibited a much lower per centage of deaths than the military who were treated by the army doctors. On the whole, the *BRITISH MEDICAL JOURNAL* is decidedly of opinion that, whether or no the emetic and castor-oil system be advantageous, there is every reason to believe that the astringent practice tends to retain in the body that deadly poison which is the cause of death. It points to a fact stated in the report to which we think the utmost attention ought to be given, namely, that "the extent of the collapse was in no way commensurate with the amount of discharges. Invariably it was found that the more severe the disease the less was the quantity and the frequency of these ejections." Surely, if these facts are of general occurrence in cholera, they supply suggestions as to the proper treatment of the highest importance. (*Pall Mall Gazette*.)

COMMUNICATIONS have been received from:—Dr. MORELL MACKENZIE; Dr. MAYO; Mr. S. WOOD; Dr. E. BURD; Dr. BROADBENT; Dr. SIEVEKING; Dr. BURNS; Dr. C. WARDEN; Mr. WILLIAM P. SWAIN; Mr. A. B. STEELE; The HONORARY SECRETARY OF THE EPIDEMIOLOGICAL SOCIETY; Mr. H. GREENWAY; Dr. GEORGE JOHNSON; Dr. COCKLE; Mr. MOORE; The REGISTRAR OF THE MEDICAL SOCIETY OF LONDON; Mr. T. M. STONE; The HONORARY SECRETARIES OF THE ROYAL MEDICAL & CHIRURGICAL SOCIETY; Mr. J. ROBERTSON; Mr. G. DAVIS; Mr. E. WYLLIE; Dr. THOMAS SKINNER; Dr. SANSON; Mr. W. SMITH; Dr. SAMUELSON; Mr. JAMES STARTIN; Mr. W. E. POOLE; Dr. GARROD; Dr. J. HUGHLINGS JACKSON; and Mr. R. W. DUNN.



## OPERATION DAYS AT THE HOSPITALS.

- MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
- TUESDAY....Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.
- WEDNESDAY..St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.
- THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.
- FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
- SATURDAY....St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

## MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

- MONDAY. Medical Society of London, 8 P.M. Dr. Victor De Méric, "On some of the Sequels of Syphilis."—Epidemiological Society, 8 P.M. Dr. Jenner, F.R.S., "Address opening the Session."
- TUESDAY. Royal Medical and Chirurgical Society, 8.30 P.M. Mr. Spencer Wells, "Ovariectomy Twice Successfully Performed on the same Patient"; Mr. Solly, "Case of Fracture of the Ribs, with Peculiar Tympanitic Resonance."
- THURSDAY. Harveian Society of London, 8 P.M. Debate will be on Cholera.

## TO CORRESPONDENTS.

\* \* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

THE PUBLISHER begs to intimate that orders for JOURNALS sent by post must be accompanied by stamps for the amount. Price of each number is, by post, *sixpence*.

THE FEMALE CASUAL AND HER LODGING, by Dr. Stallard, is a re-publication of articles which appeared in the *Standard*. Dr. Stallard found a respectable widow woman, who consented to visit the female casual wards of various workhouses in the metropolis. Her narratives give us a somewhat sensational picture of casual wards. As casual wards contain the dregs of London life, it is hardly to be expected that a visitor would find in them the elegancies of drawing-room society.

LIMITS OF PRACTICE.—A correspondent writes: "I am about to take a partner; and a question arises as to the distance I should be prohibited from practising in, on retiring after a certain term of years. If you will kindly give me your idea of what an average distance should be, I shall feel much obliged."

[The question is clearly a local and a legal one—about which we should imagine there ought to be no dispute. EDITOR.]

DR. B. FOSTER'S INTRODUCTORY LECTURE was necessarily condensed. We fear the report hardly did justice to the author. The gist of his conclusions may be given as follows:—1. Pointing out how medicine must be founded on three experimental sciences, Physiology, Pathology, and Therapeutics, and cultivated purely on "positive" principles, Dr. Foster argued that, in order to obtain such a state of things, our preliminary education must be altered, and men taught in chemistry and physics the methods of research that may advance medicine as a science. Further, following Comte's notion, he pointed out that these workers in science must be carefully distinguished from the practitioners, who should only apply to practice the laws discovered by their colleagues. The abstract makes him appear to be only a follower of Bernard's notions; while, in truth, he entirely disagrees with Bernard's estimate of positivism, and would place the study of all physiology and pathology, if possible, with reference to investigation, not in the hands of practitioners, but in the hands of a special class of students.

EXTRACTION OF CATARACT BY SUCTION.—SIR: I have just read, in your "Notice of Correspondents" in this day's JOURNAL, Dr. Davey's letter of explanation. I would beg to assure that gentleman that I was not at all singular in labouring under "a mistaken impression" on reading his letter in the JOURNAL of the 13th. Without this explanation, I should still have the same impression, although I have again read his first letter with more than "ordinary care". I could not have imagined that the "suction-instruments" referred to in the first paragraph of that letter had any connection with the barbarous operation mentioned in the second and third paragraphs. It is the first time I have heard of the mouth being included amongst surgical instruments, even "of a kind". I thought, and naturally so, Dr. Davey might have referred to certain rude instruments used by the ancient Persians ("not in Great Britain nor in Europe"); and then by way of further showing that the idea of removing cataracts by suction, although without the medium of an instrument, was very old, related the story of the Cingalese operation.

If Dr. Davey, when commenting on correspondence relative to a surgical appliance, says that "suction-instruments, of a kind, for the removal of cataracts have been for generations in use", he must, in all fairness, pardon those who do not understand him to mean simply the human mouth, although he may instance its "use" in the same letter. He might have added—the invention of the "instrument" was co-eval with the creation of Adam.

As the quotation from Dr. Browne's address was not intended as applicable to myself, I accept Dr. Davey's explanation. I have not met anyone who thought of applying it to Mr. Swain.

I am sorry again to trouble you, but I think it right Dr. Davey should know there were others, as well as myself, who laboured "under a mistaken impression" on reading his first letter.

I am, etc., HENRY GREENWAY.

Plymouth, October 27th, 1866.

INJECTION OF ACETIC ACID IN CANCER.—SIR: With respect to the letter of Dr. John Barclay, which appears in the JOURNAL of the 3rd inst., I need scarcely do more than state that, in my communication to the meeting of the Association and in my pamphlet, I gave as one of my reasons for selecting acetic acid for injection into cancerous tumours, that "it had been applied with advantage to open cancer and cancerous ulcerations." Dr. Barclay having apparently read the pamphlet, it would have been more candid in him to have mentioned this.

I might demur to the position Dr. Barclay assigns to me, of a mere adaptor of suggestions; but credit has been so largely and generously awarded me by Mr. Moore and others, that I feel ashamed to enter upon anything like self-vindication.

I am, etc., W. H. BROADBENT.

Upper Seymour Street, November 6th, 1866.

SCUTANEOUS INJECTIONS OF CANCER AND OTHER GROWTHS.—SIR: As there seems to be at least more than one claimant for priority in regard to the injection of, or rather the enucleation or destruction of tumours by caustic or irritating fluids, I beg to add one more to the list; namely, Sir James Y. Simpson, Bart. Early in the year 1857, I assisted him in instituting a number of experiments on simple, benign, and malignant growths; the nature of which was to effect the destruction and subsequent disintegration of the tumour and its ultimate removal through as small an opening in the integument as possible, and without incisions of any kind. I saw Sir James remove a fatty tumour on a girl's shoulder, the size of a small orange, through an opening not larger than would admit a goose-quill, and it never returned; nor was it possible to believe from the minute cicatrix left that such a tumour could ever have existed. The fluids used were—concentrated solutions of sulphate and chloride of zinc, bichromate of potash, bichloride of mercury, perchloride of iron, creosote, glacial acetic acid, chromic acid, etc. By way of experiment, the healthy muscular fibre of recently killed oxen and sheep were acted upon by these agents, and the effects observed were recorded. I do not think that all the facts which transpired were published; but certainly the main facts—which give priority of claim to Sir James—will be found in the *Medical Times and Gazette* of February 7th, 1857.

I am, etc., THO. SKINNER, M.D.

Liverpool, November 3rd, 1866.

[Glacial acetic acid acts as a powerful caustic. The dilute acetic acid as used by Dr. Broadbent does not act as a caustic. It dissolves the cancer-cells, and disperses the tumour, without producing sloughing or destruction of tissues. The action of the two acids is, therefore, essentially different. Surgeons, it is true, had previously applied acetic acid to cancerous ulcerations; but no one (we believe), before Dr. Broadbent, injected the cancer-tumour with acetic acid, so as to produce the special and remarkable effect above mentioned. The surgeons who have already tried Dr. Broadbent's method, appear surprised and satisfied with its results, and the operation bids fair to become a most important aid in the cure of cancer. That the merit of the practical application of acetic acid by injection belongs to Dr. Broadbent, is proved by the simple fact, that it was not in practice when he brought the subject before the profession. This much we feel bound to say, in justice to that gentleman. EDITOR.]



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## Retreat for the Intemperate,

HILLGARDEN HOUSE, COUPAR ANGUS, N.B.  
Dr. DEAN FAIRLESS, formerly Medical Superintendent of the Old Royal Asylum, Montrose, will shortly have Vacancies for Two Gentlemen.

## Hastings Memorial Fund.—At

the recent meeting of the British Medical Association, held at Chester, it was resolved to raise a special fund to be called, in memory of Sir Charles Hastings, "The Hastings Memorial Fund," the produce of which shall be devoted to provide, and supplement with a sum of money, the "Hastings Medal," which shall be awarded for distinguished labours in medical science to any member of the profession in any country. Gentlemen desirous of contributing, whether members of the Association or not, are requested to forward their donations to the Treasurer, Dr. FALCONER, of Bath, or to the Secretary,

T. WATKIN WILLIAMS, General Secretary.

13, Newhall Street, Birmingham, August 20th, 1866.

## Royal College of Physicians

OF LONDON.—FIRST PART OF THE PROFESSIONAL EXAMINATION FOR THE LICENCE. The next Examination of Students who have completed two years of Professional Study at a recognised Medical School will commence on Tuesday, December 4th.

SECOND PART OF THE PROFESSIONAL EXAMINATION.—An Examination of Gentlemen who are eligible for admission to the Second Examination for the Licence will commence on Tuesday, December 11th.

Registered Medical Practitioners, qualified before January 1861, are admitted to Examination under special Bye-Law.

Candidates are required to give fourteen days notice in writing to the Registrar of the College, with whom all Certificates and Testimonials required by the Bye-Laws are to be left at the same time.

Pall Mall East, 1866.

H. A. PITMAN, M.D., Registrar.

## Epsom College Exhibitions.—

Notice is hereby given that a Committee of Council of the ROYAL MEDICAL BENEVOLENT COLLEGE will meet at the Office of the College in Soho Square, on Friday, the 23rd of November inst., to receive applications for the admission to the College of boys between the age of eight and fourteen, as Exhibitioners, at the reduced terms of £80 per annum. Such boys must, by the 2nd Bye-Law of the College, be "sons of some of the less fortunate members of the medical profession".

The parents of Candidates must make a confidential statement as to their income, the number of their children, and their means of educating them. Forms for the purpose will be furnished on application at the office, and must be returned filled up by the morning of the 23rd inst., at latest. The Committee will make a list of the Candidates whom they consider to be eligible, and the Exhibitioners will be selected from that list according to the result of a Competitive Examination, to be held on a fixed day in December. The successful Competitors will be admitted on the opening of the College in January.

All particulars may be obtained from the Secretary at the Office.

By order of the Council,

ROBERT FREEMAN, Secretary.

Office, 37, Soho Square, London, W., 6th November, 1866.

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"Dr. Blatchley supplies prepared bran powder of a very superior description."—Dr. Hassall on Diabetes, 2nd Edition, p. 179.



THE

## Jacksonian Prize Essay

FOR 1865.

ON DISEASED CONDITIONS OF THE  
KNEE-JOINT.

BY

WILLIAM PAUL SWAIN, M.R.C.S.,

SURGEON TO THE ROYAL ALBERT HOSPITAL, DEVONPORT, ETC.

## SECTION III.—OPERATIVE INTERFERENCE.

*(Continued.)*

*Cases where the Bones are Primarily Diseased, or where they have become Extensively Involved as a Secondary Result.* In considering the question of excision as applied to cases of diseased cartilage, we have of necessity also considered that extension of the disease which involves simply the articular surfaces of the bones. The application, however, of excision to cases where the bones are primarily involved, or where there exists a considerable amount of disease in their structure, is a question upon which there is a very wide divergence of opinions.

Much of the success of excision of the knee, when undertaken in cases where the bones are involved, depends upon the ability of the surgeon to determine as to the condition of the cut surfaces of the bones after the articular surfaces have been removed. If the diseased conditions be restricted to the immediate neighbourhood of the joint, or if, although extending somewhat more deeply into the spongy portion of the bone, the disease be yet circumscribed; then, if the constitution admits, there is no more reason why excision of the joint should not be performed, than there was in those cases of disease of cartilage which we have just been considering.

Allusion has already been made to the condensation of the bone which takes place in the earlier stages of inflammation, and which was well illustrated by Preparation 2 sent in with the essay, where, in fact, simple hyperæmia is just merging into inflammation. On sawing through a bone thus affected, we find the cavities of the cancelli diminished and their walls thickened, and the whole surface presents a reddish pink hue from the colour of the serum exuded. This condition of the bones, whilst it demonstrates the fact that serious mischief has not extended deeply, is also a warrant to the surgeon to proceed with the excision, and gives the greatest hope of a successful termination of a case. It is not often the good fortune of the surgeon to meet with a case thus uncomplicated. It is more usual to find this condition alternating, as it were, with other and less favourable states of bone. Thus, we may find spots of ulceration, named by Barwell "caries circumscripta", or pieces of necrosed bone, "caries necrotica," surrounded by indurated tissue. The surgeon will have to decide in such a case, whether the amount of indurated tissue surrounding these diseased conditions is sufficient to warrant perseverance in the excision. The softened and necrosed portions, if not in excess, may easily be removed with the gouge, and thus a surface obtained well

calculated to ensure after success. It is a question to be decided at the time, to how great an extent gouging should be carried. I have certainly seen admirable results after the very free use of the gouge; but it is a fact that abscess of the bone occasionally follows, causing severe suffering to the patient, and ultimate destruction of the parts involved.

I cannot go the entire length that the late Mr. Price has, in stating that, if

"One of the condyles and a mere shell of the tibia remain after the articular surface and synovial membrane have been removed, sufficient consolidation will admit the recovery of a useful though considerably modified limb." (Price, *On the Knee-Joint*, p. 136.)

He quotes a case of his own, which turned out well; but certainly, in the generality of cases, such an advanced state of disease would be better treated by amputation, than to run the risk of entire failure in the results of the excision, or at best recovery with a "considerably modified limb." Circumscribed collections of matters are sometimes found in the spongy textures of the bones, which, if of moderate size, need not impede the operation. A case of excision of the knee performed by Mr. Wood at King's College Hospital (see Appendix) well illustrates this. In the accompanying preparations of the ends of the bone, an abscess is shown in the head of the tibia. This case also shows an example of the extension of disease from the end of one bone through the intervening joint structures to the end of the other bone.

Another diseased deposit in the ends of the bones we have already discussed—viz., "the tuberculous matter" insisted on by Price. I have stated elsewhere my reasons for not thinking this deposit to be analogous to tubercle of the lung. Its actual nature has, however, little bearing on the question of excision. The diffuse variety of this disease is entirely unfitted for the operation of excision. The earthy constituents of the bone are very much diminished, and there is little or no chance of repair after the operation. In addition to this, as Barwell justly remarks—

"A diffuse inflammation, wherever it be situated, and whatever be its products, always marks so low a constitutional state, that we should give the system as little reparative labour as possible." (Barwell, *On Diseases of the Joints*, p. 423.)

In the circumscribed variety, there is no reason why the same treatment should not be applied as in cases of circumscribed caries or necrosis. In fact, I am inclined to think that better results may sometimes be expected; for it is often found that the surrounding bone is more healthy and capable of repair than when a carious or necrotic condition is present.

If, upon making the section of the bone, large diffused extravasations of blood be present, or if it present a dirty yellow appearance from diffuse supuration, the operation of excision is not admissible.

*Excision of the Joint for Traumatic Injury* is a matter for very careful consideration. I do not think it has obtained that amount of attention from writers on the subject of excision of the knee which it deserves. This, perhaps, arises from the fact, that our opportunities in civil practice of performing the operation for injury to the joint are few and far between. We have, however, staring us in the face



the fact that the mortality following amputation of the thigh in the lower third after traumatic injury is in military practice 56.6 per cent. (Macleod's *Surgery of the Crimean War*); whilst in civil practice it is 60 per cent. for primary amputations and 75 per cent. for secondary amputations. (Bryant.) It is hardly possible to imagine that any proceeding can show much worse results than these; and I cannot help thinking that there are very many cases of extensive wounds of the knee-joint which have hitherto been treated by amputation, which might have a better chance of recovery if the articulation were removed by excision. I do not wish at the present moment to enter into any comparison between the two operations of excision and amputation; but I simply now make this statement, which I hope hereafter to substantiate, *that the shock after excision is less than that after amputation*. Now, severe injury to a large joint like the knee is a source of severe shock to the patient; and it appears to me that, as a primary proceeding, the operation which adds the least to the existing shock is the one that gives the best chance of immediate rally to the patient. I can see no difference between the after conditions of an excision thus performed and one undertaken for a diseased articulation, except that in the former case we have in all probability a robust constitution to back up the operation, whilst in the latter the ravages of long standing disease detract very much from the reparative powers of the patient. I believe that there are many cases of severe lacerated wounds of the joint happening to young robust subjects, now treated by immediate amputation, which would do very well, and have a better chance of recovery, if excision were practised. We cannot, of course, draw any very strong inferences from a single case; but I append the history of a case in which Mr. Kempe of Exeter acted on this principle, and had the extreme satisfaction of saving both the limb and the life of his patient.

"June 10, 1862, John Fewings, Exwick, aged 13, was admitted under the care of Mr. Kempe, with a lacerated wound of the right knee freely communicating with the joint, the result of an accident. Excision of the joint was performed about one hour after the receipt of the injury. Great constitutional disturbance and some delirium followed the operation, which were subdued by opium, etc. A large abscess formed on the right hip, apparently arising from some extravasated blood which took place at the time of the accident.

"He was made an out-patient in September, with a very firm union of the bones, but with one or two small sinuses.

"I saw this young man, about twelve months after his discharge, loading a railway-van, apparently with as little inconvenience as if he had suffered no loss of the joint."

In cases of gunshot wounds, where severe damage is done to the osseous structure, I think, from the slender information we have, that the proceeding is of very doubtful utility. Hodges has collected the history of twelve cases; and of them only three recovered, and one of these only at the end of twenty months, during which time dead bone was constantly exfoliating.

The two cases of excision performed by Mr. Canton of the Charing Cross Hospital, although not primary operations for injury to the joint, were yet

undertaken for a condition which was the immediate result of an accident; viz., the forcible separation of the lower epiphysis from the shaft of the femur. In both cases, an attempt was made to procure union; but it failed, and inflammation attacked the joint. In the first case, the patient made a good recovery, with a useful limb; and, by the kindness of Mr. Canton, I am enabled to give illustrations both of the parts excised and of the subsequent condition of the limb twelve months afterwards. (Figs. 14, 15.)

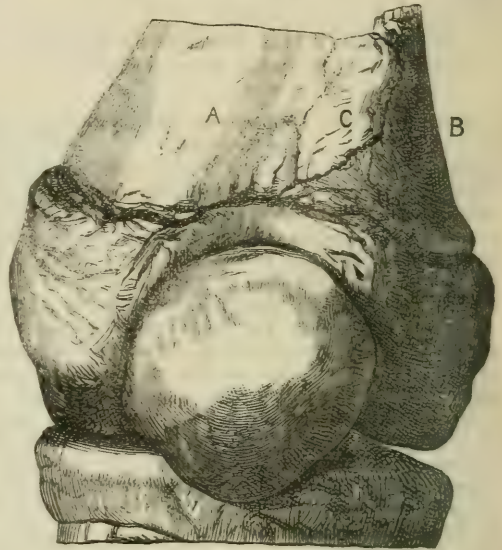


Fig. 14.

In the second case, the patient was exceedingly restless, and an inch of the femur protruded and had to be removed with the saw. Fibrous ankylosis resulted; and, as the limb proved useless to the patient, Mr. Canton amputated the thigh, and the patient did well. (*Dublin Quarterly Journal of Medical Science*, February 1861.)

I am permitted to send in an unpublished drawing belonging to the late Mr. Price, which shows, in a very beautiful manner, the excised portions of the bone in this latter case, and the after condition of the joint.

*Deformity of the Limb resulting from old Disease in the Joint* is the last condition requiring excision which we have to consider. I believe this proceeding to be open to very grave objections. I am perfectly aware that the results have in many cases been most brilliant. Many surgeons have performed the operation, and restored to their patients useful limbs; but there is to my mind this grave drawback to its general adoption; viz., that the life of the patient is endangered without the actual necessity having arisen for its being so. It is every one's experience with what facility the unfortunate possessors of the most deformed knee-joints move about with the help of some simple apparatus. Is it right, under these circumstances, to subject the patient to the extreme danger of a capital operation? And, even supposing the patient recover with a fair limb, is he so very much better off than he was before? To both questions, I am bound to give a negative answer.

With regard to the after condition of the limb, it



must be remembered, that old and long-standing disease has rendered the leg and foot stunted and ill developed. And, supposing the most favourable result, there must of necessity be considerable

of Mr. Swain, with disease of the knee-joint, on June 16th, 1864.

*History.* Five years ago, while playing on the ice, he fell, and injured his knee. Apparently he recovered from this; but a fortnight afterwards, during a walk, he was seized with pain and inability to move the limb. He was treated for a sprain, but received no benefit. Two months afterwards, he was an out-patient under Mr. Swain at the Dispensary. At that period, the knee was as swollen and contracted as at the present time. He left off attending at the Dispensary about four years ago. He had had no medical treatment since. Abscesses formed in the joint about eighteen months before his admission, and discharged for nine months; since which period the sinuses healed. His father and mother are living. He had been a very healthy boy, and not subject to a cough.

On admission, he was a healthy looking boy, but of rather strumous aspect. The glands in the neck were slightly enlarged. He was in good condition; pulse 80, of fair strength, regular; skin and bowels acting well; no cough. The left leg and thigh were much wasted. The leg was flexed to its utmost extent upon the thigh; the hamstring tendons were contracted and tense. In the lower third of the thigh were the cicatrices of five sinuses—four on the outer, and one on the inner side of the limb. The left knee-joint was greatly increased in size, and of an oval form. The internal condyle of the femur was



Fig. 15.

shortening of the limb, requiring very likely an apparatus even more cumbersome than the one before in use. Hodges gives an account of nineteen cases of excision for deformity, eight of which terminated fatally, from circumstances directly connected with the operation, and one came to amputation, osseous union being long delayed.

At the earnest desire of patients or their friends, I think the surgeon may be justified in undertaking this operation; but I cannot think that he is justified either in suggesting the proceeding or pressing it on the patient. I excised a knee-joint for deformity, partly at the earnest desire of the boy's mother, and partly (I was more influenced by this latter consideration) because I found that, although the disease was quiescent, every now and again the boy fell on his knee and set up active inflammation in the joint. The case made a satisfactory recovery; but there is considerable shortening of the limb, carious bone in the head of the tibia, and at present only fibrous ankylosis, although that is pretty firm. I have once removed some carious bone from the head of the tibia, after which the condition of the limb much improved, and I have great hopes that in time he will have a useful limb. The ends of the bone are sent in, together with photographs of the case before the operation and at the present time. The following is the history of the case.

**CASE.** Henry Hearle was admitted under the care



Fig. 16.

considerably enlarged. The external condyle was also enlarged, but to a less extent. The patella was inclined to the outer side, and ankylosed to the external condyle. The head of the tibia did not appear to be enlarged to any appreciable extent. There was little or no pain, except on manipulation of joint. There was a little antero-posterior motion, with rather free lateral movement of the joint, showing destruction of the ligaments.

July 2nd. To-day, the child being put under the influence of chloroform, Mr. Swain proceeded to perform excision of the knee-joint. A semilunar incision was made across the front of the joint, and the flap resulting dissected back from the patella and the end of the femur. The lateral ligaments were divided; the bone was cleared for the saw, and forcibly



flexed. About one inch and a half of the articular surface was sawn off. A slice was then taken off *obliquely* from the tibia, about one inch in thickness. An abscess in the head of the tibia, opening into the joint, was gouged out. The cut surfaces were then approximated; the flap laid down; and the limb put up in a resection splint. There was no hæmorrhage of importance; and no arteries required ligature.

8 p.m. During the afternoon, the child had been very restless and noisy. The effect of the chloroform had not passed off; and the sickness of the stomach prevented morphia draughts from being kept down. When seen, he was easy, and dozed at intervals.

July 3rd. He had a quiet night, sleeping at intervals until the morning. Skin cool; pulse 104, quiet. He suffered but little pain. The knee was not disturbed. He was upon a water pillow, the leg being put up on an excision-splint, and swung in a Salter's swing.

July 4th. He slept well through the whole night. This morning he was quiet, and suffered but slight pain. Pulse 126; skin dry, warm; tongue furred, with enlarged papillæ; bowels open. The knee was dressed this morning; the outside bandages were saturated with blood. The wound appeared healthy; water dressings were ordered. Ten minims of solution of hydrochlorate of morphia were ordered.

July 7th. Last night he was very feverish, and had a rigor. To day he was quieter. Skin cooler; tongue very furred; bowels confined. He took an egg and wine for dinner. When the leg was dressed to day, a large quantity of grumous pus was squeezed out.

July 11th. He was much improved. Skin cool; pulse quiet. He slept well at night without a morphia draught. He had a fair appetite. The leg was in a good position. The flaps were healing by granulations, leaving an open large pouch at the outer corner of the wound for free escape of discharge. The wound looked healthy; and the discharge was very free. The wound was dressed with myrrh lotion.

July 20th. He slept at night without a draught. There was not much discharge from the wound, as a small sinus and opening in the popliteal space effectually drew away the discharge.

Sept. 5th. The excision-splint, having galled him, had been left off, and the leg put up in gutta-percha splints. The leg was two inches and a half shorter than the sound one. Two or three sinuses remained about the knee-joint; and a gall on the inner side of the knee and one on the heel, from the pressure of the splint. He got up, and was dressed; was in good spirits, and took his food well.

Sept. 19th. The patient was up and about on crutches. The wounds on the leg had not yet healed; but they did not inconvenience him, except when dressed. A gutta-percha splint was to day moulded to fit the whole limb.

Oct. 10th. Three wounds on the leg still remained unhealed. There was a sinus leading to the head of the tibia, from which a thick pus, and a few days previously a small bit of dead bone, came. There was firmer union between the bones. A slight tendency of the tibia to bow out was obviated by a straight splint on the outer side of the limb. A straight splint was applied also to the under surface of the thigh and leg. He walked about on crutches.

Oct. 17th. Dead bone could be detected in the tibia; a small spiculum came away to day in the discharge.

Nov. 19th. All the wounds were healed, excepting the sinuses leading to dead bone around the knee-

joint. The leg was in very good position. Union was becoming firmer. The shortening was two inches and three quarters.



Fig. 17.

Dec. 31st. Mr. Swain removed some carious bone from the head of the tibia, leaving a moderately large cavity there.

Jan. 31st, 1865. The cavity was still discharging a quantity of offensive pus. The general health was very fair. He was discharged.

[At the present time this patient is much improved, and is able to walk very well on his high-heeled boots with the aid of a stick.]

[To be continued.]

**THE LEEDS INFIRMARY.** This handsome building which has just been completed at an expense of £100,000, is about to be appropriated for a short time for an exhibition of treasures of art, products of industry, and processes of manufacture, on a scale not hitherto attempted in the county. To accomplish this end a guarantee fund of £50,000, was solicited, and in less than a fortnight £85,000, was raised. It is expected that the fund will reach £100,000.

**THE WEEKLY RETURN OF DEATHS** in the metropolis up to Saturday last, shows an improvement of the public health. The mortality from cholera and diarrhoea was about the same—100 as compared with 101. The deaths from the two forms of the epidemic in the last five weeks respectively were 254, 199, 144, 101, 100. The majority of the deaths from cholera have lately occurred in Woolwich, where 73 persons have been cut off in three weeks. The Registrar General describes the peculiar circumstances of Woolwich, and attributes the outbreak to the insufficient water supply, the dirty and dilapidated condition of the houses of the labouring classes, and the unhealthiness of their sites. Cholera retreats but slowly from the large towns it has visited. Last week the deaths were respectively in Dublin, 82; Edinburgh, 36; and Liverpool, 14.



## Remarks

ON

## EXTREMES IN MEDICAL SPECULATION.

BY

THOMAS MAYO, F.R.C.P., F.R.S.

At the present moment, when cholera is subsiding in this country, and we may be expected to take account of the progress that may have been made towards its successful treatment, I will endeavour, not to express any opinion of my own, or to bring forward critical views, but, if possible, to lay down principles which ought to govern our inquiries. And it is expedient to review this aspect of the subject, not only in reference to cholera, but also to disease in general, if I am correct in my supposition that it is neglected to an extent most damaging to medical research.

All physicians embrace this view of therapeutics with a leaning in one of two directions, unless they fortunately take both. One of these is, the making good the remedies adapted to successful treatment, on a presumption that they form groups varying with different cases of disease, in relation to circumstances of season and place and prevailing *temperies aeris*, but with a strong expectation that their inquiry will end in the disclosure of specific remedies. The other method is a more seductive one, admirable indeed when successful; and the energy of hopefulness, which it suggests, certainly has some tendency to ensure its success. He who treads the path which I am now describing, whether as author or reviewer, enters through the same line of investigation as the first described; his remedies are grouped, and, if he can reason at all, he has some reason for each of them; but in the mind with which I am now dealing, often one endowed with conceptions stronger than perceptions, some one remedy occupies a larger share of his confidence than the rest in relation to its apparent claims; the question then ought to be present to his mind, what right the remedy so circumstanced possesses to be considered specific.

These remarks seem obvious, and may be called commonplace. They are not so; they point to a difficulty of immense importance in the inquiry which each physician has to make into the results of practice, both his own and that of others. I am anxious to avoid quoting remedies that have been brought before the public as more or less claiming the character of specifics in cholera, and have become, as such, the subjects of dispute.

In my own mind there rests a strong impression, that scarcely a single remedy has been propounded by wise and considerate men—and large is their number in the profession—which does not deserve a distinct placing and assignment in reference to cases in which it has done good, with cautious avoidance of overpraise. This lesson is, in truth, taught us by the smallness of number of those remedies which time has, in different degrees, constituted as truly specific.

Such are the considerations which enter into an adjustment of the value of the remedies lately found useful in one important disease. But analogy dictates some cautions in regard to principles which lie at the base of our general pathological estimate of treatment, which I think may well find a place here. If we are tempted by a laudable ambition to be easily satisfied that we have found specific remedies, it is not unnatural that we should occasionally maintain principles of practice with undue earnestness and exaggeration through successive epochs. And has not this been the case? Has there not been in the present century a most unphilosophical precipitancy in the medical rush out of a system of extreme depletion into a system of extreme stimulation? This is, I believe, widely felt by many, who feel also that it shackles the practice of nonconformists, and damages the practice of those who embrace the reigning excess. I believe it is also felt that the assertion of a change of type in disease does not explain the difficulties in which the rush from one principle of practice to its diametrically opposite involves our character as a scientific body. I have lived through one of the periods alluded to, and have witnessed its antagonist period; and I am strongly tempted to believe that, when the next change on this subject takes place, physicians will find it difficult to recover those *nuances* and shades of distinction, through which the sthenic and asthenic forms of disease were once distinguished by those out of the herd of *heroic* practitioners who recognised with any logical tact appropriate cases for the use of the lancet.

**THE CATTLE-PLAGUE.** The *London Gazette* contains an order in Council directing the Archbishop of Canterbury to issue a form of public thanksgiving for the cessation of the cattle-plague and the abatement of the cholera, to be used on November 18th.

**STATUE OF SIR HENRY MARSH.** On Friday week, the ceremony of presenting the statue of the late Sir Henry Marsh to the King and Queen's College of Physicians in Ireland, took place in the grand hall of the institution before a numerous and distinguished assembly. The President, Dr. Stokes, occupied the chair. Dr. Banks, in an appropriate address, presented the statue on the part of the subscribers, the President of the College signifying its acceptance in suitable terms. The statue is the work of Mr. Foley, and in its execution he seems to have eclipsed all his previous efforts. It is placed in the hall of the College, in which it forms a very attractive feature. The statue has been purchased by subscription, and has been presented by the body of subscribers to the King and Queen's College in Dublin, with which Sir Henry Marsh had been intimately connected during a great portion of his lifetime. The statue when unveiled formally was seen to be of life size. The figure appears in academic costume, and the likeness is excellent, the attitude being suitable and graceful, the only want being that which the art of the sculptor cannot supply—the brilliant eye, so well remembered as a feature of the living man. The occasion was rendered as imposing as it was interesting by the presence, in their robes, of the President of the College, Dr. Stokes, and the Fellows, nearly all the eminent medical men of Dublin being present to do honour to the memory of the physician commemorated. The body of the hall was crowded by members of the profession resident in Dublin and various parts of Ireland.



# Illustrations

OF

## HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

### BIRMINGHAM GENERAL HOSPITAL.

TWO CASES OF PARAPLEGIA: FROM DISEASE CHIEFLY  
CONFINED TO ONE-HALF OF THE SPINAL CORD,  
AND FROM THE EXTERNAL IMPRESSION  
OF COLD.

Under the care of JAMES RUSSELL, M.D.

THE former of the two following cases is interesting from the accordance it exhibits between the effects of disease and the results of experiments on living animals. Dr. Brown-Séquard, in his well-known *Lectures*, has collected a considerable number of similar cases in confirmation of the conclusions he derives from his experiments; and, although there was no *post mortem* examination in the present case, the symptoms agree so entirely with those observed in the cases and experiments just quoted as to justify a pretty decided opinion upon the seat of the disease; viz., that it was chiefly limited to one-half of the cord. The opposite half, however, was not entirely spared; and the interest of the case is thereby increased, from the relation observed between the paralysis and anaesthesia in the opposite limbs, in relation to the side of the cord chiefly affected, being strictly maintained also in relation to the opposite half of the cord, which had suffered to a minor degree.

It can hardly be necessary to observe that Dr. Brown-Séquard has proved that disease or injury limited to one-half of the cord is followed by paralysis of the corresponding limb, and by anaesthesia of the limb on the opposite side. Sensation is usually exalted in the paralysed limb; this was not the case here, because the other half of the cord was not perfectly healthy.

The lesion, whatever it was, no doubt penetrated to the grey matter; since, according to the same authority, sensation does not suffer unless the grey matter is implicated. The presence of exalted reflex action in the affected limb renders it probable that the posterior columns of the cord shared to some extent in the disease; alteration of the posterior columns, together with the grey matter, being stated by the authority I have quoted to occasion, besides paralysis and anaesthesia, increased reflex acts also in the affected part (p. 137). On this supposition, it would seem that the extent of lesion was very limited in a longitudinal direction also; since, if the whole of the lumbar swelling be affected in its posterior columns, reflex acts are annihilated. It is only with a very limited extent of lesion that they are exalted.

I would also notice another point of agreement between my case and Brown-Séquard's experiments. It will be observed that, in the senseless limb, the anaesthesia affected the thigh to a less extent than the leg. The same state has been observed when division of the cord has been effected very little above the place where the roots of the nerves which supply the posterior extremities emerge from the cord; the fibres of the roots of the nerves going to the remote parts of the limb, probably entering the cord below the section, whilst certain of those supplying the nearer parts of the same limb probably pass into the cord at the level of the division, and thus still transmit the sensitive impressions (p. 27). This explana-

tion accords with the probable seat of the lesion in the present case, as derived from other symptoms; and also with its probably limited extent in a longitudinal as well as in a transverse direction.

As respects the precise nature of the disease, all the evidence which can be obtained points to an inflammatory origin. The patient had suffered exposure to wet and cold—a circumstance well known as the frequent precursor of meningeal inflammation of the cord. I forbear to speculate on the cause of the singular limitation observed in the seat of the disease; venereal thickening, which occurs to the mind most readily, not obtaining any support from the patient's history, though still not beyond the limits of possibility.

CASE I. C. B., aged 31. The following was his condition when admitted. He was well made, muscular, and apparently in good health. The right lower extremity presented a considerable amount of paralysis. He could only drag his foot along the bed, and was quite unable to raise it. He could just creep along by the help of two sticks, swinging the affected leg forward by the action of his body. The left leg also was somewhat, but slightly, enfeebled. Attempts to move his limbs, especially the right one, caused violent tremors. He spoke of severe startings, chiefly of his right leg, which took place especially during the night, raising the limb from the bed. They were frequently noticed whilst he was in the hospital, especially during the process of dressing a blister. He said that he could not walk at all with his feet bare; because, when the feet were scraped along the floor, the startings of his legs nearly threw him down. However, we could not excite these reflex acts, neither by tickling, by twitching the hairs, nor by the current.

As regards sensation, the degree of its impairment was exactly conformed to the amount of paralysis in the opposite limb. The right being the limb principally paralysed, in the left, sensation was very feeble, as tested alike by contact, by tickling, by warmth, and by electricity; tickling the sole of the left foot caused a "curious sensation", quite unlike tickling, entirely contrasting, in this respect, with the opposite foot. The anaesthesia was less marked in the thigh than in the leg; it ceased entirely at the region of Poupard's ligament in front, and at the upper margin of the gluteal region behind.

On the right side, the anaesthesia of the lower extremity was slightly marked, in perfect accordance with the small amount of motor paralysis in the left limb. The patient could appreciate two points of the compasses at three inches distance, and soon after his admission at one; and slight contact was felt very distinctly. Over the inside of the thigh, where the anterior crural nerve is distributed, sensation was quite normal.

He had slight difficulty in micturition. His urine was quite healthy. The spinal column was healthy; in passing a hot sponge down the column, it was felt hotter above the sacral region.

The history which we received from the patient was the following. He is a gasman. He was in perfect health up to one Saturday night about fifteen months ago, when he was greatly heated by working for two hours charging his retort; and afterwards he was exposed to wet for five hours. He worked all the following night (Sunday), and went to bed at 6 a.m. on Monday, believing himself quite well; but at noon of the same day he was "that stiff and painful in his loins, that he could not stoop." He went out, but it was as much as he could do to drag himself home. Next morning, he found himself unable to use his right leg, and his left leg was numbed. During the following two months, the left



leg was weak, but subsequently regained strength. Coeval with the loss of power were the startings in his legs, chiefly in the right, already referred to. No further important change took place until his entrance into the hospital, where all treatment failed in effecting more than very slight improvement. There was no evidence of venereal infection.

The second case appears to be one of the class of paralyses in which the disease is to be referred to the impression of cold upon the peripheral extremities of the nerves. Cases of this description have lately been regarded with interest, on account of the theories which they have been cited to support. By some pathologists, among whom Dr. Brown-Séquard is to be distinguished, the paralysis is explained by a reflex influence exerted upon the vaso-motor nerves supplying the vessels of the cord, whereby contraction of those vessels is induced, and interference with the nutrition of the nervous tissue results. By others, among whom Dr. Handfield Jones is to be specially mentioned, an inhibitory influence exerted through the afferent nerves upon the ganglion-cells of the cord is adduced in explanation. To both, however, the starting-point is common; viz., the impression of cold upon the afferent nerves of the paralysed limb.

It must be admitted that the connexion of cause and effect is not complete in this particular case. The patient was unable to refer the attack immediately to a special exposure. The alternative explanation would be a subacute form of meningitis produced by exposure; and the history of the preceding case lends support to this view of the case. The symptoms, however, and the result of treatment, seem to me more consistent with the hypothesis I have adopted; and I would especially draw attention to the entire absence of any affection of sensation, though I am aware this is not conclusive.

CASE II. E. W., aged 18. He was a healthy-looking young man. He was quite unable to raise his feet from the bed, and could just creep along when supported by two persons. The girth of the left leg was half an inch less than of the right. Sensibility of the limbs was perfect as to contact, discrimination of the points of the compasses, heat, and electricity. Electro-contraction of the right leg was rather augmented, of the left was rather lessened. He had been entirely free from all abnormal sensations in his limbs, and from cramps and startings; only he had a sense of pricking when crossing his legs.

The sphincters were quite unaffected. The vertebral column was healthy, nor was any unusual effect produced by percussion, nor by the application of a hot sponge. His urine was perfectly normal.

His history was the following. In the course of his work, he has frequently to enter furnaces, for the purpose of repairing, very soon after they have been used, and whilst they are still hot. He gets much heated and wetted by the steam, and feels the cold very much when coming out. About six months before admission, he was at work all night in his wet clothes; but I do not trace any special consequence as the immediate result. About three days after, he was again wet through. Two or three days afterwards, he was obliged to leave work one morning on account of weakness in his legs; he walked flat-footed, and could not bend his feet. The left leg suffered the most. The paralysis steadily increased until it had assumed the condition observed at his admission. He had never had any venereal affection, and firmly denied having masturbated.

He was admitted on November 11th. He was ordered a warm bath on alternate nights, and active

friction of his legs, with a stimulating liniment. On December 5th, his feet and legs were directed to be immersed nightly in mustard and water, and a mustard plaster was applied nightly to the loins. One-sixteenth of a grain of strychnine was added to the steel mixture which he had been previously taking. Galvanism was continued (the date of its first employment is omitted). On December 16th, it is reported that he was able to support himself in a kneeling position. On that day the power of the current was increased; the dose of strychnine was increased to one-tenth of a grain; and a blister was ordered to be placed on each calf alternately for the space of three hours. Cod-liver oil was also added to his prescription. On December 26th, he stood with some help. The blisters to the calves were repeated for two hours, and the dose of strychnine was further augmented to one-eighth of a grain. On the 28th, he could walk a little; on January 20th he walked easily about the ward without crossing his legs; and on March 12th, he walked from the Convalescent Hospital, a distance of three miles. He was subsequently discharged cured.

### SALOP INFIRMARY.

#### CASE OF OVARIOTOMY.

By J. R. HUMPHREYS, Esq., Surgeon to the Infirmary.\*

J. N., aged 30, a thin and pale domestic servant, had always enjoyed good health until two years ago, and had menstruated regularly. She had an attack of erysipelas of the head and neck two years since; and when she was recovering from it, she felt a pain in the left side, and some weeks afterwards she noticed that she was larger than usual. This enlargement increased steadily, but slowly. She had no pain, excepting when she took a long breath, when she felt a dragging in her left side near the edge of her ribs. She had felt more or less uneasiness in this side during her illness. The abdomen presented the usual appearance of ovarian tumour. I tapped her in May, and gave exit to about two ounces of thick and dark grumous fluid. At a consultation, it was decided to remove the tumour.

Ovariectomy was performed on September 18th, under chloroform. An incision was made from the umbilicus to the pubes. The sac was found to be generally adherent; it was tapped with the large trocar, but nothing escaped. The incision was carried on to the ensiform cartilage. The tumour was surrounded with omentum at the upper part, to which it was adherent; it was with some difficulty separated from the omentum and from the walls of the abdomen; and, on lifting it out of its bed in the pelvis, the tumour fell over the right side, and tore the broad ligament close to and running into the body of the uterus. Blood was poured out freely from this rent, and from another higher up the pedicle. A clamp was put on, and the tumour separated. The actual cautery was applied freely and deeply to the rents before the bleeding was stopped; the end of the pedicle was also seared with the cautery; and, after the clamp was removed, it was returned into the pelvis. Some vessels in the omentum were twisted. The peritoneal cavity was cleaned out, as well as the surface of the liver. The left ovary was found to be healthy. The sides of the belly were closed with fourteen silk sutures, deep and superficial alternately; pledgets of lint were applied over the part, and plaster surrounded by a flannel bandage.

\* Read at the meeting of the Shropshire Ethical Branch, on October 1st, 1866.



The tumour consisted of two cysts, one large, and a small one with solid matter at the base; it weighed 18½ lbs., and was filled with a dark thick fluid, very like boiled glue.

She was sick, pale, and very much depressed, for some hours after the operation; and complained of pain in the back.

5 P.M. Pulse 129; respirations 60 in the minute. Ice and champagne were ordered. A suppository of a grain of muriate of morphia was administered.

9.30 P.M. She felt more comfortable, was less sick, and had less pain. Pulse 114; respirations 40; skin moist. A catheter was used.

Sept. 19th, 8 A.M. She was very comfortable; slept well during the night; was not sick. Pulse 120, small; skin moist. She was not in much pain. Her countenance looked less anxious. She took wine, ice, and grapes.

9 P.M. She had had a comfortable day, but had slight hiccup to-night. Pulse 132; respirations 36. She was ordered to have a suppository.

Sept. 20th, 8 A.M. She had been in pain in the night. The abdomen was distended and tympanitic. She vomited once, and had hiccup. Her countenance was anxious. Pulse 106; respirations 34. She was ordered to have brandy and water in small quantities frequently, and a grain of solid opium every three hours.

9 P.M. She had been very uncomfortable during the day, sick, and in pain; the abdomen was very much distended. The suppository was administered in the afternoon, and she was easier to-night. She had slept soundly, and was perspiring freely, and was not so sick. She took gin and water. Pulse 114; respirations 30. The countenance was less anxious; hiccup troublesome; urine plentiful.

Sept. 21st, 8.30 A.M. She had passed a quiet night, slept well, and perspired freely. She had been sick once. Pulse 114. She began to menstruate last night.

*Vespere.* She was in more pain in the bowels, which were tympanitic. An injection with brandy, beef-tea, and opium, was ordered, which came back, and the bowels acted. Half a grain of muriate of morphia was injected subcutaneously, which secured a good night. The hiccup was troublesome.

Sept. 22nd. She was better, and was ordered to have the injection repeated, and to take the opium every fourth hour.

Sept. 23rd. She had a comfortable night. Pulse 100; respirations natural; skin moist; belly natural. She had an egg and coffee for breakfast. The sutures were taken out. The wound healed by first intention, excepting two inches at the top, which had been torn open by the retching, the suture having been torn through one side. She had fowl for dinner, and a glass of wine.

Sept. 25th. She was doing well, and took her food, with beer for dinner. She was ordered to take the pill every six hours.

Sept. 27th. She was comfortable, and was ordered to take the pill three times a day.

Sept. 29th. She had her bowels moved three times last evening; was awakened in the night with pain in the bowels, which was relieved by an opiate. To-day she was very comfortable, and had a chop and wine. She was ordered to take the pill twice daily.

Oct. 1st. She was going on very well. The bowels acted last night.

Oct. 5th. She rose from her bed for a short time; took nourishment well.

Oct. 6th. She sat up.

Oct. 11th. She walked out.

Oct. 14th. She was well; and the next day she left the infirmary.

## Original Communications.

### THE TREATMENT OF CANCER BY INJECTIONS.

By CHARLES H. MOORE, F.R.S., Surgeon to the Middlesex Hospital.

THE ingenious method of treating certain cancerous tumours communicated to the Association at its last annual meeting by Dr. Broadbent, could not fail to awaken very great interest, because of the singular nature of the novelty and of the success attending it. It is strangely novel, inasmuch as it chemically dissolves the cancerous cell in the midst of the tissues; and it is strangely successful, for it has effected the absolute dispersion of small cancerous tumours, without destroying, as caustics do, the natural textures in which the tumours lay. Both these facts I happened to have the opportunity of demonstrating; and I took occasion to bring them before the Pathological Society of London at its first meeting in the present session.

The introduction of this method constitutes a most important epoch in the treatment of Cancer; for the acid is as nearly a specific against the disease as anything can well be—a specific, happily, which is, in a great degree, intelligible in its action, a specific without a mystery.

Like all new remedies, its value needs exact estimating. It is capable of doing certain good; its applicability is still uncertain. There are situations in which difficulties of manipulation may prove insuperable, and the remedy cannot be brought into action against the disease. There are conditions of bulk in some cases, which we do not yet know that a remedy so slow in its action can overcome. There are also misconceptions in our own minds as to the extent to which the disease is diffused; for disappointment consequent on which no remedy is answerable. Acetic acid dissolves cancerous tumours, and the absorbents may remove the inert remnants of it; but the acid does not change the disseminating power of the disease. If fragments be left beyond the limits of a tumour, they will grow again, whether the main mass have been cut away with the knife or dissolved away with the acid.

Again, there are dangers to the reputation of the acid as a local remedy which are incident to its misuse. If employed too strong, it acts as a caustic, and produces sloughing; only in a certain degree of dilution is the proper action obtained which was contemplated by Dr. Broadbent.

I have been led into these remarks by the present interest of the subject; but my intention in writing was to refer to the questions raised in the letter of Dr. John Barclay of Banff. Who originated, in whole or in part, the method of treating Cancer by injection of acetic acid? No one can deprive Dr. Broadbent of the credit of the treatment as a whole. He devised it; he employed it; he published it. But others are answerable for the parts; for detecting the action of acetic acid on cancer-cells; for employing it in the living patients; for the invention of the syringe and cannula for subcutaneous injections; and for adapting them to throw remedies into the substance of a cancerous tumour.

Dr. Barclay claims to have originated the use of acetic acid in Cancer; and he assigns to me the



credit of having first treated Cancer by injection. I do not know whether either claim can be substantiated.

That Dr. Barclay's suggestion was independent and original, I have no question; it needs only to peruse the account of his valuable comparative experiments with the citric, acetic, and carbolic acids, to perceive that he had obtained good results from the use of acetic acid in Cancer in the living subject. I was aware of his observations, having carefully read his paper at the time of its publication, and afterwards employed the carbolic acid, according to the form he recommended, on some of my patients at the Middlesex Hospital. Nothing was further from my intention than to ignore Dr. Barclay's work, of which I do not doubt that, as it certainly contributed to our knowledge of the use of acetic acid, it may also have led up to the choice of it by Dr. Broadbent. It was in connection with the method of injecting cancerous tumours, not with the superficial treatment of them when ulcerated; and it was in contrast with my own injections of other substances, that I referred to Dr. Broadbent's happy selection of the acetic acid.

This acid had, in fact, been thought of, and actually used, in the treatment of Cancer before 1866. My former colleague at the Middlesex Hospital, Mr. Mitchell Henry, when he had not yet condescended from Surgery to Politics, was in the habit of giving it to his Cancer patients as an internal remedy, on this very account of its action on the cells under the microscope. Mr. Henry retired from the profession in 1862. And I was once informed by Mr. Charles Hawkins, that Sir Benjamin Brodie used this remedy in the local treatment of an open Cancer of the breast. Dr. Barclay has had the satisfaction which always accompanies the exercise of ingenious and original thought, and that of extending our knowledge of the action of acetic acid; but it does not appear that he has the additional pleasure of having been the first to discover its usefulness in Cancer.

My own connection with this treatment is not that of an originator. At least, I did not, in my remarks on October 16th, intend to make that claim. I said that, "as the hypodermic injection-syringe was so much in use at present, it would be surprising if it were not employed in the treatment of Cancer." And I said, speaking inexactly, that I had for a year or two, or a year and a half, been trying various remedies introduced in this manner in the treatment of that disease.

Whether I really first used injections in the treatment of Cancer I do not know. In a London hospital our proceedings are so public, that that which we originate may be adopted by others as usual treatment, and may be afterwards published without reference to the inventor, and certainly without the intention of depriving him of the credit of his thought. But Dr. Barclay's letter has led me to refer to my notes, and to cull from them the following history of my doings.

In a clinical lecture on Surgery, which I delivered on June 30th, 1860, I detailed a case of *Lupus exedens* in a young woman, which had destroyed the tip and one ala of the nose, had split the lip, and extended far into the nostril. After failing to arrest the disease by ordinary treatment and superficial caustics, I injected, at Mr. De Morgan's suggestion, perchloride of iron into the tissues beneath the disease. At that part the *Lupus* was stopped; elsewhere it went on. In the same lecture, I suggested that the plan was applicable to the treatment of Cancer. My first application of the method of injection to Cancer is thus due to advice from Mr. De Morgan in what was practically a similar disease. And I am disposed to

attribute to this hint from him the direction of my thoughts to that treatment of Cancer by zinc after incisions, which I adopted first in a vast *Rodent Cancer* of the face, and which has been since frequently practised for those gigantic ulcers with surprisingly successful results. My first patient so treated lived in comfort for three years, until the age of 75; and I presented her before the British Medical Association at its meeting in the College of Physicians in London. The same hint, and its result in the cases of *Lupus* and *Rodent Cancer*, led me on to apply solid zinc and zinc paste to the wound after removing a cancerous breast; but, in Mr. De Morgan's mind, his thought produced the more practically and widely useful plan of treating all wounds, cancerous or not, with the zinc in solution.

I next find in my notes sundry thoughts on the Treatment of Cancer, from which I extract the following.

"*Treatment of Cancer.* It seems to me clear that our methods of treatment for cure fail for want of quantity and continuousness of application. Some medicines cannot be administered in more than a small dose; and we already know that within the limits of their tolerance by the system they are useless for the cure of Cancer. Of this kind is arsenic, which influences solid new growths, but kills without curing.

"But if we would alter cell-growth in the body, we must have a long continued stream of the medicinal agent flowing through the Cancer. It might be introduced through the skin, as by a long residence in a bath of it, or by wearing it inside a caoutchouc dress. It might be made to saturate the liver by profuse and repeated enemata. It might be inhaled. Only, whatever the substance chosen, there should be enough of it, and it should be long continued.

"Whether the Cancer be at first local or constitutional, it is usually already diffused through the system when Surgeons operate. From its earliest existence, a cancerous tumour contaminates the system and invades adjoining tissues. These are its first victims, and glands next, which have no power to eliminate its surplus or refuse. Are we then upon the right track in merely extirpating the tumour? We know nothing of a constitutional remedy; have we the completest local one? Subcutaneous injection might do with local deposit what other organs could not—neutralize, dissipate, render it innocuous.

"We want not merely to extirpate the tumour, but to remove adjoining blastema. Could acetate or perchloride of iron, or chloride of zinc, or chlorine, or what not, much diluted, be driven into the tissues all round a growth, beneath it, into it? The tumour might be injected with undiluted, the tissues with diluted solutions. And, after a cutting operation and cicatrization, could the same be done with the whole region?

"Slow daily injection, as diffuse as emphysema, to wear out the propensity to the disease or to destroy the material of it.

"What is wanted to destroy the tendency to recur in tissues and in glands, is a cutaneous and subcutaneous application of the chloride of zinc. The skin should be soaked in it; the subjacent tissues flooded with it, until the Cancer growing elements wear out. The whole region leading to the axillary gland should be acted on, and the tendency of Cancer of the breast to grow towards the clavicle should be observed.

"Should this seem effective, some less painful way of arriving at the same result might be discovered.

"If it saved from recurrence, it might also be of service to destroy a young growth, when extirpation



was objected to. The progress to glands by the natural circulation would be the means of acting on them, if not diseased; but if diseased they also should be punctured.

"In the beginning of such treatment of the primary tumour, would any advantage come from underbinding the absorbent vessels below the edge of the pectoral with a wire ligature; so only as to interrupt the current, but not to obliterate and cut through them, as in varicocele? The changes in the primary tissues would perhaps be more complete, if the injected liquid or gas did not so readily run off by those vessels."

Though these suggestions were committed to paper from time to time as they occurred to me in 1859-64, I did not put my thoughts into execution until 1865, when I had some syringes and sharp-pointed cannulae prepared for the purpose. I first injected into an advanced case of epithelial Cancer of the face a solution of twenty grains of the chloride of zinc to the ounce of water. The effect was severe pain, which was over in an hour and a half, and cedema around the diseased parts which were infiltrated with the liquid. I have not kept the date of this operation.

The next case was one of Cancer of the breast, sent me by Dr. Rowe of Margate. The disease was in an advanced stage, and unfit for ordinary operations. My report of the injection is as follows.

Nov. 10th, 1865. The parts being all quiet, though the dull vascularity of the skin towards the sternum continued, I made the first injection to-day. Having a long silver cannula, steel pointed, screwed on a vulcanite syringe, and in order, I filled it with a solution of chloride of zinc in distilled water, of the strength of one grain to one ounce. Then, introducing the cannula about an inch from the middle of the sternum below the red part, I slowly thrust it up in the subcutaneous tissue for two inches. I held it steady for a minute or two, that the bleeding in the track of the puncture might cease, and then slowly injected three drachms of the solution. No hæmorrhage occurred; the fluid formed a long bulging prominence, which soon spread out and lost its tension; and, on withdrawing the cannula, no fluid escaped. I dressed it with collodion. The puncture hurt a good deal; and she complained of the stinging of the solution the instant I began to inject it. This latter pain was at once relieved when the cold collodion was laid on, but it returned, and then gradually lessened.

Subsequently, within a brief time, the pain recurred and became severe. It kept her awake till 3 A.M.

Nov. 11th. There was swelling over the injected spot and along the chest for two or three inches towards the axilla; redness of the skin from the same spot over the fold below it to the furrow next adjoining; much tenderness over the spot and soreness to the mesial line, the inner end of the right clavicle, and rather beyond the redness outwards. No inconvenience in the armpit or tumour. She had suffered so much that she determined to leave to-day. Lest the injected spot should suppurate, I ordered a lead lotion, and requested her to show it on Monday.

Nov. 13th. She returned to the hospital to-day before going to the country. The redness and swelling had much diminished, and they were now chiefly concentrated over the small remaining swelling from unabSORBED injection. This part was still, but much less, tender; and the integument over it seemed a little more supple than before the injection was made. There was now no more appearance of suppuration.

This excessive and long continued pain, which had led to the patient's abandoning the plan of

treatment, may have been simply due to the chloride of zinc as such. Or it may have been more than usually severe on account of the contact of such a liquid with the deep surface of over-vascular and over-sensitive integument. Or it may have been the result of throwing in a quantity so large as to keep too much in contact with the tissues, and for too long a time.

In the first case, it is remarkable that the pain should have continued so long with one grain to the ounce, whilst with twenty grains to the ounce the pain was over in an hour and a half. In this latter, however, I threw in two drachms of the liquid, of which not more than one drachm remained. The result, both in that and in this case, was inflammation, without suppuration, and in each patient it far exceeded what I desired to produce; namely, a modification of the nutrition of the local textures. Nevertheless, I have confidence in the zinc, if it be reduced to a bearable strength. I had a solution of pure chlorine prepared, hoping to try it in Mrs. P.

In the second case, the pain may be evaded by making the injection under uninfamed skin, and parts having no tenderness. It is worthy of special notice, that though so irritating, the solution was not of a kind to produce suppuration; a fact closely corresponding with Mr. De Morgan's observation of the result of applying zinc on raw surfaces. It prevented the formation of pus, even by a tissue already prone to it.

The third suggestion refers also to what may be avoided in future. Whatever liquid I may throw in, which is capable of producing irritation, must be in quantities not exceeding a drachm, and half a drachm might be better. By one puncture in the skin half a drachm might be thrown in in different directions, the north, east, south, and west, of the compass. When thus brought into contact with more tissue, there is more probability, both of its early diffusion and of its speedy chemical union with the albumen of the tissues.

Feb. 10th, 1866. Mrs. P. was sent back by Dr. Rowe. She had lately lost some sloughs from deep parts of the breast, which she extracted through the chinks. At the bottom of these were now deep clean cancerous ulcers. She suffered much during their detachment. The whole mass was smaller than it had been, and looked quiet. There was no increase of the axillary disease, and she suffered little at present. The injected spot was not now larger than an almond, was red on the surface, was tender, and fluctuated.

After this, I made trial of a still stronger solution of the chloride of zinc. The case was one in which Cancer was recurrent in the cheek after an operation. I extract from my notes the account of so much as relates to the injections.

Dec. 21st, 1865. The wound was granulating healthily in all but two parts; at the lower lip and along an inch of its lowest edge. At both these parts, the granulations are prominent, the skin firm, and the appearance cancerous. I injected chloride of zinc, forty grains to the ounce, into and beyond the cancerous parts; introducing the sharp fine cannula on the granulating surface and injecting in various directions a few drops of the liquid. Very sharp pain (he compared it to an adder's sting) immediately came on, and continued more than two hours. The next day there was whitening of the cancerous granulations without slough, and some cedema and trifling swelling of the lips and cheek, and of the neck near the lower injected edge. The day following it had nearly subsided.

Dec. 25th. The injected parts had dried, shrunk, and apparently sloughed.



Jan. 4th, 1866. I removed a thick large slough, the remains of tissue killed by the injection.

Jan. 8th. I endeavoured to inject into the healthy tissues of the lower lip, through the doubtfully diseased granulations of that part, a little of the filtered sediment of liq. calcis. Through one aperture, I pushed in two directions half a drachm or less; but the third puncture was useless, as the cannula became clogged, and the clear liquid oozed through at the joint under the pressure I used against the piston. None of the material passed into the tissues.

Jan. 15th. Little result; only trifling swelling. Cancer remains in the anterior part and rather increasing. I injected a saturated solution of sulphate of iron, which stung, but in a different way from, and less severely than, the chloride, and continued more than an hour. The result was an ink-black slough of the injected part.

Since writing the principal part of this communication, I have become aware, by a letter in another journal, that Sir James Y. Simpson must be regarded as the author of the method of injecting medicinal substances into tumours, as he actually practised it with success about ten years ago. This announcement renders further discussion of the priority in originating that method unnecessary. My observations on the subject may nevertheless appear to you worthy of consideration for their own sake.

## Progress of Medical Science.

### ANATOMY, PHYSIOLOGY, & PATHOLOGY.

**PATHOLOGY OF CEREBRAL SOFTENING.** Two Parisian hospital internes, MM. Prevost and Cotard, have diligently availed themselves of the opportunities afforded them during their residence at the Salpêtrière, of studying the pathology of cerebral softening. In addition to noticing the appearances presented in the brains of persons dying with softening of the brain, they have, by the advice of M. Vulpian, produced artificially in animals some of the symptoms attending this morbid condition. Their researches, and the conclusions derived therefrom, were last year communicated to the Société de Biologie, and have appeared in various numbers of the *Gazette Médicale de Paris* for the present year. Their object, they state, has been to determine the true relation of obstruction of the blood-vessels to cerebral softening. No one, they say, denies in the present day, the part which obliteration of the vessels plays in the production of softening of the brain; but are all cases of softening to be attributed to this cause? Having related and commented on a number of experiments and *post mortem* examinations, and given a general summary of the results, MM. Prevost and Cotard remark, that they have not studied every point in the history of cerebral softening. This was not their intention; their purpose has been to offer some new considerations, and to elucidate some still obscure points. They have taken no notice of the various kinds of inflammatory softening. The following are the principal conclusions at which they have arrived.

Experiments on animals (consisting in the injection into the vessels of lycopodium or snuff) has enabled them, by means of these artificial emboli, to produce softening identical with that which is observed in man, and to follow its progress through various stages. In this way they have been able to study the hyperæmia which is first produced, the ne-

crobiotic\* degeneration which follows, and, finally, the production of connective tissue and the formation of yellow patches which belong to the third period of softening. Analogous experiments have already been made by MM. Virchow, Cohn, Panum, etc.; but the procedures employed by them have produced death too rapidly to allow them to study softening in its different phases. From their experiments, MM. Prevost and Cotard have ascertained that ordinarily a distinct congestion is produced at the points where the obstructed artery is distributed. The cause of this hyperæmia it is difficult to determine at present; but, whatever may be its mechanical cause, the hyperæmia of red softening must be considered as of an entirely different nature. As early as the third day, there are present well defined granular bodies, and a large number of fatty granulations not yet agglomerated; these are collected around the capillaries, forming, as it were, a sheath to these vessels. In some instances, the walls of the capillaries have presented consecutive granular and fatty degeneration; and, in one case, dissecting aneurisms were formed. In a dog which survived the experiment fifteen days, a true yellow patch was found in the cerebral convolutions.

The study of cases at the Salpêtrière, in which cerebral softening has been found after death, has led the authors to consider the process very analogous to that which they have artificially produced in animals. The necrobiotic process has appeared to them almost always to depend on arrest of the cerebral circulation, varying in origin; and they have observed a certain relation between the various forms of disturbance and the characters of the softening. The disturbance of the circulation sometimes arose from obstruction of an artery by a thrombus or embolus; sometimes from atheromatous degeneration of the cerebral arteries; sometimes, perhaps, from more or less general capillary embolism. In two cases, no cause could be ascertained; but perhaps the arterial obstruction escaped notice. None of their observations have led them to infer with certainty that softening has been due to atheromatous degeneration of the capillaries; this degeneration may be consecutive.

Phenomena of irritation are sometimes added to the process which essentially constitutes softening. In some instances, inflammation and suppuration took place around the infarctus formed in dogs; and the authors endeavour to trace a relation between these phenomena and the production of false membranes on the dura mater at the level of old foci of softening.

In speaking of the symptoms, they point out that the attacks of vertigo and the apoplectiform paroxysms followed by rapid death without lesion of the nervous centres, which most authors have ascribed to congestion, are due to impeded cerebral circulation. They endeavour to establish a direct relation between the intensity of the attack and the extent of the interference with the supply of blood; and they show that both thrombosis and embolia may give rise to sudden death. Regarding paralysis, spasm, and other symptoms of softening, they have but little to add to what has already been said by other authors. The paralysis, they find, most frequently sets in suddenly, and rarely follows a progressive course; hence no diagnostic value can be attached to this symptom. Examination of the temperature of the rectum in some instances, and the information on this point which the authors have derived from M. Charcot, leads them to conclude

\* Necrobiotic (Fr. *nécrobiotique*), from *νεκρος*, dead, and *βίος*, life, a term denoting the death of tissues during the life of the individual.



that the temperature of the body is not essentially raised during cerebral softening; and hence that, if inflammation have any share in the process, it must be altogether secondary. It would, they observe, be interesting to make a similar series of observations in cases of inflammatory softening. (*Gaz. Méd. de Paris*, 14 Juillet, 1866.)

**CERVICAL FISTULA.** Dr. Heusinger relates two unusual cases of this malformation. One was met with in a girl, aged 15. The cutaneous orifice of the fistula, having a diameter of about one-fifth of an inch, was situated at the upper edge of the sternum, near the sterno-clavicular articulation, and the inner edge of the sterno-mastoid muscle. It was hidden by a kind of flattened dentated cutaneous lid, nearly a quarter of an inch long, directed downwards and outwards. The canal of the fistula was nearly nine-tenths of an inch long; it was directed vertically upwards and ended in a *cul-de-sac* having a diameter of two-fifths of an inch. Behind the canal was a long projection from the upper part of the sternum, close to its articulations with the clavicle, nine-tenths of an inch long. In a second case, occurring in a little girl 7 years old, the external ears, especially the right, were slightly malformed. On the left side, nearly one-fifth of an inch above the thyroid cartilage, was a small orifice, surmounted by a projecting crest of skin three-fifths of an inch in length, in which there was a particle of bone or cartilage, thick posteriorly, where it was attached to the sterno-mastoid, and pointed in front. The orifice led into a canal which proceeded towards the pharynx, above the hyoid bone; no internal opening could be found. (*Virchow's Archiv*; and *Gaz. Méd. de Paris*, June 16th, 1866.)

### SURGERY.

**ANKYLOSIS OF THE LOWER JAW: RESECTION OF A WEDGE OF BONE.** In 1860, M. Boinet operated on a little girl for immobility of the lower jaw, following gangrene of the mouth. The operation performed was that of Rizzoli, which consists in making a simple incision in the jaw. Matters appeared at first to go on well; but at the end of three months, the divided portions began to unite, and in eight months there was complete consolidation. A new operation was then performed, being a modification by Esmarch of that of Rizzoli, and consisting in the removal of a wedge-shaped piece of bone, with the base at the lower border of the jaw, and the apex at the alveolar ridge. The operation was performed in June 1863; and, six weeks or two months afterwards, the patient could eat any kind of solid food. In the beginning of September 1866, she died of phthisis, having up to the time of her death retained the mobility of the jaw. On examination of the bone, which M. Boinet exhibited to the Surgical Society of Paris, it was found that there was false ankylosis between the two divided portions of the bone. The fragment on the side where the excision had been made was much arrested in development, and the muscles inserted into it were atrophied. (*Gazette Médicale de Lyon*, October 1st, 1866.)

**PROLAPSUS OF THE URETHRA IN CHILDREN.** M. Guersant says that prolapse of the urethra, although scarcely if at all described in surgical works, is not a very rare affection in female children. During twenty years of practice, he has seen it in at least twelve or fifteen patients, aged from 2 to 12 years. The causes of the prolapsus have appeared to him to be, the paroxysms of whooping-cough, or the frequent cough of bronchitis, or constipation demanding violent and

frequent efforts at defæcation; and also general debility, as during prolonged convalescence from acute diseases, and often in the course of chronic diseases. The patients make but little complaint. Sometimes, however, the desire to pass urine is frequent, and some scalding is felt during the flow. When the labia are separated, the vulva is generally seen to be of higher colour than is normal. At the urinary meatus, there is a small rose-coloured mucous tumour; it appears to proceed from the interior of the canal, and has in its centre an opening, into which a catheter can be introduced, on doing which its nature is at once recognised. The tumour may remain stationary a long time; but sometimes it enlarges slowly, and discharges a sanguineous exudation, afterwards a purulent serosity. It increases in size, and sloughs superficially: the neighbouring parts become inflamed, and vulvitis is produced. The exudation may increase without causing much pain; but the child has heat and smarting in passing urine. M. Guersant has not seen any of these tumours which had been left to their own course for a very long time; but he believes that, at length, they would sphacelate in whole or in part, and give rise to a sero-purulent discharge. The tumour may be confounded with urethral polypus; but, on attentive examination, it will be found that the polypus presents itself in the form of a more or less pedunculated tumour, the pedicle of which reaches within the canal, while the prolapsus has the form of a very small swelling surrounding the meatus urinarius—resembling, on a small scale, prolapsus of the rectum. The only method of giving prompt relief is excision. It is not necessary to use an anæsthetic, unless the child be timid and difficult to manage. The patient is placed at the edge of a bed; the thighs are held apart, and the labia are separated so that the surgeon can plainly see the tumour, and draw it down gently by means of a loop of thread. It is then cut off by means of curved scissors. There is little hæmorrhage, and it is easily arrested by the application of cold water: if not, an aqueous solution of perchloride of iron may be applied for a few moments. Cold water dressing, and a few applications of solid nitrate of silver, are sufficient to produce cicatrisation. The patients have for a few days some pain in passing urine; but this subsides. In one case, the hæmorrhage could not be arrested by perchloride of iron; but M. Guersant succeeded by applying ice for twenty-four hours over the hypogastrium and to the vulva. (*Bull. Génér. de Thérap.*, 15 October, 1866.)

**TREATMENT OF CEPHALHÆMATOMA BY COLLODION.** M. Dumas of Montpellier treats cephalhæmatoma by the application of collodion. After puncturing the tumour when it is large and several days old, or even without this, a thick layer of collodion is laid over the whole surface and a little beyond. In drying, the collodion exercises a moderate and equal pressure over the entire mass. On the next and following days, fresh layers of collodion are applied over the old ones. The tumour soon diminishes, and the collodion becomes loosened, and may be removed. A fresh dressing of collodion is applied, and is renewed every day until the tumour has completely disappeared, which generally takes place before the fifteenth day. The children bear the application very well, notwithstanding the painful impression of cold, and the slightly irritating action of the liquid used. The greatest inconvenience attending the treatment is, that the hair falls off where the collodion has been applied; but it soon grows again, and in a short time no trace of the disease is left. (*Bull. Génér. de Thérap.*)



ELECTION OF EDITOR.—DR. MARKHAM *having resigned the Editorship of the BRITISH MEDICAL JOURNAL, the COMMITTEE OF COUNCIL will meet at Birmingham on Thursday, the 22nd of November next, to fill up the vacancy. Communications on the subject will be received by the Secretary, MR. T. WATKIN WILLIAMS, 13, Newhall Street, Birmingham.*

## British Medical Journal.

SATURDAY, NOVEMBER 17TH, 1866.

### THE INTERNATIONAL SANITARY CONFERENCE.

HAVING considered the early history of the Asiatic cholera, its probable origin in India, where it is permanently endemic; its aggressive character as regards not only the neighbouring, but far distant countries, since 1817; its very frequent recurrence in Persia; its yearly importation by pilgrims into the Hedjaz; its constant existence in the endemic form in the delta and some portions of the valley of the Ganges; and the inadequacy of the causes commonly assigned in explanation of its habitual prevalence there,—the Conference proceeded to inquire into the circumstances which favour its development and propagation in India. Baffled in their endeavours to ascertain and single out any such exciting causes in the endemic foci, where, *à priori*, their isolation promised to be most easy, but where, in point of fact, the endemic and epidemic dovetail so inextricably into each other, that it is impossible to determine which conditions favour the one, and which the other; and convinced that no special part in the development of epidemics can be assigned to the unwholesome emanations from the alluvial deposits of the Ganges, inasmuch as the same development takes place elsewhere under exactly opposite conditions of soil and climate,—they directed their attention to the influence of season. The result of their inquiries is that—except in the north-western provinces, where the greatest epidemics, particularly that of 1861, have raged from July till the beginning of winter—the cholera prevails epidemically during the hot season (from April to August). In Calcutta, Bombay, and Madras, at the present day, as at Chittagong, Patna, and Kishnagur in 1817—in short, over the greater part of India, as indeed everywhere else, the hot season exercises an influence favourable to the epidemic development of cholera. This, however, as liable to many exceptions, cannot be regarded as the actual cause of its epidemic extension.

Declining the profitless task of discussing a multitude of conditions more or less favourable to the epidemic spread of cholera in India, the Conference

next inquired into the influence of *great assemblages and migrations of people*, and especially of those pilgrimages which take place at fixed periods in various parts of the peninsula. Among the most sacred of those places where “holy fairs” are held, are Hurdwar, Ramdeo, Muttra, Ajudhia, Allahabad, Mirzapoor, and Gya, in the North; Balasore, Mahadeo, and Poorie or Juggernath in Orissa, between Calcutta and Madras; Trivellore, Tripetty, Conjeveram, Seringam, and Ramiseweram, in the Madras Presidency; and Dakoor, Kodunpoor, Sholapoor, and Sungum, in the Presidency of Bombay. A glance at Hurdwar, Juggernath, and Conjeveram, which are the most important of these holy places, will show the connexion that subsists between these vast periodical gatherings and the development of epidemic cholera.

On the banks of the Ganges, about ninety miles to the south-east of Simla, stands the small town of Hurdwar. Just there the sacred river breaks forth from its Himalayan cradle, and sweeps along through the spacious plain. The spot, which is called the “Gate of Vishnu”, is one of surpassing sanctity, healthiness, and beauty. To it, as to another Bethesda, multitudes of halt, maimed, and withered, repair each April, to bathe in the hallowed waters as they issue from their mountain home. But these, great as is their number, form but a small proportion of the enormous throng, which is made up not only of worshippers, but of traders, from all quarters of India, from the Punjab, Afghanistan, Turkistan, Bokhara, Tartary, Persia, and Arabia. The most propitious season for the festival occurs, according to the astrological calculations of the Brahmins, every twelfth year, when the concourse greatly exceeds the ordinary attendance. In the year 1783, on one of those auspicious occasions, between one and two millions of people were congregated together. “An easterly or land wind,” says Jameson in the Bengal Report (p. xvii), “springing up during a hot night, soon after the commencement of the ceremonies,” the disease suddenly broke out among those assembled myriads, and spread with lightning-like rapidity on every side, converting the whole encampment into one vast lazaret-house, and cutting off, in less than eight days, above twenty thousand victims. “But so confined was its influence,” adds Mr. Jameson, “that it did not reach the village of Juwalapoor, only seven miles distant; and ceased immediately upon the concourse breaking up on the last day of the festival.” There is now an outbreak of the disease almost every year on occasion of the fair, but it no longer subsides so rapidly as in 1783.

We cannot refrain from adducing two instances not referred to by the Commission, on account of the very striking points both of resemblance and of contrast which they present. At Tutocrin, situated about seventy miles from Cape Comorin, a vast mul-



titude assembles every spring for the pearl fishery. In March 1822, the pestilence made its appearance there while more than 100,000 persons were collected together. "Many of these," says Mr. Scot (Madras Report, p. xiii), "were travellers from distant parts, most of them exceedingly poor and badly fed, miserably accommodated in temporary huts, exposed to great heat during the day and to heavy dews at night; the water of the place was brackish; and the opportunities for intemperance numerous, and pretty generally within their reach. The occupation, too, of a considerable proportion of these people, as boatmen, fishermen, and divers, would seem peculiarly to have exposed them to attacks of cholera; yet, notwithstanding all these circumstances, the disease did not gain much ground: not more than 187 died of it out of that immense multitude, about 443 persons having been attacked; *it disappeared in April, with the breaking up of the fishery.*" On the other hand, Mr. Coates, who accompanied Mount-Stuart Elphinstone and his retinue (amounting to about 1,200 persons) on a tour into Kandeish, during July and August 1818, when the disease was ravaging the whole of that country, states (Bombay Report, p. 150) that "at Punderpoor it made its appearance at the time of the Great Jatra, and was spread at once in all directions by the pilgrims returning to their homes. The poison," he adds, "would seem to have been more concentrated there, from there being so many sources of production; the number of deaths in a few days was estimated at 3,000, and the patients are described as having been knocked down dead, as if by lightning." In reference to the same epidemic, Captain Sykes writes (Bombay Report, p. 116): "I have seen the malady under three distinct shapes: first, where the victim, in previous robust health, is struck senseless; of this I had five cases in my camp. . . . When the disease first commenced its ravages at Punderpoor, it must have been under this form, for 350 people are described to have died in one day, tumbling over each other lifeless in the public streets."

Juggernath or Poorie is situated on the flat coast of Orissa, at the north-western portion of the Gulf of Bengal. The lofty pagoda is used by our sailors as their principal sea-mark in guiding them to the mouth of the Ganges. The ordinary population of the town of Poorie, which is about 35,000, is swollen during the months of June and July to a hundred and fifty or two hundred thousand by the influx of pilgrims and religious mendicants, who have come from all quarters to worship the "Moloch of the East". Of this worship, which for vice and horrid cruelty, for moral and physical uncleanness, has long been a proverb and a byword among civilised nations, we need only say, that all its depressing accompaniments of self-inflicted austerities and torments, and the self-immolation of not a few of the

devotees, are so many causes which powerfully predispose to the rapid spread and extensively fatal issue of the cholera, which breaks out every year two or three days after the arrival of the worshippers, and ceases only with their dispersion after the conclusion of the ceremonies.

The facts connected with the annual epidemic of cholera at Conjeveram have been made familiar to us, as well as to the Conference, by the singularly lucid and able paper of Dr. Montgomery (*Medical Times and Gazette*, January 27th, 1866). Situated forty-five miles south of Madras, the town of Conjeveram is large and regularly built, with wide streets, a good supply of water, and, in ordinary times, a healthy population. It is famous for its great pagoda or temple, and is a noted stronghold of Hinduism in the south of India. The festival, which is held in the month of May, lasts ten days, and draws together from the surrounding country at least two hundred thousand pilgrims, vast numbers of whom are filthy in their persons, and either exhausted with fatigue, or prostrated by debauchery and excess; while the streets, previously to 1864, were littered over with the excreta of men, women, and children, bullocks, horses, and cattle of all kinds, which lay festering and decomposing under a tropical sun, till devoured by the pigs, the natural scavengers of an Indian town. Need we wonder that, under such circumstances, there should be a yearly outbreak of cholera during the festival at Conjeveram, whence the disease is regularly transmitted by the returning pilgrims to Madras itself? In 1864, however, the Government took active measures for the abatement of the more crying evils attendant on this annual festival. "Cattle," says Dr. Montgomery, "were as far as possible removed from the strict limits of the town. Public places of convenience were erected, and their contents removed twice a day. The main streets were swept and watered; and supplies of good water were made available near places of public resort for the use of the native visitors." Since the adoption of these simple sanitary precautions, the festival has passed over without its usual accompaniment of an epidemic of cholera. In 1864, this might have been ascribed to the general healthiness of the season, during which there was but little cholera in the south; but the result was equally favourable in 1865, "although the year was notoriously unhealthy."

It is with other places of pilgrimage as with those to which special reference has been made. In all, horrible accumulations of garbage and filth, bad food, bad water, unwholesome beverages, vicious excitement, debauchery, exposure, a shockingly tainted atmosphere, all tending to the production and rapid spread of cholera, which slays its hundreds or its thousands on the spot, and is carried by the dispersing multitudes far and wide over the country.



As in India on the grand scale, so on a smaller scale at Mecca, where the arrival of the pilgrims is the signal for the annual outbreak of the pestilence, which they carry with them as they return to Persia, Egypt, and the surrounding countries. The Conference, being of opinion, as we have seen, that the cholera is always imported into Mecca, and *not generated* there, by the assembled pilgrims, indicates the great importance of ascertaining whether, in the places of pilgrimage in India, it is generated without previous importation; and, if not, whether it has been imported by persons coming from an endemic focus. Meanwhile, judging from analogy, they think it probable that in India, as everywhere else, beyond the limits of endemic foci, the importation of the cholera is essential to (*la condition nécessaire*) its epidemic development. But, however this may be, it is clear that in India the pilgrimages, and also (though in a much less degree) the movement of troops, have a large share in the development and spread of epidemic cholera. And is there not reason to fear that, as communication by means of steam and railways becomes more rapid and easy, so much more frequent will be these epidemics in India, and so much greater the danger of their importation to Europe? The Commission, therefore, came unanimously to the conclusion, that *the pilgrimages are, in India, the most powerful of all the causes which concur in the development and propagation of the epidemics of cholera.*

On the whole, we think that the Commissioners, in treating this subject of the production of cholera, have allowed their attention to be too exclusively occupied by the epidemic of 1817 and its consequences. All the endemic foci of cholera seem *then* to have been in the Madras Presidency, where it had been a familiar resident long before the great outbreak on the Brahmaputra and Ganges forty-nine years ago, and whence destructive epidemics occasionally spread northwards to Bengal. Staff-Surgeon Hay, to whom we have already referred, writes from Travancore, at the southern extremity of India, in October 1818 (Madras Report, "Narrative," p. xvi), that *the epidemic* had not yet made its appearance, though, at Trivandrum and at Quilon, many had fallen sick and died of "the endemic veshoo-ugeka (poisonous air) or neer-comben (gush of water by stool) which is perfectly familiar to all here." He repeats again and again the distinction between the well-known endemic and the approaching epidemic wave from Bengal, for which they were anxiously on the outlook. The Commission should have inquired diligently whether the disease is still endemic in the towns and villages of Travancore. From their singling out Arcot near Madras as the only place in the south of India where it is endemic, it would appear that it is so no longer in Travancore, Mysore, and the town of Bellary. If so, this is, to

our mind, quite as interesting and important a fact as any stated in the Report. If most of the old endemic foci in the south are extinct; if Bengal now occupies the place which Madras did eighty or a hundred years ago; and if, as we know, the disease has of late years become endemic in Cawnpore and Allahabad, and seems now to be fixing its residence in Agra,—may it not before long cease to be endemic in Calcutta, and take up its head-quarters in the Presidency of Bombay?

The climatic conditions that preceded for some time the outbreak of 1817 were very remarkable. During the two years following Midsummer 1815, the accustomed regularity of the tropical seasons was entirely interrupted. The hot season was either prolonged to twice its usual length, or broken up by piercing winds and torrents of rain, and curtailed by the unusually early commencement of the rains. The rainy season, again, was either condensed into an autumnal deluge, which caused a greater and more general flooding of the country than any one living could call to mind, or spread over the whole months of summer; and the ordinarily clear, shining, cheerful countenance of the Indian winter was often ominously shrouded in mists and gloom. Low fevers began to prevail in the summer of 1816; "and before the end of August (Bengal Report, p. xlv), a bilious remittent fever of a violent inflammatory type, accompanied, like the yellow fever of the West Indies, with suffusion of the skin, was raging epidemically in almost every town between Patna and Saharunpoor. It seized equally Europeans and natives, and as readily entered the open and spacious house of the officer and civil servant, as the crowded barrack of the soldier and the filthy hovel of the native." The stations affected "wore a gloom scarcely to be conceived; all social intercourse was suspended; many of the shops were shut for want of people to attend them; and the banks of the river were covered at all times with the dead or the dying. Throughout Upper Hindustan, it was observed that horned cattle were very sickly at this period; their bodies could be seen strewn in vast numbers in the pastures by passing travellers."

We cannot agree with the Commissioners in their anticipations of evil from the establishment of railway communication. It is well known, and Dr. Montgomery gives a graphic description of it, that the mode of travelling in common use among the Indian pilgrims is eminently fitted to prepare the victims for the slaughter. They perform journeys of many hundred miles, "either on foot, walking almost incredible distances under a burning sun, or closely packed in a stifling cart, from which every breath of air is carefully excluded," and in which they sleep, if they are not exposed on the ground, to be chilled by dews or damp, or subject to the influence of the land wind." If the use of railways shall put an end



to a mode of transport so fruitful of mischief, it will be productive of unmixed good. The question of *generation*, as against *importation*, of cholera, at the places of pilgrimage, seems to us conclusively settled in favour of the former, so far, at least, as Conjeveram is concerned. The fact stated by Dr. Montgomery, that, after the adoption of sanitary precautions in 1864, "*not one case of cholera occurred during the festival*," forbids the idea of importation. And if at Conjeveram, why not at Poorie, and also at Mecca? A paper by Dr. Christison, read at Chester, seems to prove that it may also be generated spontaneously in Scotland. Not that we deny the transmissibility of cholera—very far from it; but our exclusive contagionists seem to forget that one of the most frightful pestilences of the middle ages—the sweating sickness—*originated* in the Earl of Richmond's army on the banks of the Severn, whence it set forth on its errand of destruction, to fill all England, and forty-five years later, a large portion of Europe, with "lamentations, and mourning, and woe."

#### A WORKHOUSE PARADOX.

THE inquiries which have lately been made touching the condition of sick paupers in metropolitan workhouses, have brought forth unexpected results; which will, we venture to prophesy, provoke another—a sort of reactionary—inquiry, as to whether the space given to the beds of the ordinary sick in general hospitals is not in some cases more than is necessary. Such a question *prima facie* will appear strangely contradictory in the face of all we have heard of late about the benefits and necessity of abundant space and ventilation, and especially in the face of what we have been told of the dreadful consequences of over-crowding in workhouses. Nevertheless, as the old saw runs, "facts are stubborn things"; and we must deal with them as such, even when they contradict (or, at all events, seem to contradict) our best convictions and strongest prejudices. Now, it would appear, on evidence very difficult to contradict, that, in reference to the case alluded to, we have to deal with a stubborn thing of the following sort; viz., that, whatever the over-crowding of the sick in workhouse infirmaries may effect prejudicial to the pauper behind the scenes, it does nothing overtly injurious to his health; that, if the over-crowding be baneful, we cannot put our finger on the tangible bane. Our modern ideas of free ventilation and large space naturally lead us to jump to the conclusion, that the moderate amount of space given to the workhouse sick must be hurtful to them; but then, curiously enough, when we would support *a priori* conclusions by some sensible fact, we find that it is hardly to be had.

Instead, in truth, of finding facts to back us, we

find facts that throw us back. Thus, medical gentlemen who deal with the workhouse sick, and who ought, if any, to know something of the matter, assure us that they have nothing to tell of ill effects resulting to their workhouse sick from over-crowding. We inquire further, and they tell us that in workhouse infirmaries they have happily little or no acquaintance with those *bêtes noires*, those "hospital diseases", which are often the despair of the hospital surgeon and the dread of the physician—of erysipelas, gangrene, phlebitis, etc. So that, in truth, here in their narrow space we actually find amongst workhouse sick as clean bills of satisfactory progress as in our best ventilated hospitals. Stranger still are the facts which the midwifery departments of these workhouses present to us. They give us results which, compared with those of our lying-in hospitals, may fairly be called astonishing, if not incomprehensible. Deaths after delivery are most rare, and puerperal fevers, comparatively speaking, almost unknown, in workhouse lying-in wards. A comparison of the per centage mortality of workhouse puerperal women with that of women in lying-in hospitals would, if stated in figures, we fear, be really an odious comparison. We may be at first doubtful, and we may be more than surprised, when we are told that women in the comparatively small and ill ventilated workhouse wards lie more securely on their puerperal couch than do women in our luxurious hospitals. But still, if the facts be so, we must face and deal with them, unpleasant though they may be to the pride of our private charities.

But we shall be naturally asked, Is there any clue whereby to explain this mysterious freedom of the workhouse sick from what we regard as the ordinary evils attendant upon hospital life? To this question, one answer—whether sufficient or no—at once presents itself for consideration. We find, as a rule, that infectious fevers and surgical diseases are not admitted into workhouse infirmaries. And, if this solution of the fact should be accepted as correct, then another question will naturally press upon the profession for solution; viz., ought not the ordinary sick of our general hospitals to be entirely separated from all the possible contaminating influences of fevers and surgical diseases?

Then, again, how are the remarkably successful results of the workhouse lying-in wards to be explained? Why is the mortality after delivery so much less in workhouses than in lying-in hospitals? Why are puerperal fevers so rare? Perhaps it would be well to speak, in answer, reservedly on this point. It may be enough for the moment to simply state the fact—to call the attention of the profession to the startling fact, that the crowded lying-in wards of crowded workhouses are productive of results incomparably superior to the results obtained in our comparatively sumptuous lying-in hospitals; that the



life of the puerperal pauper is far safer, *quoad* her parturition, than the life of the hospital puerperal inmate. The question demands, and will doubtless have, serious study. In its true answer are involved the issues of life and death.

The other statement, again, to which we have alluded—viz., that, in the crowded wards of crowded workhouse infirmaries, ordinary cases of diseases “do well”, as the saying is, and that “hospital diseases” are almost unknown—is one, strange and startling though it be, whose significance the profession will, sooner or later, have to deal with. Facts like these cannot long lie hid under a bushel. They were first, as far as we know, brought inferentially to light in a Report called for by Lord Carnarvon at the close of last Parliament, and published some months ago by order of Parliament. The Report contains answers to a number of questions put to medical officers of the metropolitan workhouses. It is from these answers, as well as elsewhere, that we obtain the facts here stated. It is impossible to over-estimate their importance in reference to the question of hospital hygiene. They are of a kind which, as Hamlet says, “must give us pause”.

#### COTTAGE HOSPITALS AND PROVIDENT DISPENSARIES.

AMONG the numerous small hospitals springing up throughout the provinces is one recently devoted to the poor of Rugeley, in Staffordshire. It is on a more modest scale than that founded by Mrs. Broadwood at Capel, and can boast of but six beds; but it cannot fail, we think, to prove a great boon to the limited population of which the town of Rugeley is the centre. The liberality of a lady, the late Mrs. Levatt, five years since, devoted this small house to the purposes of a Convalescent Home, and in that period upwards of fifty poor patients from the London and other hospitals have found comfort and benefit in it. Her daughter has now kindly consented to attach this miniature hospital to a Provident Dispensary established in the town in July last, to be conducted on Mr. Napper's Cranley Village Hospital plan.

The promoters of the said Dispensary adopted the self-supporting provident principle; the weekly payments of its members being annually divisible among the medical officers, in proportion to the number of cases attended by each; an honorary fund being raised by donations and subscriptions to supplement the efforts of the medical officers and enable them to distribute comforts, necessaries, and adjuncts, to the sick members needing them. It is satisfactory to know that these efforts are appreciated, and that the institution already numbers several hundred members of the working class.

A VERY striking proof—may we not so call it?—of what may be done by scientific precision in warding off disease is afforded us in the fact that Bristol has hitherto escaped cholera, whilst in a little village near that city the disease played great havoc.

“The cholera has broken out,” the *Times* reports, “severely in the village of Pill, near Bristol. There are only two pumps to supply a population of about 1500, and the unfortunate inhabitants are driven to the constant use of brook water, which is impregnated with sewage. Few of the houses are provided with privies, the drains are choked up, and the filth escaping from beneath the floors of the houses impregnates the whole atmosphere. Large quantities of excrementitious matter are daily thrown out on the banks of the river, and remain there for hours untouched by the tidal water. Near the slip is a public urinal in a disgusting condition, the whole of the filth from which flows into the cellar of an adjoining occupied house. The outbreak has stirred the authorities into something like activity. The services of Dr. Tibbitts, who was lately employed under the Diseases Prevention Act in Bristol, have been secured, and the measures which proved so successful in that city are being put in force. There are, however, difficulties in the way of their employment, arising from the almost entire absence of sanitary arrangements, and also, it must be added, from the prejudices of the people. Three nurses from the Bristol Nurses' Training Institution have been engaged, and are working with admirable devotion.”

May we not draw the conclusion from this tale, that Dr. Budd's influence in Bristol has been a most happy one for his fellow citizens; and that his scientific views touching one source, at all events, of the spread of cholera have found plenary justification in the actual freedom of Bristol from the disease? The contrast between the little village of Pill and the large and thickly populous city in its vicinity in this case gives a lesson which is worthy of study. We believe the Health Officer of Bristol, in his energetic action, has been guided by the belief which he has in Dr. Budd's views of cholera. We may safely say that, whatever be the correctness or otherwise of these views, this much is certain, that the conclusion to which they lead, if practically carried into action, is admirable and pregnant with benefit to society.

THE “Royal Medical and Chirurgical Society”—or “Medico-Chir.”—opened the session by a very full meeting on Tuesday night. The only paper was by Mr. Spencer Wells on a case of “Ovariectomy performed Successfully Twice on the same Patient.” The case excited a good deal of interest; but the discussion turned almost entirely upon the use of the cautery in dividing the pedicle. It took this direction after a speech from Mr. Baker Brown, who was among the visitors present on the occasion. It was elicited from this speaker, and from Mr. Harper, that in several cases the cautery alone had been insufficient to stop bleeding, and that ligatures had also to be used. Of eight cautery cases, Mr. Harper



had been obliged to use the ligature in two. Mr. Brown did not say in what proportion he had found it necessary to do likewise. He said, however, that he had had 105 completed ovariectomy cases, with 33 deaths and 72 recoveries, and 25 incomplete or exploratory operations, 16 of which proved fatal.

THE case of *Absolon v. Statham* will have been under the notice of all our readers. The defendant was charged with assaulting the plaintiff, and administering to her chloroform, and extracting six of her teeth. The unsatisfactory result of the long trial was, that the jury were discharged at ten o'clock on Tuesday night, without giving a verdict. Our brethren will not read the case, as recorded in the papers, without sympathising with Mr. Statham. There does not appear to be the slightest blame in any way attaching to him in the matter. He operated in the presence and with the consent of, and was assisted by, medical men. He exercised his skill and talents benevolently and gratuitously for the benefit of an hysterical female; and his reward is an action at law and a demand of damages. Cases of this nature, where the medical man persecuted is plainly free from any kind of blame or imputation of negligence, are the cases which demand something more than the mere passive sympathy of the profession; and it is for the express purpose of saying this, that we now call attention to the case. Mr. Statham has doubtless been put to large legal expences, and has suffered much personal annoyance and other injuries in consequence of the action thus brought against him by the nervous, excitable, and hysterical woman, who was married before 16, had been sixteen years separated from her husband, and had been ailing for about as many years. Dr. Kelly had known her for sixteen or eighteen years—as a patient, we conclude. We are satisfied, from the readiness with which our calls upon the profession in like cases, where we deemed them to be right and just calls, have been met by our medical brethren, that the friends of Mr. Statham will not make a vain appeal to the profession in asking for a substantial mark of sympathy at their hands.

A NEW periodical has just appeared, under the title of the *Journal of Anatomy and Physiology*. It is conducted by Professors Humphry and Newton of Cambridge, Mr. W. Turner of Edinburgh, and Professor Perceval Wright of Dublin; and is edited by Mr. J. W. Clark, superintendent of the Museums of Zoology and Comparative Anatomy in Cambridge. The first number contains the following articles:—an Address in Physiology by Professor Humphry; Dr. Lightbody on the Anatomy of the Cornea; Mr. Wood on the Comparative Anatomy of the Muscles of the Shoulder; Professor Huxley on Human Crania; Mr. Turner on the Gestation of

Arius, and on Variations in the Buccal Nerve; Dr. Cleland on the Actions of Muscles; Mr. Hulke on the Retina of Amphibia; Dr. Foster on Amyolytic Ferments; and Dr. Norris on Rigor Mortis; also, Reviews of Owen on the Anatomy of the Vertebrates and of Todd, Bowman, and Beale's Physiological Anatomy; Reports on Anatomy and Physiology; Translations from Professor Donders, etc. The work is well got up, and is illustrated by several plates; and we have no doubt that it will meet with favour in the scientific world.

MR. H. THOMPSON differs from the statement of Mr. Heath, that there is in healthy urethras a vermicular contraction of the wall of the canal passing towards the bladder. Mr. H. Thompson is compelled to believe, from what he has seen, that the contraction is really in the opposite direction, and that foreign bodies in the urethra have a tendency to pass not towards the bladder but towards the meatus.

The *Moniteur* announces that for some days past there have been no cases of cholera in Paris.

Professor Natalis Guillot died at Nice on the 9th instant. His body has been brought to Paris for burial. In accordance with his express desire, no discourses will be delivered at his interment.

At their last meeting, the General Committee of l'Association de Médecins du Rhône, appealed to by one of the members, unanimously adopted the principle, as conformable to usage no less than to equity, that the practitioner who calls in for consultation a colleague residing in the same locality, has a right to claim the same remuneration as the latter. The Committee opine that, by acting differently—i.e., asking or accepting a lesser fee—the medical attendant, with a show of disinterestedness, commits an act contrary to the spirit of equality before the diploma, which is the best guarantee of medical dignity. (*Gaz. Méd. de Lyon and L'Union Médicale.*)

Some recent numbers of *Deutsche Klinik* bring a series of articles, in completion of a former set published in 1864, under the title, "Klimatologisch-therapeutische Aphorismen aus Nizza," from the pen of Dr. Heinrich Lippert of Hamburg, a physician of great practical experience and established repute, who has for some years past been residing at Nice. These articles are concerned with the treatment of chronic diseases; and, as far as published, deal with the affections of the heart, intestinal tract, liver and spleen, rheumatism and gout. Useful information may be derived from their perusal.

THE CONTAGIOUS DISEASES ACT. The Secretary of State for War has appointed Dr. W. Stuart to be Visiting Surgeon for Woolwich and the London Lock Hospital.



# THE LATE ROBERT JONES, Esq., OF CARNARVON.

We have the painful duty this week to announce the sudden death of the above gentleman, which occurred on Wednesday morning, the 7th inst., in the 54th year of his age, at his residence, Bron Hendre, Carnarvon. He was an old and zealous member of the British Medical Association.

After completing his medical studies in London, Dublin, and Paris, he commenced practice in Carnarvon in the year 1836, and had therefore resided there for upwards of thirty years. During that time he earned for himself a successful medical career, and was universally respected and esteemed by all classes. He took an active part and great interest in the proceedings of the North Wales Branch of the Association; and in 1858 filled the office of President, when the annual meeting of the Branch was held in Carnarvon.

For some time past he had not enjoyed such good health as he was accustomed to. On Wednesday morning, the 7th inst., one of Mr. Jones's sons, Mr. Arthur Jones, surgeon, had only a few hours before arrived home from Huntingdonshire; and, as the latter had not got up to breakfast, Mr. Jones, after he had finished his, proceeded to his son's bedroom and sat by his bedside, and talked and laughed cheerfully for fully a quarter of an hour. He then went to his dressing-room to wash his hands before going to a consultation (the carriage was at the door), and told Mrs. Jones, his wife, who was with him, that he felt faint. Upon this, she immediately called her son (Mr. Arthur Jones), who ran to him, and in less than half an hour he expired in his son's arms. His disease was angina pectoris.

It may be truly said, that his loss will be severely felt not only by his sorrowing relatives, but by a large circle of medical friends and other acquaintances.

His remains were deposited in the family grave at Llanfair, about two miles from Carnarvon. The funeral, which was strictly private, was followed by a large number of the carriages of the neighbouring gentry. During the mournful procession, all business in the town was suspended. The shops were closed, and the blinds of all private houses were drawn down; thus testifying the regard and respect in which he was held by all classes of the community. He was, indeed, an affectionate husband, fond father, and steadfast friend.

## GOOD ADVICE.

[Communicated.]

MR. J. D. COLERIDGE, Q.C., M.P., has delivered an address to the Articled Clerks' Society so full of high principle and sound advice, that every man in every profession may benefit by it.

It is in many respects as applicable to medicine as to law. For the main point which Mr. Coleridge insists on in speaking to lawyers is that, besides their own profession, they should *assiduously cultivate their*

*minds.* "Make yourselves" (he tells them) "thoroughly masters of your work. It is the truest gentleman, as well as the best attorney, who thinks no detail too small and no labour too great which may enable him to become master of the profession he has selected as the calling of his life." But, beyond this, he insists with earnest eloquence, it is of the greatest importance to themselves and to their profession that they should attain a wide and general cultivation of mind. He does not mean to say that, by cultivation of mind alone, a man will obtain the first place in a liberal profession; but he does say, "It makes success greater; that it gilds the laurel of the conqueror; and that it pours some precious drops of consolation into the cup which many of the defeated have to drain." "I cannot" (he continues) "adequately express the strength of my feeling upon this matter. Most of us have, I fear, at some period of our lives wasted time; but we have not wasted a single hour that has been spent in familiarity with and in study of the works of the great men of our own and of other countries—hours that have been spent with Homer and Aristotle, with Cicero and Virgil, with Dante and Montaigne, with Shakespeare, with Milton, with Wordsworth, and with Bishop Butler. There we may learn that there are things better than professional success, things much worse than professional failure. From them we may arrive at sound and sober judgments about ourselves and other people; we may come to know what poor creatures most of us are side by side with the great giants of our race, which from time to time it has pleased God to permit to come among us; and thus we may learn to avoid that vulgar vanity and that tiresome egotism and self-display which is commonly charged by men of the world upon men of our profession."

And may not we profit by this hint? Our vanity and tiresome egotism and self-display in talking openly and covertly of our successful cases is not so glaring as in the law; but it is as common and as vulgar, and is a temptation to be shunned by every man who cultivates the refinement of his mind and morals.

Mr. Coleridge continues in a high and solemn strain. "In this, as in all matters, there is a solemn duty upon you to aim high, to do the best you can, to strive to elevate your own characters, and the characters of all those with whom you have to deal.

*'Aude, hospes, contemnere opes, et te quoque dignum Finge Deo.'*

"So far as man's nature admits of it, he should aim at being an immortal god, says Aristotle. The Christian church has put this thought in the simple aspiration, *Sursum corda.* Lift up your hearts."

And this is the advice of a man still young, who has already, at the bar and in Parliament, proved himself by common consent to be worthy of the very highest place in the law; one whose speeches and writings on so many occasions and subjects of general interest indicate that he has practised his own precepts by assiduously and largely cultivating his mind without neglecting his professional duties. And he is the son of Sir John Coleridge (the correspondent and dear friend of Arnold) who also is a high example of this great type, who, in his retirement from his more active duties as a judge, proves by his speeches on all social questions that a great lawyer, of stainless honour and of spotless purity of mind, is distinguished also by the greatest and highest cultivation.

Our profession is especially adapted for the cultivation of the whole mind. Its science, if studied scientifically, is one of the highest schemes for cultivating the understanding in the knowledge of truth;



whilst our incessant intercourse with our fellow-creatures in all their sufferings, is a daily living commentary on the great lessons we should learn from the great poets and moralists which Mr. Coleridge recommends for study. And, thank God, there are quiet, inconspicuous men, scattered over the country, who unobtrusively are cultivating the highest powers of their mind from the love of it, whilst attending (like gentleman, as Mr. Coleridge says) to the small details of the sick management of the poorest as well as of the richest; and these quietly but very powerfully support the social status of our profession.

But there is a strong current the other way. The "go-ahead" system coarsens men's minds, "et sint esse feros."

## Association Intelligence.

### COMMITTEE OF COUNCIL: NOTICE OF MEETING.

THE Committee of Council will meet at the Queen's Hotel, Birmingham, on THURSDAY, the 22nd day of November, 1866, at 3 o'clock P.M. *precisely*.

To elect an Editor of the JOURNAL, in the place of Dr. Markham; and other important business.

T. WATKIN WILLIAMS, *General Secretary*.

13, Newhall Street, Birmingham, November 5th, 1866.

### SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEDICAL MEETINGS.

THE next meeting of this Branch will be held at the Fountain Hotel, Canterbury, on Thursday, November 29th, at 3 P.M. Dinner 5s., exclusive of wine.

Members desiring to bring forward papers, should communicate with the Honorary Secretary without delay.

R. L. BOWLES, L.R.C.P., *Honorary Secretary*.

Folkestone, November 14th, 1866.

### SOUTH-EASTERN BRANCH: EAST SURREY DISTRICT MEETINGS.

A MEETING of this Society was held on Thursday, October 11th, at the White Hart Inn, Reigate. C. HOLMAN, M.D., of Reigate, was in the Chair; and twenty-seven members and visitors were present.

*Communications.* 1. Mr. CHRISTOPHER HEATH exhibited the Endoscope, and illustrated its action on a patient who was supposed to be suffering from an affection of the bladder.

2. Dr. ANSTIE gave a brief lecture on the use of the Sphygmograph in cardiac and aneurismal affections, and concluded by exhibiting the instrument, and showing its mode of action.

3. Mr. W. T. SARGENT of Redhill read a case of Ununited Fracture of the Femur, in which an attempt at resection failed, and amputation of the limb had to be resorted to.

4. Dr. DOWN of Earlswood Asylum read a paper on the Influence of the Sewing Machine on Female Health, which he was requested to forward to the JOURNAL for publication.

5. Dr. FULLER of Shoreham read the report of a case of Cesarean Section which had occurred in his practice.

6. Mr. NAPPER read some Remarks on the Action of Mercury combined with Iodine.

*Next Meeting.* It was arranged that the next meeting of the Society should be held on Thursday, De-

cember 13th; and Dr. Ray of Dulwich was requested to act as chairman.

*New Members.* Six new members were added to the Society.

The Dinner took place at 6.30 P.M., and was attended by nearly all who were present at the meeting.

### BATH AND BRISTOL BRANCH: ORDINARY MEETING.

THE first ordinary meeting of the session was held at the Victoria Rooms, Clifton, on November 1st, at 7 o'clock P.M.; J. S. BARTRUM, Esq., President, in the Chair. There were also present fifty members and visitors.

The minutes of the last meeting were read and confirmed.

*Letter from Dr. Armstrong.* The Secretary read a letter of acknowledgment from Messrs. Armstrong, of the vote of sympathy passed at the last meeting, and of the subscription then made.

*Communications.* 1. Mr. GREEN read a paper on Delirium Tremens.

Dr. HERAPATH observed that, amid a large experience, during four years he had not given opium; indeed, he now omitted it, and had been more successful than before. His treatment consisted in clearing out the bowels first, giving nourishment, and prohibiting alcohol. On the third day, sleep comes, and the patient recovers.

Mr. STONE confirmed the results of the expectant treatment.

Dr. E. L. FOX had advocated Dr. Laycock's views in a paper read to this Association some years ago. Nine-tenths of the cases of delirium tremens were the results of the too free use of stimulants. In medical wards, almost all were from excess of stimulants, both from sudden debauch, and from being taken in too large quantity. There could be no absolute rule for treatment; for, while the medicine seems to be doing nothing, the patient is excreting the poisons source of disease. Dr. FOX gives a patient a warm bath as soon as possible, and plenty of nourishment. The term "inflammatory" could not properly be applied to any phase of delirium tremens. As regarded the use of digitalis, a patient took a drachm every four or five hours, when, without any apparent cause, he died, leaving no trace of disease. When a patient is under the influence of opium, he could not be poisoned by stimulants.

Dr. BRITTAN had dreaded digitalis. He had never known uncomplicated cases of delirium tremens to end fatally. While recognising the forms of the disease as suggested by Mr. Green, he acted in each case as the circumstances demanded. He had tried to do without opium, but had too often regretted that he had not begun it earlier. It must be remembered, that the patient had for some time been under a state of excited condition of nerve-centres, which opium controlled.

Dr. MARSHALL had seen, in Edinburgh, many cases where expectant treatment was adopted; but was surprised that no mention had been made of Indian hemp, which he had seen followed by very satisfactory results.

Dr. MAERTYN stated that three patients of his in the Bristol General Hospital had been treated with half-drachm doses of tincture of digitalis, whereby the pulse was reduced quickly from 120 to 60 per minute. These three cases did well. In the sthenic cases, perfect rest was ordered, but could not be obtained without many assistants.

Mr. COLLINS narrated a case in which a man, after



very violent struggling and restlessness, awoke well after taking opium.

Mr. BOARD mentioned a case of a steward who had been daily drinking thirty-two glasses of beer, and also brandy, recovered at once from delirium tremens after taking opium.

2. Mr. W. MITCHELL CLARKE narrated the case of a young woman who came under his care more than two years ago at the General Hospital for extensive Scrofulous Disease of the Right Elbow-joint. Mr. Clarke excised the joint; and, as the wounds were healing, disease showed itself in the left knee-joint. Considering the low condition of the patient's health, Mr. Clarke and his colleagues did not feel justified in either excising the joint or amputating the limb. He therefore performed the operation of making a deep incision on each side of the joint, passing his finger freely under the patella. The disease soon disappeared. The patient was present, and showed to the meeting that she had very good action in both the elbow and knee.

3. Dr. ROWE of Ramsgate kindly exhibited some Bone-Forceps of peculiar form, which had proved extremely useful in the removal of diseased bone at the Ramsgate Sea-Bathing Infirmary.

The late Dr. Snow. Dr. FALCONER proposed, and Dr. HERAPATH seconded—

"That the President, retiring President, and the two Secretaries, sign a memorial to the Government urging the claims of the sisters of the late Dr. Snow to an annuity on account of the great benefit arising from his investigations in cholera and chloroform."

This was unanimously agreed upon.

*New Members.* The following gentlemen were elected members of the Association and of this Branch:—Dr. Belcher, of Bristol (proposed by Mr. Coe, and seconded by Dr. Swayne); Dr. Chas. Irving Smith, of Bath, Inspector-General of Hospitals, Madras Army (proposed by Mr. Stone, seconded by Mr. Fowler); Dr. Heginbotham, of Bruton (proposed by Mr. Stockwell, seconded by Mr. Lansdown).

Several papers had to be postponed until the next ordinary meeting.

## BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

THE Second General Meeting of the present session was held at the Midland Institute, November 8th, at 3 o'clock; T. CARTER, M.D., President, in the chair; with twenty-three members and three visitors.

*Communications.* 1. Dr. STEELE exhibited the following specimens.

A part of a Tibia in which was an Abscess communicating with the Knee-joint, and also opening externally.

Two examples of Human Horns, removed by himself. The one had been growing for twenty years, and had attained a length of about three inches. It was attached to the true skin, and was probably a hypertrophied papilla.

An Enchondroma of the Testicle, which had been forming eight years. Microscopic examination showed it to consist of nodules of cartilage lying in fibrous tissue.

The Internal Genital Organs of a woman who died in the General Hospital of bronchitis. These presented the peculiarity of an ovarian cyst, a fibrous tumour of the uterus, and a polypus uteri, all occurring in the same case.

2. Dr. WADE read a paper on some Fallacies in the Diagnosis of Phthisis. He divided them into fallacies of omission, in which phthisis being present was

not detected; and of commission, in which it was wrongly diagnosed as present. The author stated that pleurisy was the most frequent cause of fallacy; the sounds of a dry pleurisy at the apex being most difficult to distinguish from the quasi-moist sounds dependent upon deposition of tubercle; while in acute pleurisy, the lung being pushed upwards and compressed, an examination which was confined to the apex of the lung, would very probably lead to an erroneous view of the case. Dr. Wade insisted upon the necessity of a complete examination of the whole of the chest, and also of taking into consideration the rational as well as the physical signs of disease. He alluded to the difficulties placed in the way of physical examination of the chest by feeble and "nervous" breathing, and to the fallacies which frequently occurred through the subclavian murmur, the muscular *bruit*, and the stridor, which occurred in the laryngeal complication of pulmonary phthisis. Dr. Wade concluded an interesting paper by calling attention to the assistance to be derived, in the diagnosis of phthisis, from the use of the thermometer and the microscope.

3. Mr. J. VOSE SOLOMON read a paper, entitled "Notes on Acute Rheumatic Iritis". The author stated that acute iritis, as a complication of rheumatic fever, was exceedingly rare. The relation of iritis to the disease in question was more often that of a "sequela"; but this was uncommon. In gout, iritis was more frequently met with as a complication of the attack; in some instances it was the first symptom, and spontaneously subsided on the development of the disease in the toes or hand. The cases of acute rheumatic iritis coming most frequently under the notice of Mr. Solomon, had been associated with subacute deltoid or lumbar pains; in very many, the inflammation of the iris was preceded by flashes of light in the dark, fatigue, and temporary obscuration when the patient read or wrote. Most of the subjects had been exposed to depressing causes, as over-work, mental anxiety, or fatigue. Rheumatic iritis, occurring in a fairly healthy subject, when judiciously treated, runs its course in about ten, fourteen, or twenty-one days. The author condemned the use of free depletion, mercury, and strong purgatives; and advised moderate local blood-letting, the free use of atropine drops to the eye, and internally, morphia, turpentine, and aperients, with alkalis.

THE GENERAL HOSPITAL, BIRMINGHAM. A donation of £50 to the General Fund has been given by Messrs. Franks, of Liverpool, in recognition of the attention and kindness received by Mr. J. H. Franks in the Hospital, after meeting with an accident which caused his death. Dr. Steel, the house-surgeon, has also received a valuable silver tankard with the following inscription, viz.: "In remembrance of the kindness received during a period of great trial, this cup is presented to Dr. Steel, by the members of the family of the late John Hallen Franks, August 5th, 1866."

DEATH OF DR. KENNEDY FROM CHOLERA. A melancholy case of death from cholera is reported from Leven. Dr. Neil Alexander Kennedy, who since the disease broke out in the central district of Fife, had been most assiduous in his attendance on the sufferers, was seized with the malady early on Saturday morning, and died after twelve hours' illness. Dr. Kennedy was widely respected, and his death has caused a profound sensation of grief over a great portion of the county. Since the outbreak of the disease he had scarcely ever, we are informed, been in bed. (*Edinburgh Courant.*)



## Correspondence.

### VENOUS INJECTION IN CHOLERA.

LETTER FROM J. H. GRAMSHAW, M.D.

SIR,—I cannot allow your remarks on the subject of Venous Injection in Cholera to pass unnoticed; because, in the two epidemics preceding the present one, I have tried it in many instances. Saline solutions made with distilled water, answering as nearly as they could be made to the inorganic portion of the blood, and distilled water by itself, seemed to produce no other effect than rapid—indeed, almost instantaneous—dissipation of the alarming symptoms, return of pulse, temperature, and mental faculties, only to be followed, more rapidly than would have otherwise been the case, by all the symptoms of toxæmia.

The transfusion of blood itself, although I have never tried it, seems likely to produce the same symptoms, in consequence of the large proportions of solids which would then be thrown into the vessels, which have only lost their fluids, and not their constituents. Serum alone, derived from a strong and healthy individual, seems most likely to answer the purpose; as it will have been formed by nature herself, whom art can only so imperfectly imitate, and will thus be less likely to produce the symptoms of blood-poisoning. I do not think we need be generally in great strait as to obtaining it, as the anxiety of friends will generally be sufficient to ensure its readiness. Still, there are one or two points which, as far as circumstances will allow, should be attended to. If possible, the transfusion should take place from a member of the same family, of the same sex, and, as nearly as may be, of the same age.

The medicines I have found most beneficial are the following. Calomel in half-grain doses should be given every half-hour, and washed down with a small quantity of water in which dissolved from five to ten grains of chlorate of potash, to which are added a minim or two of chloroform and a little mucilage. Iced-water, by teaspoonfuls, as often as the patient likes, may also be given.

These remedies I would not neglect. I was following out the other plan; and, though I have not had an opportunity of putting injection of serum to the test, I yet hope it may prove successful.

When my last case of cholera occurred, a fortnight since, I obtained the blood; but, whilst the clot was separating, which must necessarily take some time, medicine seemed to have such an effect, that I did not consider it necessary to resort to injection; and my patient recovered. Previous cases had taught me that this resource was only to be a final one.

I am, etc., J. H. GRAMSHAW.

Gravesend, Nov. 12. 1866.

### THE PATHOLOGY OF ACNE.

LETTER FROM THOMAS HUNT, ESQ.

SIR,—Dr. Balman's observations, in the JOURNAL of the 10th November, on the connexion of furuncular acne with the condition of the urine, are highly interesting; and the diligence with which the urine was examined, in the cases rehearsed, is highly commendable. Nevertheless, these cases (if we allow ourselves to draw general conclusions from them) are liable to mislead us; and of this the writer seems to be aware. For he remarks that "the main facts" of his first case "are negatived in the second case."

Having treated many hundred case of acne, both in private practice and at the Western Dispensary for Diseases of the Skin—a practice extending over more than forty years, I think I may be justified in saying that this disease has, as a rule, no connexion with the state of the urine. I once thought otherwise; but careful examination has convinced me of the error.

Acne has certainly some mysterious connexion with the state of the generative organs. It never occurs before puberty, seldom in married men, and still more seldom in married women while they are bearing children. The exception is in acne rosacea, which is a very different disease from acne simplex, and ought not to be called by the same name. Acne is generally met with in very healthy subjects, commencing commonly in the teens, and sometimes disappearing spontaneously about the age of twenty-one, sometimes on the marriage of the patient (male or female), and sometimes persisting for many years (in the unmarried) unless it be treated perseveringly by the only remedy—arsenic. This will, as a rule, never fail; provided, first, that every functional disorder be first rectified—costiveness by purgatives, anæmia by tonics, amenorrhœa by steel and aloes, plethora by a restricted diet, etc.; secondly, that great pains be taken to ascertain the exact dose of arsenic suited to the case; and thirdly, that this dose, modified by the varying signs of its action from time to time, be persevered in for months, or even for years, if necessary. I have so carefully described the symptoms of an over-dose in my little book on skin diseases (which must, I think, be in the hands of almost every practitioner), that I will not further intrude on your space. I conclude with one remark. Medical truths can only be demonstrated by generalising from an immense number of cases. Scores of cases go for nothing: we want hundreds and thousands.

I am, etc.,

THOMAS HUNT.

Hinde Street, Manchester Square, Nov. 9, 1866.

### DR. MONCKTON'S CASE OF CHOREA.

SIR,—I think all who are interested in the study of diseases of the nervous system, will agree with me in looking upon the case of chorea, given by Dr. Monckton in the JOURNAL of last week, as one of the most interesting and important lately published. There is, however, a singular omission (accidental, no doubt), which I trust Dr. Monckton will kindly supply; it is as to the side affected by hemichorea. I presume it was the right; but facts are safer than conjectures in nervous affections. I should be glad, also, if Dr. Monckton would inform us whether the ventricles of the brain contained, or appeared to have contained, much fluid.

I differ from Dr. Monckton in considering that this case supports the hypothesis which associates chorea with the great ganglia at the base of the brain. If the softened patch had been in the thalamus, there would have been paralysis. Hemorrhage or softening, in the situation and of the size described, would of itself give rise to no distinctive symptoms; but the blocking of the vessel which caused it, no doubt also deranged the supply of blood to the adjacent thalamus and corpus striatum, and thus induced the condition to which chorea was due.

Dr. Hughlings Jackson has recently broached an idea, not yet adequately appreciated, but which I believe to be pregnant with great results. It is the relation of cerebral symptoms with "arterial regions". It gives an entirely new direction to investigation, and throws light upon some of the most obscure nervous affections; reducing a chaos of phenomena



to order. The case of Dr. Monckton is peculiarly instructive, studied under this idea; and it further seems to complete the chain of evidence which connects chorea with embolism—a connexion again suggested, so far as I know, by Dr. Jackson.

I am, etc.,

B.

## Medical News.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND.** The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on November 13th.

Addenbrooke, Edward Hamfray, Smethwick  
Bosworth, John Routledge, Clapham Road  
Brookes, Robert Charles, Westminster Bridge Road  
Buck, Joseph Randle, Dudley, Worcestershire  
Dowson, Christopher Henry, Bristol  
Harvey, Thomas, L.S.A., Baldock, Herts  
Hedley, Charles, Richmond, Yorkshire  
Hewer, Edward, Winchester  
Iliffe, William, Nuneaton  
Jackson, John James, Jersey  
Lewill, Henry Ezekiel, L.D.S., R.C.S., Clifton Gardens  
Massiah, Clarence Henry Nathaniel, Clifton, Bristol  
Nutt, Charles, Newton Abbot, Devon  
Ockenden, John, Bayswater  
Perrin, Charles Beswick, Wigan  
Renshaw, Edwin, Lee, Kent  
Reynolds, Frederick, Woburn Square  
Rigley, George Cardwell, Chorley, near Preston

**ROYAL COLLEGE OF SURGEONS, EDINBURGH.** The following gentleman passed their final examinations, and were admitted Licentiates of the College during the October sittings of the examiners.

Black, Donald Campbell, Argyllshire  
Carmichael, Thomas, county Antrim  
Hay, George William Robertson, Roxburghshire  
Hume, George Haliburton, Berwickshire  
Laing, James Anderson, Edinburgh  
Macalevey, Robert Peel, Scarva  
McCaw, John Dysart, Portlengone  
Mullan, Andrew, Banbridge  
Ross, John Ralph, Drumblairn  
Stirling, Stewart, Kilsyth

**ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH.** (Double Qualification.) The following gentlemen passed their first professional examinations during the recent sittings of the examiners.

Bain, Benjamin, Caithness-shire  
Conway, James S., Limerick  
Heagerty, Daniel, Cork  
Macdonald, Roderick, Skye  
Murray, John, Drung  
Sullivan, Richard, Brandon  
Walsh, James, Castlebar  
Warren, Philip S., Cork

The following gentlemen passed their final examinations, and were admitted L.R.C.P. Edinburgh, and L.R.C.S. Edinburgh.

Bath, Henry, Glastonbury, England  
Boyd, John Stewart, county Tyrone  
Brownrigg, Henry Thomas, Waterford  
Cane, James Butler Norris, Kilkenny  
Dods, George, Haddington  
Garde, William Henry, Australia  
Masson, William Herbert, India  
Nason, Henry Wilson, Dublin  
Riddell, John, county Monaghan  
Sinclair, George Murray, Tranent  
Stockwell, James, Musselburgh

**APOTHECARIES' HALL.** On November 8th, 1866, the following Licentiates were admitted:—

Bainbridge, George, Harrogate  
Meadows, Charles John Walford, Otley, Ipswich  
Tayler, William George, Broadstairs, Kent

At the same Court, the following passed the first examination:—

Williams, Essex Thomas, University College Hospital

## APPOINTMENTS.

BOASE, Francis, Esq., Surgeon, elected Mayor of Penzance.  
\*CURME, George, Esq., elected Mayor of Dorchester.  
LUSH, John A., M.D., elected Mayor of Salisbury.

## ARMY.

HYDE, Assistant-Surgeon R. A., 29th Foot, to be Staff-Assistant-Surgeon, vice J. Atkinson.  
THOMAS, Staff-Assistant-Surgeon J. R., to be Staff-Surgeon.

## ROYAL NAVY.

FERGUSON, Robert, M.D., Surgeon, to the *Rinaldo*.  
SWEETHAM, Stephen, Esq., Assistant-Surgeon, to the *Cambridge*.

## BIRTHS.

BARKER. On November 6th, at Ivy Lodge, Hornsey Road, the wife of \*Alfred J. Barker, M.D., prematurely, of a daughter, stillborn.  
BARLOW. On November 5th, at Norfolk House, Dalston, the wife of Robert Barlow, Esq., Surgeon, of a daughter.  
BRITTON. On November 4th, at Accacia Road, St. John's Wood, the wife of \*W. S. Britton, Esq., of a daughter.  
CURREY. On November 3rd, at Lismore, Ireland, the wife of \*J. E. Currey, M.D., of a son, stillborn.  
DICKSON. On November 5th, at 14, Trinity Square, Tower Hill, the wife of Walter Dickson, M.D., R.N., of a daughter.  
ROE. On November 6th, at the Royal Naval Hospital, Plymouth, the wife of Thomas A. Roe, M.D., R.N., of a son.

## MARRIAGES.

BAINES, Charles William, M.D., of Dursley, Gloucestershire, to Anne Isabella, eldest daughter of John BAINES, Esq., of Melksham, Wilts, on November 8.  
LOVERDO, Dionysius Constantine, Esq., of Sydenham, to Edith, daughter of Thomas W. CHALDECOTT, Esq., Surgeon, of Addlestone Hill, Surrey, on November 7.  
MANTELL, Alfred A., M.D., Civil Surgeon of Burdwar, Bengal, to Sarah Louisa, youngest daughter of the late Lieutenant-Colonel OSBURN, Bombay Fusiliers, at Walcot Church, Bath, on Oct. 4.  
MASON, Charles Ignatius, M.D., of Surbiton, to Sarah Henrietta, second daughter of the late Rev. C. T. DAWES, of Dilhorne, Staffordshire, at Surbiton, on November 8.  
PENNELL, John W. C., M.B., formerly of Rio de Janeiro, to Elizabeth Fanny, eldest daughter of Swinfen JORDAN, Esq., of Clifton, on November 6.  
STUART, John, Esq., Assistant-Surgeon 78th Regiment, to Sarah F. F., eldest daughter of Philip REDGER, Esq., of Woolston, Hants, on November 6.  
WINSLOW, the Rev. Forbes Edward, of Chesham, eldest son of \*Forbes Winslow, M.D., to Octavia Ellenor, youngest daughter of the late Thomas Forbes WINSLOW, Esq., of Montague Place, Russell Square, at St. John's, Notting Hill, on November 5.

## DEATHS.

\*ARROWSMITH, John Yarrow, Esq., at Shrewsbury, aged 71, on November 6.  
BASSETT. On November 8th, at Hockley Hill, Birmingham, Hannah, the wife of \*John Bassett, Esq.  
COLLYNS. On November 5th, at Ford, Drewsteignton, Devon, aged 65, Elizabeth, widow of \*William Collins, Esq.  
HOWARD. On November 10th, at Linton, Cambridgeshire, aged 24, Charles Edward Howard, late student of St. Mary's Hospital, Paddington, and eldest surviving son of \*F. C. Howard, Esq., of Linton.  
\*JONES, Robert, Esq., at Carnarvon, aged 53, on November 7.  
JULIUS, G. C., M.D., formerly of Richmond, Surrey, at St. Leonards-on-Sea, aged 91, on November 6.  
THOMPSON, John, M.D., at Whitehaven, aged 45, on October 28.

**PROVINCIAL STUDENTS.** From a return just made to the Government Inspector of Provincial Anatomical Schools, it appears that there are 258 students of medicine in the undermentioned towns; Birmingham, Manchester, Leeds, Newcastle-upon-Tyne, Liverpool, Bristol, Sheffield, and Hull. Last year there were 267, showing a decrease in the number this year of nine.

**HOMŒOPATHY.** The Winchester Dispensary of Homœopathy has issued its third annual report. The "relieved" were most of them patients unable to obtain relief under the "Allopathic" process. The report says, "that Homœopathy is making rapid progress in the civilised world;" and "that several assurance offices are prepared to accept the lives of persons who have adopted Homœopathic treatment at premiums 10 per cent. lower than the usual amount."



**CHOLERA.** On October 29th the number of cases officially known to have occurred in Berlin, during the present epidemic, amounted to 8,173, of which 5,373 ended fatally; 2,379 recovered, and 403 remained under treatment. For the last few weeks preceding the above date, the disease had been losing ground, and appears now to be waning fast. (*Deutsche Klinik*, November 3rd, 1866.)

**BEQUESTS.** Mr. Falcke, of Gloucester Place, Portman Square, has bequeathed nineteen guineas to each of the following institutions; the Jews' Hospital, Norwood; the Middlesex Hospital; the Yarmouth Hospital; the Jews' Asylum for the Blind; the Consumption Hospital; the Metropolitan Hospital; the Royal Free Hospital; the Cancer Hospital; St. George's Hospital; and the Baroness Rothschild's Lying-in Institution. Mr. Thomas Fair, formerly of Buenos Ayres, has bequeathed £100 to the Royal Infirmary, Edinburgh, £100 to the Infirmary for Sick Children, and £50 to the Convalescent Home.

**PROSECUTION FOR ILLEGAL RECEIVING OF A LUNATIC.** A summons last week was issued against James Aldous, of Notting Hill Terrace, on a charge of receiving a lunatic in his house as a boarder without attending to the regulations imposed in the statute. Mr. Poland referred to the Act, which required that in the case of one lunatic patient being received as a boarder or lodger, a certificate and an order from one of the nearest relations of the patient should be put in. He said that he purposely avoided mentioning the name of the patient. The defendant was formerly an assistant in an asylum, and more recently a greengrocer; but he had retired from that business within the last year. In March last the patient in question, who had hitherto resided with his friends, was found to be in a condition in which he was obviously unfit to remain at home, and he was then, by the advice of his medical attendant, Mr. Traer, sent to the defendant's house. There he remained until September, when some communication was made to the Commissioners, one of whom went to the house of the defendant and saw him. The patient was evidently a proper person to be confined, and was accordingly removed to Dr. Munro's establishment. The Commissioners felt that this was clearly a case in which proceedings ought to be taken. Sir T. Henry said the patient was kept at the house without the required order and certificate, after the insanity had been manifested. He committed the defendant for trial, but accepted bail in two securities of £40, and his own recognisances of £80.

**THE MEDICAL MILITARY SERVICE.** We have accounts from the Army Medical Training School at Netley, which are rather unpleasant than surprising. The continued unpopularity of the military service with the medical profession, while it has led to the dearth of intelligent candidates and ludicrous displays at examinations which we lately noticed, has not apparently otherwise improved the tone and character of the candidates for the right of "treating" Her Majesty's officers and soldiers. For some few years it has been hardly possible to obtain any English students, and not many Scotch. The Irish schools have been swept freely. The present batch of students at Netley exhibits this peculiarity of national distribution in common with others of the last few sessions, but it seems to have a greater variety of *mauvais sujets* than usual. Two of these medical gentlemen have lately been expelled for drunkenness, and one publicly reprimanded. The recent snubbing of the medical officers of the Guards has not increased the popularity of the service. The medical journals have constantly protested against the injustice of sweeping away the claims afforded by

distinguished service, and it will be necessary to take some decided steps to restore the *prestige* of public medical services. Medical officers have the sole charge and control of their battalions, and it is intolerable that the important service should become the refuge for the destitute and the disappointed. A committee was appointed last year, which included Lord Paulet, Captain Galton, and other representatives of the War Office, to consider the position and remuneration of medical officers, and the causes which impeded the supply of efficient medical men for the army. That committee made a number of recommendations, none of which have yet been carried into effect by the Commander-in-Chief. To secure efficiency in the medical department, even at a considerable increase of pay, would be the most economical reform yet attempted, as the preventible disasters in the Crimea, the preventible mortality in India, and the recent histories of sacrifices to preventible disease at Hong Kong and Bermuda, sufficiently prove. (*Pall Mall Gazette*.)

**THE MEDICAL OFFICERS OF THE LONDON WORKHOUSES.** A meeting of the medical officers of the metropolitan workhouses was held on the 6th inst., under the auspices of the Metropolitan Poor-Law Medical Officers' Association; Dr. Joseph Rogers in the chair. The President stated that the medical officers were fully aware of the necessity for all the reforms which had been advocated in workhouse management. The medical officers maintained that the *minimum* space of the sick wards should be 1,000 cubic feet, and 80 feet of floor space to each. They desired that the aged and infirm should have a diet suited to them. There should be a uniform diet. He dwelt upon the position of Poor-Law medical officers, and the manner in which they had lately been treated by the guardians. It had been urged upon the Poor-Law Board that the medical officers were overworked while they were underpaid, and the central authority had urged the appointment of resident medical officers for the workhouse in place of the present generally insufficient attendance. Several medical officers detailed the ungenerous treatment they received from the guardians they served. Resolutions were passed, and expressed opinions to the effect that the only way of securing independence to the medical officer was by making his appointment for life (except, of course, in the case of misconduct or incapacity), that resident medical officers should be appointed to workhouses as the assistants of the visiting medical officers, and that the medical officers should be *ex officio* members of the guardians' Board, in order to assist the guardians by their practical knowledge.

**DR. CONQUEST.** The medical profession has just lost one of its oldest members. Dr. Conquest died on the 24th ult., at the age of 77. His life reached back to the days of Cooper, Babington, the two Clines, Pott, Curry, Denman, and Abernethy, men of mark, whom he counted among his friends, and among whom he was not the least distinguished. He was the son of Dr. Conquest, of Chatham, and entered the profession early, obtaining his degree as member of the College of Surgeons at the age of 18, and on a vacancy occurring in the Military Medical Depot at Chatham, Dr. Conquest received in his 19th year the appointment of assistant-surgeon. Shortly afterwards he was made assistant-surgeon of Royal Marines, Brompton, whence he went to Edinburgh, etc., graduated in the year 1813, when that University, adorned by the great names of Gregory, Hamilton, Hope, Munro, and others, possessed a European reputation. He commenced practice in London in 1814. In those days comparatively few men rose to



eminence; indeed, so few, that their names may be readily recounted; and most are "household words" at the present moment. Dr. Conquest's talents soon attracted attention, and he was called upon to succeed Dr. Gooch in the chair of obstetric medicine at St. Bartholomew's Hospital. Here he successfully taught one of the largest classes of students in the metropolis, and a manual which he wrote for their use became so greatly famed that it was soon translated into most of the European languages, and ultimately into Hindostanee and Chinese. The direction of his aims was varied and catholic, the promotion of the welfare of his species being the object for which he deemed himself intrusted with whatever gifts or other means he had at his disposal. While taking the lead as a physician, and especially as a physician accoucheur, in the metropolis, he found time to cooperate zealously with Mr. Alderman Hale and others in the establishment of the City of London School, and created an annual prize for competition among the pupils. His infirmities obliged him to withdraw from public life about three years since. From that time his fine frame and powerful intellect gradually yielded to the encroachments of natural decay, and he passed away without suffering, as a "shock of corn in due season."

DEATH REGISTERS of England for the third quarter of this year, show as follows:—"Godstone.—12 deaths from cholera, 10 of them at the railway works at Oxted, where the huts are built in a very damp situation." "Westbourne, Sussex.—15 deaths from cholera, 10 of them within a radius of 25 yards, and wholly accounted for by the nuisances existing in the premises." "Ely.—2 deaths of children from diarrhoea; man, wife, and five children, aged respectively nine, seven, six, five, three, occupied one sleeping room. No chimney opening. Entrance by ladder and opening in floor with covered flap, which, for 'protection' was let down at night! Cubic contents of room 616 feet, or 88 feet per head, or reckoning five children as two adults, 154 cubic feet. All the children suffered from diarrhoea, with rice-water stools and other symptoms characteristic of epidemic cholera. The man also had diarrhoea, after some of the children (not before), but was able to continue at work. No other cases in same locality. In the same district there were two deaths from cholera, one a pauper of intemperate habits, the other in a house where eight persons occupied one bedroom, man, wife, and six children; cubic contents of room only 180 feet for each person; formerly scarlet fever and typhus in the same family." "Epping.—Three deaths from cholera. A man went to London to see his children who were ill there with cholera, caught the disease, returned home and died; two of his neighbours divided his clothes and bedding between them, and in each family a child died." "Colchester, First Ward.—This district has been singularly free from diarrhoea. We have an abundant and apparently inexhaustible supply of excellent water from an artesian well. Colchester is as perfectly drained, too, as any town in the kingdom, only the drainage is into the river, and the passage of the sewage is retarded by two water-mills. In the streets near the river we have always more or less fever." "Britford, Wilts.—Two deaths from cholera; one had been attending the funeral of a man who died from diarrhoea, and the other drank freely and partook of cucumber the evening before her death." "Salisbury.—One death from cholera, that of a man who came here from Hythe, Southampton, where he had been eating raw cockles." "Chester Cathedral Sub-district.—Eight deaths from cholera. The water supply is very indifferent. The whole of the borough

is supplied by the Chester Waterworks Company with water taken the river Dee; the river cannot, perhaps, be considered particularly pure at the best, inasmuch as it receives the sewage of Llangollen, Wrexham, Farndon, Holt, and a variety of smaller places before it reaches Chester; but, unfortunately, the part of the river from which the water is taken is further contaminated by being the receptacle of the sewage of the whole of the eastern half of the borough of Chester itself. This part of the river is formed into a sort of lake about one mile in length by some 60 to 80 yards broad, bounded at the lower end by a stone causeway erected for the purposes of holding up the water to supply the mills, and at the upper end by the shallows of Broughton Ford; into this basin the drainage of the town is carried by at least four several sewers at different points, and in its depths lie the accumulated filth of generations, but from it is daily taken the whole supply of water for the city. The waterworks company are now constructing works to obtain water free, at least, from the Chester sewage." "Yarm, Durham.—One death from Asiatic cholera, a sailor from Hamburg; he drank a quantity of bad water on board the steamer, and when the vessel arrived at Middlesborough went to a beerhouse and got drunk: he was then suffering from diarrhoea." "Newcastle-on-Tyne, All Saints.—6 deaths from cholera, and 23 from diarrhoea. In consequence of the borough magistrates having ordered a number of houses to be closed as unfit for human habitation, and a very large number having been pulled down to make way for a new railway from the quay side to the centre of the town, and as there is no provision made for the working classes, the number of houses in my district is on the decrease, and the population on the increase. So much overcrowding must eventually have an injurious effect on the public health." "Llanely.—Cholera has raised the mortality from the average, which 64, to 255. Out of this number 189 deaths are from cholera and diarrhoea, the disease proving fatal to rather more than one per cent., or about 1 in every 87 of the estimated population. The health of the town previous to the outbreak of cholera was very unsatisfactory, and this was universally attributed to inefficient drainage, and to the impurity and scanty supply of water during the summer months; that these are fruitful sources of evil has been proved by the fact that cholera has been most fatal in those parts of the district in which the drainage is most defective and the water supply most deficient." Other registrars note that the cholera has visited overcrowded places and places noted for the nuisances that afflict them.

#### BOOKS RECEIVED.

1. Animal Magnetism and Magnetic Lucid Somnambulism. By Edwin Lee, M.D. London: 1866.
2. Clinical Histories, with Comments. By Henry Day, M.D. London: 1866.
3. The Queen v. Beane. Extraordinary Charge of Murder against a Medical Man. By C. E. Reeves, B.A., M.D. Melbourne: 1866.
4. On Provision for the Insane Poor of the State of New York. By C. A. Lee, M.D. New York: 1866.
5. The Endoscope, as a Means for the Diagnosis and Treatment of Urethral Disease. By C. Heath. London: 1866.
6. On Temperature in Acute Disease. By T. A. Compton, M.D. London: 1866.
7. The Tropical Resident at Home. By E. J. Waring, M.D. London: 1866.
8. Epidemic Cholera and Diarrhoea. By W. Camps, M.D. London: 1866.
9. The Use of the Laryngoscope in Diseases of the Throat: with an Appendix on Rhinoscopy. By M. Mackenzie, M.D. Second Edition. London: 1866.
10. Histological Demonstrations. By G. Harley, M.D., and G. T. Brown. London: 1866.
11. Sanitary Measures and their Results. By Thomas Shapter, M.D. London: 1866.



## OPERATION DAYS AT THE HOSPITALS.

**MONDAY.....** Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

**TUESDAY....** Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

**WEDNESDAY...** St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.

**THURSDAY....** St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.

**FRIDAY.....** Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

**SATURDAY....** St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

## MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

**TUESDAY.** Pathological Society of London, 8 P.M.—Anthropological Society of London, 8 P.M.—Ethnological Society of London, 8 P.M. Professor Huxley, "On the Skull of a Patagonian"; Dr. Mann, "On the Zulu and other Caffre Tribes of Natal"; Mr. Crawford (President), "On the Ethnological Results of the Arabian Conquest of Spain."

**WEDNESDAY.** British Archaeological Association, 8.30 P.M.

## TO CORRESPONDENTS.

\* \* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

**COMMUNICATIONS.**—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

**CORRESPONDENTS**, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

The Publisher begs to intimate that orders for JOURNALS sent by post must be accompanied by stamps for the amount. Price of each number is, by post, *siapence*.

WE regret that we cannot find space for Dr. Woakes's remarks. The exposition of his theory of cholera-collapse appears to us to be already well given in his former paper.

**AN OPPORTUNITY.**—The *Dublin General Advertiser* offers the following great opportunity: "Doctors and Surgeons in high practice throughout the United Kingdom may, by conferring a real public benefit, materially increase their incomes; confidential. Address Mr. D....."

**MEDICAL ADVICE GRATIS.**—A correspondent asks for information relative to the medical advice referred to in the following notice, under the head of Cambridge University. He is curious to know the value and history of the charity; and how it is distributed.

"The distributors of Crane's Charity for the Relief of Sick Scholars, give notice that they intend to meet at Christ's College Lodge, on Tuesday, the 20th inst., at 2 o'clock P.M., for the purpose of considering and determining the claims of applicants for the benefit of this charity. Grants will be made on account of medicine, medical attendance, nursing, diet, and other necessities in sickness. N.B.—The applications of scholars must be made by the tutors of their respective colleges, and contain full particulars both of the medical and other charges and of the circumstances of the applicants."

**COMMUNICATIONS** have been received from:—Mr. ALFRED BAKER; Dr. BULLAR; Dr. SYMONDS; Dr. WATERS; Mr. THOMAS HUNT; Dr. H. MONCKTON; Mr. J. R. HUMPHREYS; Dr. THOMAS SHAFER; Dr. GRAMSHAW; Dr. S. W. D. WILLIAMS; Dr. TILBURY FOX; Mr. STEELE; Mr. R. T. HUNT; Dr. ROBERTSON; Dr. JAMES RUSSELL; Mr. Wm. P. SWAIN; Mr. T. M. STONE; Mr. CHARLES H. MOORE; Dr. BURD; Dr. R. L. BOWLES; Mr. PARKER; The HONORARY SECRETARY of the HARVEIAN SOCIETY of LONDON; Dr. LANCHESTER; Dr. WOAKES; Dr. EDWARD WILLIAMS; and Mr. HOWARD.

## ADVERTISEMENTS.

## Royal College of Physicians

OF LONDON.—FIRST PART OF THE PROFESSIONAL EXAMINATION FOR THE LICENCE. The next Examination of Students who have completed two years of Professional Study at a recognised Medical School will commence on Tuesday, December 4th.

SECOND PART OF THE PROFESSIONAL EXAMINATION.—An Examination of Gentlemen who are eligible for admission to the Second Examination for the Licence will commence on Tuesday, December 11th.

Registered Medical Practitioners, qualified before January 1861, are admitted to Examination under special Bye-Law.

Candidates are required to give fourteen days notice in writing to the Registrar of the College, with whom all Certificates and Testimonials required by the Bye-Laws are to be left at the same time.

Pat. Mail East, 1866.

H. A. PITMAN, M.D., Registrar.

## Royal College of Surgeons of

ENGLAND.—Notice is hereby given that the next MIDWIFERY EXAMINATION will be held at this College on Wednesday, the 12th of December. Particulars relating to this Examination may be obtained at the College.

14th November, 1866.

EDWARD TRIMMER, Secretary.

## Epsom College Exhibitions.—

Notice is hereby given that a Committee of Council of the ROYAL MEDICAL BENEVOLENT COLLEGE will meet at the Office of the College in Soho Square, on Friday, the 23rd of November inst., to receive applications for the admission to the College of boys between the age of eight and fourteen, as Exhibitors, at the reduced terms of £30 per annum. Such boys must, by the 2nd Bye-Law of the College, be "sons of some of the less fortunate members of the medical profession".

The parents of Candidates must make a confidential statement as to their income, the number of their children, and their means of educating them. Forms for the purpose will be furnished on application at the office, and must be returned filled up by the morning of the 23rd inst., at latest. The Committee will make a list of the Candidates whom they consider to be eligible, and the Exhibitors will be selected from that list according to the result of a Competitive Examination, to be held on a fixed day in December. The successful Competitors will be admitted on the opening of the College in January.

All particulars may be obtained from the Secretary at the Office.

By order of the Council,

ROBERT FREEMAN, Secretary.

Office, 37, Soho Square, London, W., 6th November, 1866.

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Messrs. BLAKE, SANDFORD, and BLAKE are prepared to supply the LITHIA WATERS (of which they were the original Manufacturers under Dr. GARNON's instruction) of any strength prescribed by the Profession for special cases. Those in constant use contain two grains and five grains in each bottle, either by itself or combined with BICARBONATE of POTASH or PHOSPHATE of AMMONIA.—Also, Potash, Citrate of Potash, Soda, Seltzer, Vichy, and Mineral Acid Waters, as usual.

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THE

# Jacksonian Prize Essay

FOR 1865.

## ON DISEASED CONDITIONS OF THE KNEE-JOINT.

BY

WILLIAM PAUL SWAIN, M.R.C.S.,

SURGEON TO THE ROYAL ALBERT HOSPITAL, DEVONPORT, ETC.

### SECTION III.—OPERATIVE INTERFERENCE.

(Continued.)

#### *The Constitutional Conditions admitting Excision of the Knee.*

THE condition of the patient after excision of the knee is such that great demands are made upon his reparative powers, and upon his ability to resist the severe suppuration that frequently follows. It really seems so reasonable, that it should be a *sine quâ non* for the patient to be free from any other exhaustive visceral disease, that one is surprised to find surgeons advocating the practice of excision when visceral disease is present. There can be no doubt that, if we could agree upon this one point, to give up the satisfaction of excising a knee-joint when the joint-disease is complicated with other serious constitutional lesions, we should materially reduce the mortality following the operation. It should be a golden rule—one of the few without exceptions—that *tubercle of the lung contraindicates excision of the knee*. The extraordinary case quoted by Price, in his appendix, is just a solitary one, where the immediate success of the operation may perhaps lead us to hope for similar results in phthisical patients; but, on reading over the case, I am inclined to think that it was a condition of very incipient tubercle in the lung. By good luck, and good management too, the case made a rapid recovery; but, if any mischance had happened, I can have no doubt that the lung-mischief would have been increased, and the patient would have fallen a victim (as another case is reported to have done) to acute phthisis.

In cases of rheumatic disease of the joint, great care should be taken to ascertain the condition of the heart; and it should also be borne in mind that an atheromatous condition of the arteries sometimes exists, which, if present, would be a grave objection to excision of the joint. The urine should be tested, and if Bright's disease be present, it will materially interfere with the after progress of the case.

There can be no doubt that, as a rule, recovery from excision is a much longer process than recovery from amputation of the thigh. Of course, there are rapid cases of complete recovery from excision; as, for instance, one which I well remember, under the care of Sir W. Fergusson at King's College Hospital, where the man walked into the theatre six weeks after the operation; but this is quite exceptional.

When, then, the constitution is enfeebled by other disease than that in the joint, I think that the procedure which holds out the best chance of rapid recovery should be adopted. If, for instance, a strumous joint have reached that stage of disease in which it is a constant source of trouble and annoyance, and if it seem to increase, as no doubt it frequently does, the irritation of tubercle in the lung, it should be removed; but rather by amputation of the limb than by excision of the joint.

*The age of the patient* is a point of great importance. Hodges states that excision of the knee has been performed as early as three years and as late as sixty-eight. The former case recovered, but with what condition of after-limb is not stated; the latter died, as one would naturally have expected. The average age of the patients who died after the operation, according to Hodges' curiously minute calculation (Hodges on *Excision of Joints*, p. 150), was  $25\frac{2}{3}$  years, and of those who recovered  $19\frac{2}{3}$ . There can be no doubt that the more fully developed the limb is, the more favourable is it for excision of the knee. The removal of the epiphyses, and the consequent loss of growth in the limb, have been fully discussed elsewhere; and there can be no doubt that, if a portion of the epiphysis can be saved, a very great advantage is gained. I believe, however, that this can rarely be done, and we must, therefore, calculate upon almost entire arrest of growth after the operation. Now, I think that this point has been made too much of; and, although I am adverse to excision in very young cases, because in after years the limb assumes most absurd and useless proportions, yet, even supposing at an early age that the entire epiphyses are removed and growth checked, surely the shortening of the limb a few inches more is no argument against excision of a diseased joint rather than amputation of the limb. The case has been so well put and fairly argued out by Professor Fergusson, in his lecture on Excision of the Knee, that little remains to be said on the matter. If the shortening after a case of excision amounts to, say, three inches, we are not disposed to quarrel with the result, and a high-heeled shoe well supplies the deficiency. Surely a mechanical appliance, twice this length, or even two-thirds longer, is vastly superior and more manageable than a wooden leg of three or four times the length. And it is also worth considering that, as this operation is one more frequently performed on persons of the poorer class, it becomes a matter of importance that the apparatus they are condemned to wear for life should be as simple and cheap as possible. I have known cases where, after amputation of the thigh, the patients have never been able to obtain a wooden leg on which they could walk; principally because they were unable to afford a good one. Now, it is within the reach of every one to obtain a high heeled shoe, or a shoe with an iron peg fastened to it, with which the patient can walk with the utmost facility.

The shortening of the limb is in many cases very considerable. In the case of Mr. Pemberton, so often quoted, he removed three inches and a quarter of bone; but, at the end of six years, the limb was nine inches shorter than its fellow.

In a case of excision of the knee performed by Mr. C. Heath on June 29th, 1858, on a boy aged 11½, the whole joint, including the epiphyses, was removed; and the following measurements were taken in June



1860, two years after the operation. (*Lancet*, July 7th, 1860.)

Height, 4 feet 6 inches.

*Right Side.*

From anterior superior spine of ilium to  
lower border of patella ..... 13 inches  
From thence to inner malleolus ..... 10½ "

Total..... 23½ "

*Left Side.*

From anterior superior spine of ilium to  
lower end of femur ..... 11 "  
From thence to inner malleolus ..... 10 "

Total..... 21 "

Showing a difference of exactly 2½ inches.

I was able to obtain the measurements of this case on Dec. 11th, 1865.

Height, 4 feet 9½ inches.

*Right Side.*

From anterior superior spine to patella ... 16½ inches  
From thence to inner malleolus ..... 12½ "

Total..... 29½ "

*Left Side.*

From anterior superior spine to lower end  
of femur ..... 12½ "  
From thence to inner malleolus ..... 12½ "

Total..... 24½ "

Showing a difference of 4½ inches.

Thus, in a case where the entire epiphyses were removed, the loss of growth has been only two inches in five years and a half.

This case also illustrates the fact, that the tibia, having lost its upper epiphysis, yet grows more longitudinally than the femur which has lost its lower epiphysis. Here the femur, as compared with its

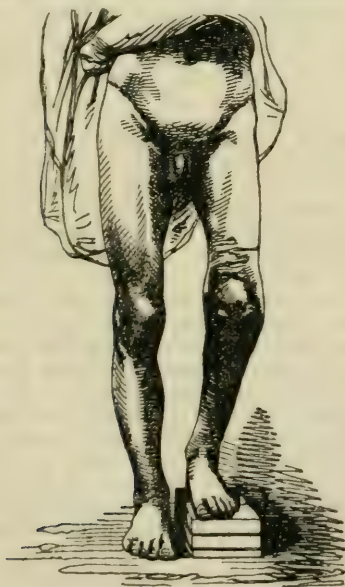


Fig. 18.

fellow, has lost four inches; whilst the tibia, compared with its fellow, has only lost half an inch.

The cause of this has been fully explained, in a former portion of this essay, when treating of the growth of the bones after excision of the knee. I

append woodcuts of this case, showing the condition of the limb two years after the operation and at the present time. (Figs. 18 and 19.) A cast of the knee, taken at the present time, was sent in with the essay.



Fig. 19.

As a pendant to this case, I may refer to one reported in the *Medical Times and Gazette* of Jan. 5th, 1861, by Mr. Henry Smith, where, on April 28th, 1855, the limb was reported to be exactly two inches and a quarter shorter than its fellow. In January 1861, the shortening amounted to four inches. Thus, in six years, the limb had only lost an inch and three quarters in length. (See also letter of Mr. H. Smith, *Medical Times and Gazette*, Jan. 19th, 1861, p. 79.)

In corroboration, I may refer also to a letter by Mr. A. M. Edwards, quoting a similar case, in *Medical Times and Gazette*, Feb. 16th, 1861.

Results such as these are, I think, sufficiently favourable to encourage the surgeon to excise the joint at an early age. The question in such cases to be decided is, at what period of life is the limb sufficiently developed to provide an useful limb after excision, supposing its growth to be very materially checked? And, in deciding this point, we must bear in mind that the entire limb shares in the after atrophy. I take it that the preservation of the foot is one of the great aims of excision of the knee. Now, if this member be so small and stunted as to serve little purpose in sustaining the weight of the body, it is hardly worth preservation.

There are, of course, many reasons which would influence the surgeon as to his decision; but, as a general rule, I do not think that excision of the knee should be practised on children under the age of ten years. It is generally the case that, where disease requiring excision is present, the limb has already been much checked in its growth. And if excision be performed on a limb already smaller than its fellow, and growth still further arrested, the result must be, in children under the age of ten, a limb of very little service in after life.



Before leaving this portion of my subject, I will refer to a paper written by Mr. Holmes Coote in the *St. Bartholomew's Hospital Reports*, 1865, p. 194.

"I maintain that too great importance is attached to the exclusive influence of the epiphyses upon the growth, and that, in whatever region of the body the operation of resection is performed, the great danger consists primarily in the nerve-shock to the patient, and secondarily in the consequences of extensively opening the cancellous tissue of the bone and in the prolonged period of convalescence. In all cases, or nearly so, the limb is withered, small, and weak; and in many instances it is useless, or nearly so. When performed on the young, growth only adds to the consequent deformity; when performed on the adult, the attendant dangers are immeasurably increased."

This is a very wholesale condemnation of the operation for excision of the knee; and the statements are really very much at variance with the general results of such cases. In referring to the quotation, I must point out the inconsistency of the writer, because I find that on April 18th, 1865, Mr. Holmes Coote excised the knee-joint of a female aged 15, and on Aug. 20th she is reported as being able "to leave her bed. *The result is satisfactory.*" On May 6th, 1865, he also excised the knee-joint of a boy, aged 13, who on August 21st is reported as being "convalescent, and he will soon be able to leave his bed." It appears to me that the author of the paper hardly practises what he preaches; and that, if he holds the opinions expressed above, he should refrain from so barbarous a proceeding as excision of the knee. Seeing, however, that he practises that operation with apparent success, I think he gives it but scant justice in his writings.

With regard to the age after which excision should be performed, I think it should never under any circumstance be undertaken in patients above the age of 45 years. I have here fixed what, in my own judgment, is the utmost limit. I would rather excise a knee-joint in a patient before the age of 40 than after. The powers of reparation in advanced life are not sufficiently strong to give the patient much chance of an useful limb, or to support him through the long after treatment.

In concluding my notice of the treatment of diseases of the knee-joint by excision, I would remark that, if the immediate effects of the operation be not as satisfactory as the surgeon could desire, a great deal of patience should be exercised in endeavouring to bring about a successful termination to the case. It is not always, unfortunately, that we can put our patients on their legs at the end of six weeks. Very many circumstances may combine to retard the ultimate cure. In young patients especially, the presence of caries in the heads of the bones often keeps open sinuses, out of which a copious purulent discharge is constantly issuing. In very many such cases, continuous rest, good diet, and change of air, will eventually bring about a perfect cure; but the surgeon may often expedite this by cutting down on the disease, and gouging out the carious bone, leaving a cavity surrounded by healthy tissue, which will soon be filled up by fibrous material, and in no way interfere with the after-results of the operation. This process may in the same case be resorted to more than once, until, as Sir William Fergusson has expressed it, by constant and patient *picking* at the disease, we eventually remove the entire mass,

and the sinuses heal up. Or, if the surgeon have reason to believe that the ends of the bones are still diseased, he may adopt a yet bolder proceeding, and have recourse to re-excision of the diseased extremities. Thus it is possible to obtain healthy bony surfaces, and ultimately firm union. A case of this nature was lately under the care of Mr. Henry Smith at King's College Hospital. Finding that a number of scrofulous sinuses existed, he cut down, dissected away a large quantity of diseased tissue, and removed a slice from the ends of the bones. The case progressed rapidly towards a cure. In cases where the ankylosis is simply fibrous, and of so slight a nature as to prevent the use of the limb, time and change of air will work wonders; and very frequently, when both patient and surgeon are nearly tired of waiting, osseous union commences, and progresses rapidly. Great care must be taken during this period that no distortion of the limb takes place. A stout leather splint, carefully moulded and laced up in front, is the best preventive; but, even with it, a watchful eye should ever be kept on the limb, and any tendency to displacement immediately corrected by the application of appropriate apparatus.

One of the great arguments against excision of the knee-joint is this fact which we are now noticing; viz., the prolonged convalescence of the patient, and the frequent uselessness of the limb after all. I do not think that the first part of this objection is by any means a sound one. In the first place, it is proved that, in some cases, excision of the knee-joint makes as rapid a recovery as amputation of the thigh; and, on the other hand, there are very many cases of prolonged convalescence after amputation of the thigh; and it frequently happens, that a considerable period elapses after the so-called cure of the case before the patient can bear on the stump any apparatus, with which he can walk about. In addition to this, admitting that, in the ordinary run of cases, the time after excision is longer before the patient can walk on the limb, than after amputation before he can bear a wooden leg, yet surely the prolongation of convalescence in the former case is a good investment of time, for it promises a leg of flesh and bone, with a good foot at the end of it, instead of a wooden leg, which, under the very best circumstances, is a life-long encumbrance to the patient. With regard to the second part of the objection, as to the ultimate uselessness of the limb, I fear that many surgeons are too hasty in their condemnation of these after-excision limbs. Thus many are condemned to amputation, because they "hang like flails", before time has been given and every means used to procure osseous deposit in the fibrous tissue connecting the bones. Or, again, surgeons shrink from having recourse to such minor operative procedures as the removal of a small quantity of necrosed bone, whilst they rush headlong to the capital operation of amputation of the thigh.\* We

\* The report of a specimen exhibited by Mr. Holmes at the Pathological Society of London in 1860 (*Pathological Transactions*, xii) from the case, to which that gentleman refers in his paper in the *British and Foreign Medico-Chirurgical Review*, affords an excellent example of undue haste to amputate a limb after excision of the knee. The patient was aged 19; his right knee had been diseased six years, and was excised by Mr. GALT on October 31st, 1859. He was admitted into St. George's Hospital in August 1860, "in a state of great emaciation and weakness, with constant pain and discharge from numerous sinuses around the situation of the joint." The thigh was amputated on August 16th, and he recovered. The fol-



have yet to learn, in the treatment of these cases from the very first, some of those lessons of patience inculcated by Mr. Hilton, although I am sure that virtue will seldom be so severely taxed as he would have it to be.

Before proceeding to the consideration of amputation of the limb, I wish to call attention to what may be called a sort of intermediate step between the two operations. It has been very well remarked that, however deep may be our insight into disease, we may sometimes be mistaken as to its extent. Mr. Cadge of Norwich, in a letter to Mr. Price, published in his essay, states that he has frequently opened the joint and examined its condition before deciding to amputate. I think this plan of exploration an admirable one. There are very few cases of knee-joint disease, except where the constitutional condition of the patient demands amputation, where this plan might not be pursued with advantage. I would, however, proceed a step beyond the mere opening of the joint, and saw off the articular ends of the bone as well. There can then be no mistake as to our diagnosis; and it may sometimes happen, that we shall have the extreme satisfaction of saving a limb to the patient, which had previously been condemned to amputation. Certainly we should be saved the remorse (for such *should* be our feelings) of ever having removed a limb that might have been saved by the simple excision of the knee-joint. In the section on amputation will be found a case of this nature, in which I completed the operation by amputation. The condition of the bones shown in preparation No. 5 was a sufficient warrant for this proceeding. I may mention, without trenching on the latter part of my subject, that I consider a modification of Teale's rectangular amputation the best in these cases. The horseshoe incision, made as the first step of the excision, will make the base of a long anterior flap, which may be dissected upwards from the front of the knee and thigh; whilst a short flap may be cut behind quite high enough to secure division of the femur above the seat of disease. Of course, I am presuming that the soft tissues at this part are sound.

Appended is an admirable drawing belonging to late Mr. Price, showing the condition of ankylosis in a case of Mr. Mayo's of Winchester. The man had a most useful limb, but died in hospital of erysipelas. (See case reported in Price's *Essay*, p. 111.)

Another drawing, also belonging to the late Mr. Price, showing a false joint formed after excision of the knee, accompanied the essay.

[To be continued.]

lowing is an extract from the report of the specimen. "At the back part of the surface of the inner tuberosity of the tibia, was a deep carious cavity, in which two or three very small fragments of dead bone had been lodged. A large extent of the upper surface of the tibia around this was rough and exposed. Hardly any union existed between the bones at the back part; but a strip of ligamentous tissue passed obliquely upwards and inwards from one bone to the other. In front, the femur, which was slightly displaced inwards and advanced upon the tibia, was firmly soldered to it by a structure which was in great part bony, mixed with fibrous tissue; here and there, however, rounded nodules were seen in the uniting material, of a bluish colour when fresh, semi-transparent, and showing under the microscope very plainly the characteristic nuclei and intracellular substance of true cartilage, with ossification progressing in several parts. The union was found to be soft, so that a slight amount of flexion was still possible. The ends of both bones, but especially the femur, were much expanded, and the superficial laminae so separated from the subjacent bone, as to crackle under the finger."

## Illustrations

OF

## HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

### BOOTLE GENERAL DISPENSARY, LIVERPOOL.

CASE OF ABSCESS, ETC., IN CONNEXION WITH URETHRAL STRICTURE.

Reported by M. HILL, L.R.C.P., and L.R.C.S. Edin.,  
House-Surgeon.

J. G., aged 44, married, and has a family; nervous temperament and scrofulous taint. I first saw him on the 2nd of February last. His appearance was most distressed and anxious; he was suffering acute pain; he had had severe rigors for two or three days previously, and was in mortal dread of their recurrence. There was an exquisitely tender spot about midway between the pubes and testicle of the left side, but no redness, tumefaction, or fluctuation, perceptible. He could scarcely bear this spot to be touched, so but a slight digital examination was imposed on him. He had no difficulty in passing urine; no tenderness along the course of the urethra, nor had he received any hurt in that neighbourhood. I ascertained that he had gonorrhoea at an early age, which left him, as a *souvenir*, a stricture or two in the bulbous and membranous portions of the urethra. These gave him but little trouble for a long time; however, year by year, they grew more callous and constricted, according as wet, cold, or excesses affected him, yet did not so far interfere with the passage of urine as to require the catheter until about twelve years ago; since when he had had to apply to the dispensaries and hospitals in Liverpool several times. He stated that very often the greatest difficulty was experienced in passing even the smallest sized instrument. He was told on one of these occasions by an experienced member of the profession that false passages had been made into the bladder—a statement I can readily believe. He got on well without the catheter for the last six years, but about eight months before now he was seized with rigors, without any apparent cause, which rigors continued to recur at intervals of from two to four weeks, until near Christmas, from which time to within a few days he had enjoyed an immunity from these shakes. I was in doubt. Was it a lumbar abscess pointing in this situation? or a collection of matter in connexion with stricture? The first hypothesis depended on the long standing rigors—eight months—his previous ill condition, the fact that heretofore he had large indolent abscesses near the shoulder, presumably of a scrofulous nature, and the absence of any uneasiness or pain which a lesion of the urethra would or ought to occasion in that tract, and the latter supposition had for grounds the present acute symptoms, inflammatory disturbance, and the presence of an old stricture, albeit he had at this time neither extravasation of urine, nor more than the usual difficulty of passing it. I was tempted to put in a grooved needle, and find out the position of the pus which I knew was within; but I refrained on account of the great pain it would occasion, at least, until I had the benefit of others' experience. I therefore ordered him a smart aperient, hot anodyne stupes, and an opiate to secure sleep, from the want of which he suffered greatly. Two leeches were applied next day, but with no remission of the pain or rigors. I had Mr. Sprakeling, one of the honorary



surgeons of our Dispensary, to see him, and the expectant plan of treatment was still further recommended.

Two days later, the scrotum and penis having greatly swollen, and there being the slightest possible softness in the tender spot, Dr. Bird, also of the Dispensary, who was with me, introduced a grooved needle, and finding pus at a depth of one and a half or two inches, opened the abscess to the same extent, much in the direction of the cord, whereupon a large quantity of flaky fetid pus, and urine was liberated. A number of punctures in the swollen scrotum completed the operation. These I found next day discharging freely; nevertheless the left side of the scrotum presented a livid unhealthy aspect, which induced me to slit open the integument for several inches, given exit to much pus and urinous fluid; this did not prevent the scrotum from sloughing extensively, and the urine now made for itself a passage in the posterior raphe, irritating and inflaming all the textures. To prevent this, the introduction of a catheter became necessary, but this was no easy matter; several lacunæ, and one band of the stricture could be distinctly passed, but beyond this, even the smallest size would not go. The attempt was abandoned for a day or two, as he was very weak and shaky. At length we were driven to lift him out of bed, and support him with his legs on the floor, when the catheter which Mr. Sprakeling was manipulating slipped through the stricture, and was secured to a waistband round the body. Thenceforth he rallied; the irritability of system, which could not bear the slightest motion was calmed; the hard glazed tongue became moist and clean; the appetite, which nothing could tempt, revived; sleep, which he had previously owed but to exhaustion or opiates, now came naturally; in fact, he was rescued from the hectic that was consuming him, and which our iron, quinine, anodynes, etc., could not prevent. The catheter was not disturbed for sixteen days, by which time almost the whole of the exposed testicle had been covered in; showing the facility with which highly vascular parts will recover themselves if put in proper train. His urinary apparatus is now in better order than it has been for some years; and the cicatrix, although exhibiting some loss of substance serves but to bring the two sides of the scrotum on a level, the left testicle in ordinary cases hanging rather lower than the right.

In this case there must have been ulceration of the urethra; the extravasation of a few drops of urine; the consequent induction of an inflammatory process, and its results; the formation of pus and its confinement by plastic lymph; but most singular of all, these processes must have gone on without any perceptible pain in the urethra, nothing but the rigors indicating what mischief was present. The only hypothesis to account for this, that appears to me probable, is, that this ulceration of the urethra must have taken place at the bottom of one or more of the lacunæ which ran beside the urethra, probably the result of heroic catheterism and false passages. The urine in passing would act as a valve shutting off this sore spot from the action of itself, thereby saving him all the pain, smarting, etc., which it would otherwise induce. Moreover, it is well-known that ulceration in mucous membranes is often untended with pain; however it be, it will be admitted the diagnosis was sufficiently obscure, and if it be my fate to meet with another such case, the patient will have but six days of bed instead of six weeks, by the prompt introduction of the catheter, and the prevention of extravasation and sloughing. The moral is, a correct and early diagnosis, and then leave nothing to "expectation."

## Transactions of Branches.

### SHROPSHIRE SCIENTIFIC BRANCH.

#### PRESIDENT'S ADDRESS.

By EDWARD BURD, M.D. and M.S. Cantab., etc.,  
Senior Physician to the Salop Infirmary.

[Delivered at the Annual Meeting, October 24th, 1866.]

THE task imposed upon one who has had the honour of being called to preside over a meeting such as this, is no light one. I must crave the kind consideration of my hearers whilst endeavouring to discharge, to the best of my power, the duty which has devolved upon me. The field of medical labour is so wide, the qualifications requisite for success in the prosecution of its several branches, so various, that there can be but few, if any, who are capable of taking in and understanding the whole, of perceiving the direction in which successive advances are leading us, and the lines of research which are destined to be the most fruitful; but if the prospect before us be embarrassing, it is so by reason only of its richness, and of its extent. It is one full of promise for the future, one which, even now, gives us ground for well deserved triumph over achieved success. If, however, this success is to be consolidated, and made still more complete, we all must take part in the work. The art of medicine, dealing, as it does, with man wherever he may be found, under all the varied conditions of race, soil, climate, and habits of life, can never in its entirety be brought to perfection at any one spot alone. However vast the opportunities of observation may be, however great the genius and energy of the men who head our medical schools, and mould their doctrines, whether in the centres of modern commercial activity, or in our ancient seats of learning, their labours must yet be supplemented and corrected by the results of experience gathered elsewhere. The tendencies of centralisation, the consequences of the aggregation of large numbers of men in cities, require to be recognised, and guarded against, not less in medical than in social or political science. Thus it may well be the case that in recent views as to the past history of disease, and the identity or non-identity of its type at the present, as compared with former periods, too little attention has been paid to the influence of causes of this nature. No one who has seen anything of the life of the poorer classes in our large towns, and of the unfavourable sanitary conditions under which they exist, can have failed to notice the marked inferiority in constitutional vigour, and the defective physical development of townbred as compared with country populations; and this too in spite of the constant infusion of fresh blood, which the former are always receiving. It must be matter of daily experience with many here, that diseases, which in the hospitals of the metropolis require a stimulating, or, in modern phrase, restorative treatment, would most probably be made worse by such treatment, when they occur in persons accustomed to sturdy labour in the pure air of the country. It would be difficult to believe that all the powerful causes of deterioration of race, which exist in cities, can have had no effect whatever; that the impure air, the impure water, the impure food, the excessive use of alcoholic drinks, adulterated by the most deleterious substances, the abuse of opium, the wide spread contamination of syphilis, can have been altogether unfruitful of evil; but when we actually see their effects in the stunted growth, the blanched faces, the puny forms of large and daily increasing masses of our population, it is



still more difficult to believe that diseases alone can have remained unchanged, that the treatment which is necessary for the feeble factory hand, or the artisan who follows some sedentary occupation in a close crowded court, would have been suitable for his vigorous ancestors. Now this question of change, or rather difference, of type, which has great but merely speculative interest, so long as it is looked at from an historical point of view, is in reality one of immediate practical importance. The right answer to it concerns most nearly a large number of the members of our profession, the hard worked and hard working country practitioners; men, whose constant labours rarely allow them any leisure to generalise their experience, but who find themselves not unfrequently obliged to act in opposition to the fashionable doctrines of the day. The rules of our art are laid down, its science is worked out in great measure by men who study disease principally as it exhibits itself among town populations. For this reason it is incumbent on those who have to deal with disease under different circumstances to test for themselves the principles and practice of the schools, to ascertain how far they must be modified to meet the requirements of particular cases. If this be done honestly, and without bias, it may be found that even in diseases such as pleurisy and pneumonia, the lancet is not to be quite discarded, and that the contents of the wine-merchant's cellar do not form a satisfactory substitute for the whole *Pharmacopœia*. But the adequate discussion of this topic would lead me far beyond the limits of the time at my disposal. Let me rather direct your attention, briefly to one or two points in the recent history of medicine with reference to its present state, its possible future.

We have learnt, and are still learning, to take wider views of disease; to consider it rather as the sum total of a perverted physiological condition, than as a distinct separate existence, a something added to the normal state of our patients. Thus, in practice, we no longer search vainly for specific remedies, but content ourselves by following, as best we may, the general indications of the case. We see that, not unfrequently, when those drugs which have the best claim to a specific action have failed, a rational treatment, hygienic and dietetic, may and often does succeed. For instance, syphilitic symptoms, which may have been with difficulty held in check by the most judicious use of drugs, will not unfrequently disappear, for a time at least, under the influence of sea-air, and of a carefully regulated diet. But it may be said that this treating of disease on general principles is, after all, but a confession of ignorance; that we have ceased to rely on so-called specifics, not because they do not exist, but because we have hitherto failed to discover them. Even if it be so, we have not the less made real progress. The confession of ignorance is at any rate the first, and generally the most difficult step towards the attainment of truth. Nor is it to be supposed that, because in our remedial measures we no longer seek to rival the miraculous virtues of a talisman, they are therefore useless, and have no influence on the mortality due to disease.

Whilst, however, in treatment we are often wisely satisfied with putting our patients merely into the condition most favourable to their recovery, with removing hindrances in the way of the *vis medicatrix nature*, the physician within the skin, we are daily acquiring a more extended and a more complete knowledge of the causes and natural history of disease, a knowledge which will most assuredly ere long bear good fruit in practice. It may be that many forms of disease are incurable, that we cannot expect

ever to arrest their course, or even to retard their fatal termination; but there seems good ground for hoping that there are few or none which may not be prevented. Were it in our power to enforce upon the community the practical conclusions with which the knowledge we possess has even now furnished us, how great would be the diminution in the annual mortality, how many, and what destructive diseases would be all but erased from our nosologies! The origin of many of the most formidable maladies with which we have to contend, is no longer an inscrutable mystery; they do not arise from causes beyond our knowledge, and therefore beyond our control. The ravages hitherto caused by infectious diseases ought not to be repeated in the future. It is our own faults that the victims of typhus, typhoid, and scarlet fevers are still each year counted by thousands. We have, it cannot be denied, very much yet to learn as to the conditions which favour the development of diseases of this class, how far their virulence may depend upon atmospheric, or even upon telluric influences; but we do know that they rarely, if ever, arise spontaneously, that for instance, no known combination of circumstances can produce a case of scarlet fever, or of small-pox, apart from the presence of the poison peculiar to these diseases, and that this poison must have been derived from some patient already affected by it.

The argument that diseases must have had a beginning, and that the causes which gave rise to them at the first may still be in operation, has been answered, by experience, in the negative, all but as conclusively in the case of zymotic diseases, as in that of the spontaneous generation of animal or vegetable life, to which it is not less applicable. Now that the invaluable researches of the late Dr. Snow, of Dr. W. Budd, and others, have demonstrated the important part played by contaminated water in the diffusion of disease, the doubt and uncertainty which prevailed as to the causation of many diseases have been finally removed, and we have ourselves only to blame if this knowledge be not at once turned to good account even in the case of that destructive pestilence which is now among us. The history of the present epidemic of cholera, incomplete though it be, has yet put us in possession of two incontestable facts; one, that cholera is produced only by cholera; the other, that water, somehow polluted, most probably by the discharges of cholera patients, is the most efficient vehicle of the poison. If Mr. Glaisher's observations of the so-called cholera mist are to be relied on, it would even seem that a proof, amounting as nearly as possible to a demonstration, has been given of the impotence of mere atmospheric conditions to produce cholera. To estimate properly the immense service to humanity which the prevention of a plague such as epidemic cholera would be, we need but call to mind the destruction of life which it has caused, and might again cause, under circumstances favourable to its spread. To give but one instance out of many; when the army of the Marquis of Hastings, numbering in all 90,000 men, was attacked by it, in November 1817, we are told that it was a common occurrence for sentries to be suddenly seized at their posts, and, having been carried in, to have two or three successors before the two hours' duty was performed. The mortality at length became so great that there were neither time nor hands to carry off the bodies, which were thrown into the neighbouring ravines, or hastily committed to the earth on the spots where they expired, and even round the walls of the officers' tents. In the five days included between November 15th and 20th, the number of deaths amounted to 5,000. When the camp was moved, many of the sick were unavoidably



left behind; and, as many who left the carts, pressed by the sudden calls of the disease, were unable to rise again, and hundreds dropped down during every subsequent day's advance, and covered the roads with dead and dying, the ground of encampment and line of march presented the appearance of a field of battle, and of the track of an army retreating under every circumstance of discomfiture and distress. I can speak too, from my own experience derived from the practice in St. Bartholomew's Hospital in London, to which I had the good fortune to be attached, for the special purpose of superintending the cholera wards in 1849. Everything was there done which medical skill could devise to prevent the spread, and diminish the fatality of this pestilence, but I have seen as many as twelve die in a day, and there were nearly three hundred fatal cases within its walls during the epidemic. So rapid was the course it ran, that several times it happened that the friends of cholera stricken patients were attacked whilst carrying those affected to the hospital, and died in six hours, sometimes even before the very patients whom they in apparent health had helped to carry.

But although the greatest, the most enduring successes of medicine consist in the discovery of means by which health may be retained, and disease altogether prevented—and it is in this direction that the most marked progress is now being made—there is perhaps no department of our art in which we cannot point to an almost daily advance. Each year adds something to our power to diminish suffering, to preserve life. The employment of anæsthetics in surgery and in obstetric practice, the gradual improvements in the treatment of stone, of aneurism, and of ovarian disease, are after all but striking instances of a general progress, and of the methods to which it is due.

The great boon of insensibility to pain is sadly marred, more so perhaps in public estimation than in reality, by the fatal results which now and then follow the inhalation of ether and chloroform. The power of readily producing local anæsthesia, by the ether-spray jet, for which we are indebted to the genius and perseverance of Dr. B. W. Richardson, has relieved us in very many cases from the necessity of offering to our patients the choice between suffering the pain of an operation, or running a certain amount of risk, and this too in that very class of cases, viz., minor operations, in which the greatest number of accidents have occurred. Not only in the minor operations of surgery has it been of immense advantage, but it has been also used beneficially in some cases of capital operation where large superficial incisions are required, as in ovariotomy; and its application has been carried out with perfect success by our associate and vice-president Dr. Newman, in a recent case of Cæsarean section.

The introduction of sedatives into the system by their subcutaneous injection, where their administration by the stomach is impossible or contraindicated, has of late years been much used and of much service. The injections of morphia under the skin by Dr. Alexander Wood's syringe are most useful in cases of advanced phthisis, in neuralgias, as, for example, in sciatica, also in lead-poisoning and in some cases of delirium tremens. It is often easier of application, and gives more relief than any other sedative. In the London hospitals it is a remedy in every day use, but I do not think that it has been properly appreciated amongst us. The absorption is marvelously rapid, and the system is equally affected by much smaller doses when administered through the skin, than by the stomach. I see no reason why other potent remedies should not be thus introduced.

At all events, the subject is worth more extended experiment.

By the introduction of lithotritry, and the determination of the conditions under which it ought to be preferred to lithotomy, we have been enabled to treat, with greatly increased success, one of the most painful and dangerous of diseases. Should researches such as those of Dr. Roberts, of Manchester, lead, as there seems good ground for hoping, to the discovery of some practical means of dissolving calculi in the bladder or in the kidney, this success would be rendered all but complete.

The history of the treatment of aneurism is not less instructive and hopeful. Great as was the advance made when the ligature was first employed, the successful treatment of so fatal a disease by external pressure alone, whether by the hand, by the tourniquet, or by simple flexion of a limb, cannot but be regarded as a still greater triumph of skill; and, as in all real advances in knowledge, we are thus, by the simplest means, enabled not only to treat with greater ease and safety, cases amenable to former methods, but even those which only a short time ago were completely hopeless are now brought within the scope of our art. The abdominal aorta is not, indeed, beyond the reach of the cautious boldness which distinguishes the modern surgeon; but there was little prospect of success in any operation that could be undertaken for the cure of an aneurism of that vessel. Now, however, we can point to patients who have been rescued from the certainty of a dreadful death by the application of long continued pressure under chloroform to that vessel above the tumour.

In the treatment of ovarian disease, the labours of Dr. Clay, of Manchester, Mr. Spencer Wells, and others, have enabled us to combat with a fair amount of success, a hitherto all but incurable and hopeless malady, and in so doing have added one of its brightest chapters to the history of British surgery; and here I must be allowed to indulge in an honest pride, that, more than twenty years ago, two cases of ovarian disease were successfully operated on by my father in our own County Hospital, and that too, at a time when the operation was unpopular with, and unfavourably received by London surgeons. When the case was read by Mr. Paget, at the Royal Medical and Chirurgical Society in 1847, the verdict, after discussion, was, that the remedy was barely justifiable.

Less than sixty years ago, Mr. Abernethy read a paper before the Royal Medical and Chirurgical Society of London, which is published in the first volume of their *Transactions*, On a Diminution (in consequence of disease) of the Area of the Aperture, by which the Left Auricle of the Heart communicated with the Ventricle of the same side; that is, on obstructive disease of the mitral valve. He begins his communication thus:—"I have thought this circumstance in morbid anatomy deserving the attention of the Society, as I do not find it adverted to in any books treating on that subject." In the present state of our knowledge of diseases of the heart, it is difficult to believe that such words could have been uttered so recently by such a man. Now, by the employment of the simplest and apparently most obvious means of investigation, we are enabled to ascertain the exact condition of the various orifices of the heart, and of its muscular structure, to predict the course and termination of diseases of that organ, and in many cases although the actual cure of organic disease is still beyond our reach, to alleviate the suffering it occasions to an extent un hoped for by our immediate predecessors.

Little more than thirty years ago, Dr. Latham was



prevented from publishing a work he had prepared, on the treatment of fever, by the sudden occurrence of what he regarded as a change in the type of that disease. He found, to his surprise, that the means he had employed, the remedies on which he had been accustomed to rely, were no longer of any avail, nay, were even injurious to his patients. The rules derived from his past experience seemed to be worse than worthless as guides for the future. To us, the mystery is explained by the establishment, principally through the labours of Dr. Jenner, of the diagnosis between typhus and typhoid fevers. We are no longer astonished that treatment successful with the one, should be inapplicable to the other; and, with anything like average care and skill, we can have no difficulty in ascertaining with which of the two we may have to deal. A diagnosis which baffled the skill of the greatest of modern physicians, can now generally be made with ease and certainty by any one who is not either culpably ignorant, or wilfully blind. It cannot be necessary to dwell at length on the importance of a correct diagnosis in this instance, on the greater confidence in prognosis, the larger success in treatment, which it confers.

From pathology, again, we are daily receiving fresh stores of knowledge; of knowledge whose importance and value can hardly be over-estimated. In some instances, indeed, our advances in this direction have not yet borne practical fruit; we have still to wait for the link between science and art, for the means of transforming our knowledge into power. Thus the establishment of the connection between hemiplegia of the right side depending upon injury to the anterior portion of the left hemisphere of the brain, and loss of language as distinguished from power of articulation, deeply interesting though it be to the physiologist and the psychologist, is as yet of no avail in practice; but very different is the case with regard to affections of the vascular system. Thanks to the researches of Virchow, Kirkes, and others, we are at no loss to explain symptoms which, but for this clue, would be most mysterious. Thus, in puerperal cases, we can now trace, almost, as it were, with our eyes, the formation of clots in the veins of the pelvis, or in the ovarian veins, their gradual extension into the larger venous trunks, the successive changes they undergo, their gradual alteration in colour, the softening of their centres, the discharge of their *débris* into the current of the circulation, or the sudden detachment of larger and firmer portions, with the effects of such an event upon the pulmonary circulation, viz., the obstruction, more or less complete, of the pulmonary artery, producing death, either on the instant, or after a few hours' agony; or again, in the case of the systemic arterial circulation, we have learnt how fibrinous accretions may be formed in the interior of the left chambers of the heart in consequence of inflammation, or other affections of the endocardium, and how these masses become detached, and, by their mechanical interference with the circulation, produce lesions of structure and function of the organs in the arteries of which they may have become impacted. The same cause thus gives rise to symptoms so widely distinct from each other as hemiplegia from dry gangrene of an extremity, or as this latter from hæmaturia.

Again, we owe a large debt to those who have made the thermometer available in clinical observation. The rise or fall of temperature, which accompanies nearly all serious forms of disease, enables us to detect at an earlier period the approach of danger to our patients; to distinguish at once, and with all but absolute certainty, between real illness and its counterfeits. We must all of us, at times, have met

with difficulties in the diagnosis of hysterical affections, in determining to our own satisfaction whether the symptoms were altogether fictitious or only exaggerated. With the introduction of the thermometer, this difficulty has, in a large number of cases, ceased to exist. Symptoms of fever, or of acute disease of some large joint, for instance, unattended by any rise in temperature, can have but one interpretation. We may set ourselves at ease as to the safety of our patients, though we may still be at a loss for means of cure.

But we are met here to-day, not merely to take stock, as it were, of our knowledge, but to add something to it; not merely to reckon over the gains of our fellow-workers, but to emulate them. Though much has been done, far more remains to do. There is one way in which we may all of us help in the progress of our art—one way in which we can best fit ourselves for its practice. Medicine in its modern development, no less than other branches of human knowledge, is daily passing more and more out of the domain of theory and authority into that of fact. In the careful observation, the accurate record of facts is to be found the secret of past, the hope of future success. The daily practice of each of us supplies facts, which, if we knew them thoroughly, would enlarge almost indefinitely our knowledge of natural laws, our power over disease. It has been well said that ours is a poor trade, but a noble profession; in its scientific study, in its honourable practice, lies our best, our only road, to a larger knowledge, to social distinction, to substantial reward.

## Reviews and Notices.

THE PHYSIOLOGICAL ANATOMY AND PHYSIOLOGY OF MAN. By ROBERT B. TODD, WILLIAM BOWMAN, and LIONEL S. BEALE, Fellows of the Royal Society; Former and Present Professors of Physiology and of General and Morbid Anatomy in King's College, London. A new Edition by the last-named Author. Part I. Pp. 155. London: 1866.

We have here the first part of a new edition of Todd and Bowman's *Physiological Anatomy and Physiology of Man*—a work which has been before the profession for about twenty years, and which, both from the reputation of its authors and its own merits, has maintained a high place in our scientific literature. The first edition, as its parts successively appeared, represented the existing knowledge of general anatomy and physiology. But, as every one knows, great changes have since occurred in these departments of science; and therefore a new exposition of them was wanted. No one could be more qualified to give such an exposition than Dr. BEALE; both as the pupil, colleague, and successor of the former editors, and as a profound physiologist and painstaking investigator.

The part before us consists of an Introduction, and two Chapters—one on Structure and the other on Chemical Composition.

In the Introduction, after some preliminary remarks on the aim of natural knowledge, and on the means of conducting scientific inquiries, the Properties of Organised and Unorganised Bodies, and the Structure and Special Characters of Organised Beings, are discussed.



Under the latter head, Dr. Beale notices the doctrine of Spontaneous Generation or Heterogenesis, for the purpose of contradicting it. There is not, he says, sufficient evidence in its favour; for no one, even with the highest magnifying powers, has been able to see the particles of matter coalescing to form a living structure. Regarding Putrefaction, he adopts fully the doctrine that an essential part in it is played by living organisms, of which the germs—exceedingly minute—gain entrance from without. These germs of extreme minuteness certainly exist, he says, in mucous membranes and in glands; and they probably are present even in our blood, waiting only a favourable opportunity for multiplication.

"Nor are cases wanting in which the decomposition of tissues, and of the blood, and the multiplication of such low forms of life, have occurred in the living body itself—the change of course being soon followed by death. The matter, however, which is the seat of this change is dead. The life of the tissue does not become the life of the infusoria, as some have maintained, but the tissue becomes disintegrated, and the infusoria, derived from infusoria that lived before them, live upon the products, just as other organisms may live upon the matters derived from the death of the infusoria. Living matter never lives upon living matter, by the life of one organism being converted into the life of another, as some have speculated. Living matter must itself die ere it can pass as food to form part of any living organism." (P. 19.)

Speaking next of Force and Life, Dr. Beale adopts fully the doctrine of the correlation of the physical forces, as demonstrated by Helmholtz, Grove, Mayer, Joule, and others; but he denies the correlation of these forces with life. The so-called *vital forces*, he says, of those who advocate the doctrine of their correlation with physical forces, are nothing more than ordinary physical forces manifested in living beings.

"The sun is the source of all the physical forces operating in living beings.....All the work performed by our muscles, all the heat developed in our bodies, all chemical actions resulting from the union of oxygen with carbon, hydrogen, and other substances in the animal body, have their original source in solar energy." (P. 22.)

Fully admitting all this—that physical forces have an important share in the phenomena of organised beings—Dr. Beale denies that *life*, or *vital power*—the "self-constructing, self-maintaining, and self-propagating power"—is to be classed with the physical forces. Our own reflections on this subject lead us to agree fully with him on this point. There can be no question that the physical forces are the means by which the changes effected in living organisms are brought about; but still the exertion of physical forces does not explain fully the phenomena presented by living beings. By the action of these forces, the products formed in the body may be produced artificially; but they will want certain distinctive properties, and be incapable of manifesting those phenomena which, for want of a better term, we call *vital*. But what is this *vital power*, or life?

Dr. Beale, in discussing this question, notices first the various hypotheses that have been advanced. Aristotle believed in the existence of a series of animating principles, or  $\psi\chi\alpha\iota$ . Harvey also assumed the existence of an animating principle, which he located in the blood as its special seat. Hunter be-

lieved in a *materies vitæ*; Müller in an organic force; and Prout in the existence of a powerful organic agent. On these hypotheses, Dr. Beale remarks that they are equally untenable with that which attributes the phenomena of living organisms to the action of physical forces alone; because they do not recognise the part which the physical forces unmistakably take in the phenomena. Attempting to account for vital actions, he says that

"They can only be accounted for by attributing them to the influence of some peculiar power totally distinct in its nature from any form of ordinary force. This is not a power which exists as it were in a concentrated state in the germ, and gradually expends itself as the tissues are evolved, or as the development of the race proceeds; but it is a power which is temporarily associated with, and influences for a brief period of time, every particle of matter which becomes living. It is a power which may be transmitted infinitely through the infinite multiplication of living matter without any increase or diminution in its intensity. As soon as tissue or any of the peculiar compounds result from the changes occurring in this living matter, its wonderful vital powers have ceased for ever." (P. 29.)

Further on, he repeats the assertion that the connection of vital power with matter is only temporary, and observes that the particles influenced by it soon pass from under its control, and, if they be not soon succeeded by new particles, vital action must cease. The action, he says, is "not simply transferred from particle to particle, so that one gains what another has lost"; but the direction and control are exerted on particle after particle, as new particles come into contact with those which live already.

"The various particles are not placed in this or that place by a controlling power, ordering and influencing all, but each particle for the time being seems to direct and control itself, and its power is transmitted to new particles without loss or diminution in intensity, and sometimes with actual increase." (P. 35.)

According to Dr. Beale, physical forces, so far from being sufficient for life, are actually opposed to it.

"Certain physical conditions interfere with the manifestation of this power. The action of air, and various external circumstances, cause death. In fact, it would seem that inanimate matter, to become living, must come into contact with that which lives, only in exceedingly minute portions at a time. If much lifeless matter came into contact with living matter, the latter dies. Death is simply the cessation of the vital changes, and is due alone to the action of physical conditions. Physical forces invariably cause death, but they cannot give rise to life. Ordinary force and life seem to be opposed." (Pp. 35-6.)

Dr. Beale has very fairly described the hypotheses of others as to the nature of the vital power, and has well exposed their fallacies; but that he has himself succeeded in framing an hypothesis which shall bear investigation by other equally philosophical minds, is a matter on which we have great doubt. What he has done best in discussing the subject, is to separate the truly physical phenomena occurring in living bodies from those which cannot be explained by the action of physical forces.

In speaking, next, of the Diversity of Forms of



Living Beings, Dr. Beale notices the views put forth by Mr. Darwin on the origin of species by natural selection. Having given an outline of the Darwinian hypothesis, he admits that different forms may be and are the result of selective breeding; but, to the statement that "there is no limit to the continuance of augmentation of changes thus induced", he objects that, while the examples adduced by the advocates of the natural selection may be on superficial observation considered as hypothesis examples of different species, they differ from true species in one important particular.

"Members of different species seldom breed with one another; and in the few instances in which this does take place, the resulting mules or hybrids, if they are not absolutely barren, never breed with mules of the same kind; so that there is this most important fact opposed to the application of conclusions arrived at from observations of varieties of one or more domestic species to the production of the various and undoubtedly distinct species of animals and plants now existing. The offspring of mere varieties is fertile, and they breed one with another, and there seems no limit to the varieties that may be produced in certain cases; but for <sup>any</sup> reason they must be considered varieties, and <sup>not</sup> species." (P. 39.)

Again, admitting even that, on a broad view of the facts, there is much in favour of Mr. Darwin's view, Dr. Beale finds it more difficult to accept his conclusions when the structural changes that must occur in a single organ are considered. The changes affecting the organism, he says, are continuous, and appear due to some general cause acting from the very first, rather than to the action of external circumstances (although he admits that these have some influence). The matter from which tissues are formed is, he says, in its temporary state, undistinguishable at one period or in one animal from that of another period or in a different animal. Yet the anatomical and chemical differences between corresponding tissues even of closely allied species are very great.

"Such differences affecting the minute structure and chemical composition of every part of the organism of creatures closely allied, are strong arguments in favour of the doctrine of the independent origin of distinct species; for it is scarcely reasonable to assume that any divergence in a few particulars from the general characters of the common original stock should be accompanied by or should necessarily involve a change in *all* these points, unless such differences can be demonstrated to have occurred in the varieties of existing species; but this is a subject which has not yet been touched upon by Mr. Darwin or by those who have embraced his views. Animals may differ in many characteristics, but still maintain the most striking resemblance in all biological characters; or they may resemble one another in external form and general characters, but differ most materially in internal structure." (Pp. 41-2.)

The next topics treated of are, Plants and Animals, and the Functions; Anatomical Investigation; the Importance of Anatomy and Physiology to the Advance of Medicine and to its Study; the Use of the Microscope; and Physical and Chemical Investigation. To the Introduction is appended a description of the method employed by Dr. Beale for preparing tissues for Microscopical Examination with

high power. On this point, Dr. Beale has already proved himself to be one of our most reliable authorities.

In the first Chapter, that on Structure, Dr. Beale embodies the peculiar views which he holds regarding the formation of tissues. The differences in the structure and composition of tissues seem, he says, to be due in part to chemical composition, and partly to peculiarities in what may be called "the build of the texture". Neither differences in the composition of the nutrient material from which they are formed, nor in its structural character, will of themselves account for differences in structure and properties of the textures; for these all arise from germinal matter having, as far as can be seen, the same characters.

"It seems, upon the whole, more probable that the masses of germinal matter of the different tissues produce from the same nutrient constituents substances differing in composition and in texture by virtue of some peculiar inherent power, than that each selects from a common fluid those peculiar materials most nearly corresponding to the substance to be formed, and causes them to combine. The constituents of the tissues are not constituents of the blood, which are merely selected and separated from it, but they are *formed* through the agency of the germinal or living matter. The formative power of this germinal or living matter seems to be of far greater importance than its power of selection. Indeed, this supposed selective power, considered by some sufficient to account for the observed facts, has been assumed rather than proved to be one of the most important properties of the cell." (Pp. 68-9.)

In speaking of the cell, Dr. Beale does not follow the ordinary division into cell-wall, nucleus, and nucleolus; but he regards it as consisting of matter in two different states of existence—"matter which *lives* (*germinal matter*), and matter which is *formed* and has ceased to manifest purely *vital phenomena* (*formed material*)." He traces out the development of these in the case of the cell of the common mildew-fungus.

"If the external membranous investment of a fully developed spore, or of any of the growing branches, was ruptured, the minute particles would be set free in vast numbers; and they constitute the living, growing matter, which may be coloured with carmine, while the envelope, or outer part of the cells, does not become coloured." (P. 77.)

When the surface of one of these minute living particles comes into contact with air or water, its exterior is changed into a transparent homogeneous layer (the cell-wall), which protects the matter within, and also allows nutrient matter to pass to the interior, and there become converted into living matter. Thus the matter increases in size from within; and at the same time the external wall is strengthened by the successive conversion of germinal matter into formed material. These phenomena are influenced by external circumstances. If nutrient matter be abundant, and temperature, moisture, etc., favourable, the increase of living matter goes on rapidly; while, in the opposite circumstances, the thickening of the wall from the death of the living matter is more rapid than the supply of pabulum. But, in proportion as the walls are thickened, the more completely is the germinal matter in the interior protected; so that, if a cell in this state be placed in circumstances favourable to growth, the hard tissue is softened, pabulum reaches the in-



terior, the proportion of living matter increases, and portions of it escape through pores or fissures, and thus give rise to the production of a large amount of vegetable tissue from what was only a small particle of living matter.

To develop tissue, then, there must be germinal or living matter preexisting, no matter in how small a quantity.

"It may be concluded that the smallest independent particle which exhibits vital phenomena consists partly of matter which is lifeless, but which at an earlier period was alive, and partly of matter which lives. If but the smallest particle of the latter remains in a living state, any amount of living matter, and afterwards of lifeless tissue or formed material, may result. But if, on the other hand, all the living matter be dead, and only formed material remain, this is quite incompetent to exhibit the phenomenon of increase. In fact it does not live, it does not manifest any vital properties or powers, and although it is certain that living matter must have existed a short time previously, the formed matter has ceased to live, and can never again acquire the properties it has lost." (P. 79.)

In the remaining part of the chapter, Dr. Beale applies the views which are here enunciated to the explanation of the development of epithelium, muscular and nervous fibre, etc., and of the changes which the cell undergoes in disease.

In the next chapter, he describes the Chemical Composition of the Body, the chemical changes occurring in the cell, the chemical changes which occur in the organism at different periods of development, the blood, the changes effected by oxidation, the formation of compounds in the tissues and organs from the blood, and the conversion of pabulum into blood.

We must here close our notice of this ably written book—one which might be called a new work, instead of a new edition of a well known treatise. It must, however, be regarded rather as containing the exposition of the special views of the talented editor, than as a text-book of the ordinary eclectic kind. No student of physiology or general anatomy can be said to know his science, unless he is acquainted with Dr. Beale's views, as explained in this book; but it alone, excellent as it is, is not sufficient to afford him an insight into all that is taught by the physiologists and histologists of the present day.

The work is illustrated by eight lithographic plates, containing seventy-eight figures; some of which, exhibiting the changes in germinal matter, are coloured. The figures have, it appears, been drawn by Dr. Beale himself, who, in addition to his qualifications to undertake the writing of a book on General Anatomy and Physiology, happily possesses an amount of artistic skill which he must find of great service to him in his labours.

We hope that the remaining parts of the book will appear at an early date. Works on such a constantly changing and progressive science as physiology become unequally developed, if they appear in parts at long intervals of time. To use Dr. Beale's phraseology, the "germinal or living matter" of the earlier parts becomes "formed material", impaired in its vital properties, before the book is completed. It is to be trusted, we repeat, that he will let us have the end of the book while the beginning yet retains its vital power in fair vigour.

**DIABETES: ITS VARIOUS FORMS AND DIFFERENT TREATMENTS.** By GEORGE HARLEY, M.D., F.R.S., F.R.C.P., Professor in University College, and Physician to University College Hospital, London. Pp. 74. London: 1866.

THIS treatise consists of part of a course of lectures on urine and on the diseases of the urinary organs, which Dr. HARLEY has annually delivered during several years; and is now reprinted from the *Medical Times and Gazette*.

The author first sketches the history of our present knowledge of diabetes, and then treats of the chemistry of the disease. Having described the characters of the two forms of sugar, grape and cane, and the modes of ascertaining their presence and amount in the urine, he next speaks of the Physiology of Diabetes.

"That sugar," he says, "is a normal constituent of the human frame, is easily shown by withdrawing an ounce of blood from a healthy man, in full digestion, and allowing it to fall drop by drop into two ounces of boiling water faintly acidulated with acetic acid. By doing so all the albuminous matters are so firmly coagulated, that, on filtration, a perfectly colourless liquid is obtained; and on applying to it the copper, potash, and fermentation tests, the existence of sugar can be demonstrated with facility." (P. 14.)

Bernard supposes that all the saccharine matter found in the body is produced in the liver. Dr. Harley differs from this view, and holds that, at least as regards the omnivora and herbivora, the sugar found in the blood is in great part directly produced from the starchy materials contained in the food, through the agency especially of the saliva and pancreatic juice. In carnivora, on the other hand, he and Dr. Sharpey have, even when the food has been exclusively animal, found sugar in the blood; so that it must have been formed in the body. Another argument in favour of the formation of sugar within the body is supplied by its presence in the milk; and, as regards the milk-sugar, Dr. Harley believes that not only in the carnivora, but also in the herbivora, it is formed, not in the digestive canal, but in the body. In proof of this, he adduces two facts.

"1. Milk-sugar possesses certain special characters which distinguish it from all ordinary sugars.

"2. Milk-sugar, though abundantly present in milk, has not yet been detected in the circulation. The natural conclusion, therefore, is, that it is formed by the mammary gland." (P. 16.)

Speaking next of the liver as the sugar-forming organ, Dr. Harley notices the fact that, while the amount of sugar in the blood, and that in the urine of diabetic patients, is subject to fluctuations according to the state of the digestion, the quantity in the liver is comparatively unaltered. This Dr. Harley explains by the circumstance that the sugar formed in the liver is not there stored up, but is carried away as it is formed; it was, he says, through overlooking this that Bernard erroneously concluded, from finding the quantity of sugar in the liver unchanged, that diet has no influence on the amount of sugar formed in the liver.

Regarding the ultimate destruction of the sugar formed in the body, Bernard thought that it was burned off in the lungs; but Chauveau and Dr.



Harley oppose this view, on the ground that, in properly conducted experiments, almost as much sugar can be found in the blood of the left as in that of the right side of the heart. Chauveau and Dr. Harley have also found that there is less sugar in the veins of a limb than in its arteries; hence it partly disappears in the capillaries, and aids in the nutritive process. Its part here is shown by several facts to be the formation of adipose tissue.

Dr. Harley next examines the origin of the nerve-force which calls the sugar-forming function into play. Bernard, he says, believed that—

“In the healthy animal the reflex action which incites the glucogenic function, originates in the stimulus given by the respired air to the pulmonary branches of the pneumogastric nerves, and that this stimulus is reflected from the brain along the spinal cord and splanchnic nerves to the liver.” (P. 27.)

This view Dr. Harley considers incorrect, for the obvious reason that, while the stimulus of respiration is in constant operation at about the same rate, its alleged result—the formation of sugar—varies greatly. He admits that the pneumogastric nerve conveys the stimulus; but it is by its hepatic, not by its pulmonary branches.

“If the stimulating effect of the blood of the portal vein be imitated by injecting into that vessel substances such as alcohol, ether, chloroform, methylated spirit, or ammonia, the liver is excited to secrete an excess of sugar, and the animal operated on is, for a time, rendered diabetic. The conclusion to which the results of experiments led me was, that stimulants produce diabetes by exciting the hepatic branches of the pneumogastric nerve to transmit an impression to the nervous centres, to be from these reflected to the liver, and thereby cause the increased secretion of saccharine matter.” (P. 29.)

Dr. Harley next treats of the Pathology of Diabetes; and observes that the presence of sugar in urine is not itself the disease, but the prominent sign of various abnormal conditions. He enumerates the following conditions as having been followed by diabetes:—

“Injury to the head, with or without fracture of skull.—Clot in the pons Varolii.—Softening of the base of the brain.—Abscess of the cerebellum, extending into the fourth ventricle.—Tumour in the left lobe of the cerebellum.—Disease of the sympathetic nerve.—Tumour of the pneumogastric nerve.—Deposit of bony spicula in the falk.—Excessive brain-work.—Intense grief.—Sudden mental shock.—Blow on the epigastrium.—Pregnancy.—Uterine disease.—Disordered digestion.—Exposure to cold, etc.” (Pp. 30-1.)

To these causes he adds, on the authority of Dr. Mosler, hereditary influence.

Diabetes, springing from such a variety of causes, may depend on either of two different conditions; one, in which an abnormal amount of sugar is secreted and eliminated; and another in which, the proper quantity only having been formed in the liver, an abnormal amount is eliminated in the urine. These two forms Dr. Harley distinguishes as *Diabetes from excessive formation*; and *Diabetes from defective assimilation*. This distinction he holds to be an important one for therapeutic purposes.

Each of the two forms, he says, has certain peculiarities which generally enable the one to be distinguished from the other. In diabetes from excess-

sive formation, emaciation does not occur until the disease has far advanced; in that from defective assimilation, loss of flesh is one of the earliest symptoms.

“An inordinate thirst and excessive elimination of urine is in all cases an indication that the disease is already in its second stage; the first stage being indicated, in those arising from *excessive formation*, by saccharine urine alone, and in those from *defective assimilation* by saccharine urine coupled with loss of flesh.” (P. 33.)

The author gives a number of examples illustrating the origin of diabetes from nerve-lesion, reflex irritation, disorders of the digestive formation, the complication of diabetes with other diseases, etc., and concludes with some remarks on Treatment. He has no faith in any specific remedies; and holds that it would be charlatanism of the worst sort to say that any one kind of treatment is applicable to all cases. Making the practical application of his division of diabetes mellitus into two forms, he says that, while in that arising from excessive formation animal dieting is most essential, in that due to diminished assimilation of saccharine matter it is either hurtful or of no use. In the former case, all foods containing starch or sugar are to be avoided; and stimulants are to be given only with caution, on account of their liability—as has already been observed—to produce an excessive sugar-formation when introduced into the portal system. In the latter, there must be no restriction; the food must be nourishing and easily assimilable; and stimulants may be even given with advantage. But, as Dr. Harley judiciously remarks, dietetic regulations are but adjuncts—“We are merely withholding the straw and mortar out of which the bricks are made, not removing the makers.” Other means must be employed, according to the special requirements of the case. Sometimes we have to relieve, by sedatives, the irritation arising from disease of some organ; sometimes nerve-tonics are required; sometimes the preparations of iron; sometimes with stimulants and sedatives, etc.

The fact that Dr. Harley is one of those whose researches have guided us to a better understanding of the physiology and pathology of diabetes, and the evident care with which he has endeavoured to make these researches useful in its treatment, *primâ facie* give this book a high value.

A WINTER IN PARIS: being a Few Experiences and Observations of French Medical and Sanitary Matters, gained during the Season of 1865-6. By FREDERICK SIMMS, M.B.Lond. Pp. 151. London: 1866.

THE author has put together, for the benefit of English medical men visiting Paris, the notes which he made in the medical institutions of that city during his stay there. He describes: the Department of Public Assistance inasmuch as it relates to the Hospitals of Paris; the General Hospitals; and the Special Hospitals of Paris; the School of Medicine, and Method of Medical Education; and the Sanitary Arrangements of Paris. The book will be found an useful and agreeable guide to our medical friends who are for the first time visiting the French metropolis.



*We are requested to remind members of the Association that the Annual Subscriptions became due on the 1st of January. They can be paid either to the Secretaries of the Branches; or to the General Secretary, T. Watkin Williams, Esq., 13, Newhall Street, Birmingham.*

## British Medical Journal.

SATURDAY, NOVEMBER 24TH, 1866.

### NEURO-THERAPEUTICS.

THE title of Dr. Chapman's recently published work\* conveys but a very inadequate idea of the great benefits which are therein promised to suffering humanity from the full operation of "the newly discovered general law" of neuro-therapeutics. The author is fully aware, as he says, that the large claims which he puts forward in favour of his remedial method may be met with scepticism, and even with ridicule. He has been frequently advised to abstain from showing the applicability of his method to the treatment of disease in general, and to concentrate his efforts in proving its efficacy as a remedy for one group only; namely, that of epilepsy and epileptoid affections. To have accomplished so much as this would satisfy the ambition of most men; but Dr. Chapman declares that, were he to rest here, he would be unfaithful to his own convictions, and would leave to others the performance of a duty which, for the sake of science and humanity, as well as his own self-respect, he himself feels bound to discharge. "When what is called a general law has been newly discovered, its operation and applicability become speedily recognised in a great variety of unexpected forms." And this, the author ventures to affirm, will be found true with respect to the remedial principle in question.

We will give a brief sketch of what Dr. Chapman professes to have done, and what he hopes to accomplish by his remedial method; and we will do this as nearly as possible in his own words.

He has subdued congestion of various parts of the body on many occasions by applying heat to the appropriate segments of the spinal region. Anæmia, or deficient nourishment of parts, may be treated successfully by the application of cold in the same way. He has had but slight experience in the treatment of fever; but he "anticipates" that fevers of all kinds will be most effectually controlled by cold along the spine in the cold stage, when the blood-vessels are contracted, and heat in the hot stage, when they are relaxed. The whole group of convulsive diseases

he treats by means of ice along the spine. In some cases of apoplexy, these means have been attended with very remarkable success. Paralysis has been thus treated with most excellent results; and "he does not hesitate to predict that, if infantile paralysis be treated by means of ice as soon as it occurs, it will be almost always cured." His own success in improving vision by spinal applications has been not less striking than novel; and Mr. Ernest Hart, at Dr. Chapman's request, has made trial of the plan with success in "a case of that hitherto incurable form of blindness, cerebral amaurosis." Dr. Chapman's success warrants him in believing that, by these applications, it will be possible to remedy cerebral diseases, including various forms of insanity, in an unprecedentedly great degree.

His experience of the treatment of chest-affections has afforded him the most decisive proofs of the great power which can be exercised over the circulation of the chest-walls and of the lungs themselves. Pleurisy, bronchitis, pulmonary congestion, pulmonary hæmorrhage, can be alike restrained or arrested by application of cold or heat, according to the special needs of the case, between the scapulæ. "How much may be done in the several stages of consumption, experience has not yet determined; but that very much may be, is indubitably implied in the statements just made." Nausea and vomiting, from whatever cause, can now, in the great majority of cases, be either completely cured or very greatly lessened; and functional diseases of the stomach generally may be treated with far more success by modifying the temperature of the spinal region than by any known drugs.

Those troublesome functional disorders of the bladder, whether loss of contractile power or excessive irritability with frequent micturition, have "in case after case" been either completely cured or greatly benefited.

Lastly, Dr. Chapman "has abundant and completely convincing evidence that those excessively frequent seminal emissions, denoting serious impairment of the health of the spinal cord, can be arrested; that the male organs can be strengthened; and that the numerous derangements of the female organs, grouped together as the functional diseases of women, are capable of being remedied by cold and heat applied to the spine, to an extent and with a certainty altogether without precedent."

If Dr. Chapman can effect all this, or nearly all, what a change must come over the world of medicine! The multiplication of special hospitals, which is threatening to become a serious evil, will be at once arrested. The student, no longer compelled to visit a dozen different hospitals in order to study the diseases of as many different organs, may henceforth under one roof see nearly every form and variety of disease, and see them all yield to the

\* Diarrhoea and Cholera: their Nature, Origin, and Treatment, through the agency of the Nervous System. By John Chapman, M.D. Pp. 248. London.



potent influence of neuro-therapeutics. Long courses of lectures on the dry details of *materia medica* will be unnecessary; drugs and druggists will disappear from the scene; the Pharmaceutical Society will soon be a thing of the past. And not the least amongst the many blessings which will be associated with this therapeutical millennium, will be that the herd of quacks, who now make their gains out of the vices and the fears of silly young men, will find their chief occupation gone; while those disgusting "museums", which are a disgrace to our streets and a fruitful source of pollution to our youth, will be swept away by the advancing tide of science.

Passing on now from these grand generalities to the particular subject of Cholera, we find that Dr. Chapman clears the way for his own account of the disease by demonstrating the errors and shortcomings of all who have gone before him.

He begins by asserting, that there is no proof of the existence of a blood-poison in cholera. We will not stop to argue this point. There are, at any rate, many facts which are explicable on the hypothesis of a blood-poison, and which are quite inconsistent with any other hypothesis.

In opposition to the statement, that the cholera-poison in the blood is the cause of the muscular cramps, Dr. Chapman argues thus: "In those diseases in which there is unequivocal evidence of the presence of a poison in the blood—small-pox, scarlet fever, or measles, for example—the irritant action upon the muscular tissue is not shown by the painful cramps which it occasions, for it causes none. If, then, cramps do not occur in these signal instances of the presence of an organic poison, it is simply absurd to allege that the cramps of cholera are caused by a poison, the very existence of which remains to be proved." An exactly parallel argument to this would be the following. Strychnia is said to cause tetanic convulsions; but since neither opium, nor belladonna will cause such convulsions, "it is simply absurd" to say that strychnia has any such effect, or that it is a poison at all. Dr. Chapman does not recognise the fact that each poison exerts its own specific influence on the body.

Dr. Johnson believes that poisoned blood excites contraction of the minute pulmonary arteries. Dr. Chapman objects that it should equally cause contraction of the systemic arteries. In raising this objection, he entirely overlooks the influence of textural affinities; the different vital endowments of the pulmonary and the systemic vessels—the one containing black venous blood, the other bright arterial blood; and he ignores the experiments of Blake and others, which prove that certain salts injected into the blood may be readily transmitted by one set of vessels, while they are abruptly stopped by the others. Dr. Chapman himself adopts the theory of arterial spasm; he declares that both the

systemic and the pulmonary vessels are contracted, and that this is due to the direct influence of the nervous system on the blood-vessels. He adduces no evidence that the systemic arteries are spasmodically contracted. There is positive evidence to the contrary in the fact, that during life the arteries are so empty that the radial pulse is often not to be felt; whereas we know that the effect of contraction of the small arteries, which are alone capable of spasmodic contraction, is to fill the trunks of the vessels behind the seat of obstruction.

To Dr. Johnson's explanation of the suppression of bile and urine during collapse, Dr. Chapman objects that, if it were due to defective aëration consequent upon the partial arrest of the circulation through the lungs, it should occur equally in ordinary asphyxia and in severe pneumonia. Dr. Chapman does not see the essential difference between an arrest of blood in the minute pulmonary arteries and an arrest in the capillaries; and, so long as he fails to perceive this distinction, he is certainly not competent to criticise this part of the theory in question. The explanation of the continued secretion of milk during collapse, by the fact that it is not a highly oxidised secretion, is rejected by Dr. Chapman, and in place of it he offers the following. "Mr. Darwin's doctrine of 'natural selection' affords, I apprehend, the true explanation why the secretion of milk continues during collapse; for obviously only those human tribes whose women could continue to give suck throughout periods of great disturbance of the nervous and vascular systems could continue to exist." We commend this ingenious and original theory to the consideration of our readers.

Dr. Chapman asserts that of the *prodromata* of cholera—slight headache, etc.—Dr. Johnson "renders no account, and makes not the least attempt to show how they are produced." Now, the fact is, that Dr. Johnson gives a full account of these "symptoms of invasion", as he calls them; and he refers to them as evidence that there is a stage of blood-poisoning before the commencement of the gastro-intestinal symptoms. (See *Notes on Cholera*, from p. 68 to p. 72.)

Again, we are told, Dr. Johnson's hypothesis does not account for the contraction of the bronchial tubes, and the consequent absence of air from the lungs, which is denoted by the extreme collapse observable in these organs. Now we find that, when the chest is opened after death, the lung, if not emphysematous or adherent, collapses in proportion to the anæmia of its minute vessels. The extreme collapse of the lung in the collapse stage of cholera is a purely physical and *post mortem* phenomenon. Dr. Chapman evidently believes that the absence of air in the lung-tissue after death is the result of spasm of the bronchial tubes during life. There is no evidence of



bronchial spasm in cholera. If there were spasm of the bronchi, the respiration would be sibilant, as it is in spasmodic asthma; and bronchial spasm, if it existed, would not explain the extreme collapse of the lung. In short, Dr. Chapman's assumption of bronchial spasm in cholera is purely gratuitous. It is entirely without proof; and the absence of wheezing sounds during collapse, is proof conclusive that there is no bronchial spasm. Dr. Chapman objects to the theory of the cholera-poison being eliminated by the bowels, that, if this were so, the kidneys would be employed for the same purpose. We are almost ashamed to have to answer such trivial objections. Will Dr. Chapman tell us why Nature does not select the kidneys as the outlet for the poison of small-pox, and why not the bowels to eliminate the sugar of diabetes and the profuse acid secretions of rheumatic fever?

In expounding his own theory of cholera, Dr. Chapman declares that he neither affirms nor denies the existence of a morbid poison as the essential cause of the disease. He considers that there is no trustworthy evidence of a poison; and he believes "that those subtle agents which produce the sudden and wide-spread development of epidemic cholera operate directly upon the nervous system, and not through the intermediate agency of the blood." If the cholera-poison be not a reality, there has of late been a lamentable waste of money and of labour upon the process of disinfection. It appears to us quite superfluous to argue for the existence of a material cholera-poison; and to deny that this poison enters the blood is to require us to believe that in the case of the cholera-poison the laws of physiology are suspended. All poisons whose action is not obviously that of mere local irritants enter the circulation before their characteristic effects are developed. Foul water is mentioned by Dr. Chapman amongst the causes of cholera; and with him rests the burden of proof that this poisonous stuff, when brought into contact with the mucous membrane of the alimentary canal, is limited in its action to the nervous system and does not enter the circulation. The pathological doctrine which Dr. Chapman hopes to prove to the satisfaction of every competent judge, is embodied in the four following propositions.

1. All the phenomena of cholera are due to the simultaneous hyperæmia of the spinal cord and the sympathetic nervous system.

2. All the phenomena of cholera are naturally divisible into two classes, accordingly as they are referrible to the spinal cord, or to the sympathetic ganglia, as their cause.

3. All active or positive phenomena are due to hyperæmia of the spinal cord.

4. All passive or negative phenomena are due to hyperæmia of the sympathetic ganglia.

We have no hesitation in expressing our opinion that not one of these propositions is shown to be even probably true. The whole doctrine is purely speculative, and unsupported by the evidence of facts.

Let us examine Dr. Chapman's explanation of the abundant secretion of bile during the premonitory diarrhoea, and of the suppression of bile and urine during collapse. He assumes that each gland, in addition to its sensory nerves, receives two motor nerves, one from the cerebro-spinal, the other from the sympathetic system; "the former, or the positive, being the one which endows the gland-cells with power to attract blood to themselves, and to select from it their peculiar products; the other, or the negative, being the one which regulates or rather checks the supply of blood to the gland by constringing the glandular arteries to which it is distributed."

During the premonitory diarrhoea, bile is abundantly secreted, because the positive motor nerves distributed to the secreting cells of the liver are stimulating them unduly. During collapse, on the contrary, the negative motor nerve-force predominates, and the secretions of the liver and of the kidneys are, in consequence, nearly suspended. Dr. Chapman confesses that the reason of this "is not obvious"; but he adds, "the reason may hereafter become apparent." The fact is, that Dr. Chapman's attempted explanation of these phenomena is no explanation at all; it is merely a series of assumptions, entirely unsupported by facts. He rejects the doctrine of a blood-poison; and, in place of it, he adopts a purely speculative and fanciful neuro-pathology. The credulity of scepticism is proverbial.

In the treatment of cholera, Dr. Chapman's main object is to overcome the supposed hyperæmia of the spinal cord and of the sympathetic nervous system. This he endeavours to accomplish by the application of ice to the spine, and warmth to the general surface of the body. That the application of ice to the spine will exert a very powerful influence on the nervous system, is certain; that, under its influence, cramps, vomiting, and purging may diminish, or for a time entirely cease, is probable. We know, however, that the arrest of these symptoms is by no means equivalent to the cure of cholera; and, in the record of cases which Dr. Chapman has published, we find no evidence that the treatment had any beneficial influence upon the progress of the disease.

#### CHANGE OF TYPE IN DISEASE.\*

DR. MARKHAM has republished his *Gulstonian Lectures on "Bleeding and Change in Type of Diseases"*, which appeared in this JOURNAL. In the

\* *Bleeding and Change in Type of Diseases: being the Gulstonian Lectures for 1864.* By W. O. Markham, M.D., F.R.C.P., Physician to St. Mary's Hospital, etc. London: John Churchill and Sons. 1866.



Preface will be found an interesting letter from Sir Thomas Watson, wherein, with his usual candour, he admits that his views touching the change in type theory have undergone modification. Such a statement from so high an authority is worthy of especial attention. We are sure our readers will be glad to see his letter *in extenso*. The question involved in the change of type theory is not a mere matter of theoretical discussion. The practical fact of bleeding in disease is closely connected with it. It will be seen that Sir Thomas Watson endorses the opinion given by Dr. Markham: that (whatever be the explanation) medical men abstain more from bleeding at the present day than is good for their patients; that they have rushed from the extreme of profuse and ill-judged venesection into the extreme of total abstinence.

"16, Henrietta Street, Cavendish Square, April 19th, 1866.

"MY DEAR DR. MARKHAM,—Since I listened to your Gulstonian Lectures on Venesection, and especially since you told me of your purpose to publish them in a book, I have felt it to be my bounden duty, as a former teacher of medicine, to re-examine and consider afresh the collateral question discussed in them, respecting the so-called 'change of type' in diseases.

"By that phrase I mean some change in the human body, existing through considerable spaces or cycles of time, which renders it varyingly affected by the causes and by the remedies of disease, and especially of febrile and inflammatory diseases; so that diseases nominally the same shall during one period express themselves in the body more strongly, and during another succeeding period more feebly, and shall accordingly require and bear, now more and now less, of what is called energetic, active, depleting, or lowering treatment.

"That this kind of difference, arising from some obscure outward influence, atmospheric, telluric, magnetic, social, or what not, may really be seen in different epidemics of the same disease, will be admitted, I suppose, by all men who have had opportunities of noticing the phenomena of epidemic distempers. But I am obliged to confess that the result of my later reading and inquiries, and of careful reflection on the matter, is that my previous belief in the soundness of the doctrine of a general and more abiding variation of type, in the sense now explained, has been shaken.

"In making this confession I desire to protest against the uncharitable imputation (not made by you, nor especially against myself, but thrown out somewhere, as I gather from Dr. Stokes's address before the British Medical Association) against those who hold or have held the controverted doctrine, the imputation that it was artfully invented to conceal former errors of practice in regard to bloodletting.

"Indeed, though I believe that great errors were committed in past years by excess in bleeding, as at the present time by its utter neglect, my own conscience is not uneasy on that score, for I have never been a lavish or a frequent bleeder. I taught, no doubt, because I believed in them, the lessons which I had received from my predecessors, and I endeavoured to explain to my class how it was that my practice was apparently so little in accordance with my public teaching. In the first edition of my lectures I say:—

"Those among you who happen to be attending

the wards of the Middlesex Hospital may wonder indeed, after hearing my estimate of the power of bloodletting over inflammation, that I so seldom prescribe venesection there. The truth is, not that I undervalue the remedy, but that the time for its employment has generally gone by. The poor are unwilling to relinquish the occupations by which they subsist; they struggle on as long as they can, and resort to hospitals only when they are compelled to do so by the exigency of their malady. Many of them, labouring under inflammation, have been freely bled before admission. It is commonly too late when they present themselves to expect that the course of the disease can be so arrested. The first effect of bloodletting is to deplete and relieve the labouring circulation. But when is again and again repeated, it becomes (as the French say) *spoliative*; it robs the vital fluid of its nutrient and plastic materials, etc., etc.' (vol. i, p. 217.)

"A careful survey of the facts and arguments adduced on both sides of late, respecting the alleged change of type, compels me, I say, to suspect that my previous opinion was a mistaken one. In that survey it was needful for me, looking back, to trace, if I could, what were the sources of that opinion; and the retrospect has shown me, I think, the main causes to which it owed its origin and strength.

"First, then, I repeat, I had faith in the judgment of the practisers and teachers of medicine at whose feet I had sat as a learner, that the old fashion of free bleeding in certain inflammatory and other febrile diseases was a right practice.

"But as the field of actual observation and experience enlarged itself before me, I soon found that those symptoms and conditions which I had been taught to regard as the warrant for free bloodletting, very rarely presented themselves; and this fact gave birth to a notion, vague enough at first, that the inhabitants of our great and crowded metropolis, and especially the class of persons who form the bulk of the in-patients in our London hospitals, among whom my experience then chiefly lay, had somehow become less likely to receive benefit from, and less able to sustain, the active use of what are spoken of as lowering remedies.

"About the same time came the teachings of a desolating visitation of influenza (the first that I had seen) in 1833, the year after the first outbreak of cholera in this country.

"The cautions enforced by the influenza, as well as its name, outlived the occasion. The abstinence from depressing measures, inculcated by that depressing disorder, was continued to cognate and extended to other disorders, and this by general consent; and thus men learned the safety and the wisdom of a less heroic treatment of disease in general, and thus the doctrine now called change of type got plausible support; but I believe that the main ground for that doctrine was furnished by the differing behaviour under medical treatment of different epidemics of fevers.

"My dear friend, Dr. Latham, one of the most conscientious, careful, and unprejudiced students of disease that I have ever known, had collected (after about ten years' observation as one of the physicians to St. Bartholomew's Hospital) materials for, and was on the point of publishing, a book on fever. He had chosen with care his clinical assistants; he had kept regularly and had periodically digested his case books and their records; and he found that he had bled from the arm one in every four of his fever patients, and had applied leeches to nearly all of them; and the mortality had been seven in the hundred.

"But not long after the first visitation of cholera



in 1832, so great a change occurred among his fever patients that he did not dare to bring out his prepared book. Now, he could not venture to draw blood from any of his fever patients. Their condition urgently demanded support, and the mortality among them was doubled. So numerous were the deaths that it was impossible to make any regular inspection of bodies as long as this state of things lasted.

"This looked very like a change of type.

"We know now, but few or none of us knew then, that the diseases with which Dr. Latham had been dealing were, not varying types of the same malady, but two diseases differing in species; the first having been enteric fever, the second typhus.

"In this way, and to this extent, I readily admit that modern improvements in diagnosis have modified, on grounds of reason, our practice.

"I remember, also, to have read Dr. Caleb Williams' address to the British Medical Association on the Change of Type in Disease, in which he adduced his own experience and convictions on that topic, and gave some account of Autenrieth's work, to the same effect.

"Again, and more lately, I remarked (and the fact tended to strengthen my faith) a great consensus of opinion among medical writers upon the alleged change of type who had lived and practised in the period when the change was supposed to have manifested itself, while it was chiefly questioned or denied by younger men, whose personal experience had not included that period.

"I trust that I may now have convinced you that the opinion combated by you (which I should be ashamed if I had not candour or courage enough to renounce, or at any rate to doubt, upon good cause shown) was not formed at random, nor without supposed foundation for it, still less adopted as a miserable cover or excuse for former bad practice.

"I suspect that, in a sentence of mine which has obtained an unhappy prominence in this controversy, I ought to have spoken of successive 'waves' of 'opinion' rather than of 'time.'

"Believe me, very truly yours,

"THOMAS WATSON."

OUR medical brethren in the army are naturally anxious to know the decision of the War-Office as to the recommendations of the Army and Navy Medical Committee. As much misunderstanding appears to prevail on the subject, we may state as authentic, for the information of the profession, that the terms of the new warrant embody precisely the recommendations of the Committee aforesaid (as already published in this JOURNAL). The new warrant will appear in January 1867; but the increased pay and retirement given in it will not come into operation until April 1st.

WE are glad to note that a large and influential meeting of members of the profession was held on Tuesday last, to consider the case of Mr. Statham, alluded to in our last number. Dr. Richardson was called to the chair; and the following resolution was passed—"That this meeting expresses its warmest sympathy with Mr. Statham, and its entire approval of his practice in his treatment of the plaintiff

Absolon, and that it looks upon actions of this nature with the extremest anxiety, as tending to embarrass every practitioner in the conscientious performance of his duty." A committee was formed, with Dr. Richardson as chairman, Mr. Arnold Rogers as honorary treasurer, and Mr. Charles Jas. Fox as honorary secretary, for the purpose of further considering the case and preparing a statement respecting the present critical position of medical men in relation to vexatious trials, such as that to which Mr. Statham had been subjected.

At a meeting of the Fellows of the College of Physicians on the 21st instant, Dr. Alderson in the chair, it was decided by ballot that Mr. Richmond should be requested to undertake the portrait of Sir Thomas Watson.

THE statement made by the *Pall Mall Gazette*, and copied into other papers, concerning the behaviour of St. Mary's Hospital students at a coroner's inquest, is a gross exaggeration of facts. One student so far forgot himself as to lift up the sheet over the corpse with his stick, and made some jocular remark to one of the jury. But his improper behaviour has of course received its due correction from the authorities; and assuredly it would be gross injustice to calumniate a whole body of men for the faults of one or two. A better conducted *corps* of students do not exist in London than the students of St. Mary's Hospital. Their behaviour has constantly elicited the approbation of the governors of the hospital and of their medical teachers.

DR. WM. CAMPS, in a pamphlet on *Epidemic Cholera*, etc., asks if cholera and diarrhoea can be prevented; and he suggests, as preventive agents, quinine or salicine.

"How, or by what means can the population of our towns and country districts be placed in such circumstances, as that they shall not morbidly succumb to the pernicious influences surrounding them? I entertain a strong persuasion, almost amounting to conviction, that this may be done mainly and medicinally, by the internal administration of quinine and its salts. I would have our families wherever threatened with an attack of Epidemic Cholera, or of Epidemic Diarrhoea, so placed under the influence of quinine, as to become quininised or cinchonised, or, they might be salicinised, or arsenicised, by the administration either of salicine, or of arsenic. The mode herein indicated, aims at the diminishing, or even at the destroying, of the predisposition to take these diseases; without which they can take no powerful hold upon the animal organism."

The *Ophthalmic Review* for October has a paper to show that ophthalmology is not properly taught in England; that a better provision for the instruction of the rising generation of oculists is required. Mr. Laurence shows how lacrymal disease may be radically cured by removal of the lacrymal gland.



A tabular statement is given of sixty-five cases of squint operated upon by Mr. T. Windsor. Next follow a translation of a paper by Professor Quaglino of Pavia, on Hemeralopia; reports, by Dr. Engelhardt, of Graefe's Clinical Lectures; and Reports of Journals, by Mr. Windsor—a retrospect of ophthalmological doings.

Dr. E. Hearne of Southampton has published a pamphlet entitled *Cholera Non-contagious, and the Absurdity of Quarantine Restrictions Demonstrated*. Dr. Hearne's object is to arrest, if so it may be, the attempts which are being made at the present time to establish the contagious nature of cholera, and so to re-establish something like a quarantine. Dr. Hearne writes, we fear, with too much force of language. His reasonings and facts may be thereby damaged. His own views on the subject, founded on large and long experience of cholera, are very decided as to the non-contagiousness of the disease. Contagionists rest their opinion on facts like the following. How would Dr. Hearne answer them?

"M. Grimaud relates that during the late epidemic at Marseilles, there were employed at the post-office twenty-two persons in the bureau for dispatching, and nine in the bureau for receiving letters. Amongst the former there was no sickness at all; whilst amongst the latter there were eight persons sick and one death. He whose business it was to open letters from the East, was attacked with cholera; four others engaged in the same business were attacked one after the other."

On the 13th instant, only two cases of cholera were announced in Vienna.

In the General Hospital at Vienna, three wards have been set apart for the practice of electro-therapeutics.

#### THE CASE OF MR. STATHAM.

A MEETING of members of the medical and dental professions was held on Tuesday afternoon, at the Edwards Street Institution, to consider the case of Mr. Statham. Dr. Richardson was called to the Chair; and Mr. Charles James Fox acted as Honorary Secretary *pro tempore*.

The CHAIRMAN, in opening the business of the meeting, said there was no occasion for him to enter into a description of a trial with the details of which they were all familiar. A woman suffering from hysteria was operated upon by Mr. Statham; she continued hysterical; and she charged him with producing what was obviously and confessedly the continuance of a disease present before Mr. Statham had anything whatever to do with the case. He (the Chairman) had tried to look at the treatment adopted by Mr. Statham from every point of view, and he could see no fault at any step. For him (Mr. Statham) to have left in the mouth six exostosed roots, giving intense pain, might indeed have been good tact, considering the kind of patient under treatment; but it would have been most cowardly, and against the first principles of practice. The evidence was conclusive, also, that the administration

of chloroform was correct, and that the teeth were most skilfully extracted. The charge of violence was simply absurd. There was no evidence save the woman's unsupported statement, which was denied by two witnesses; while the neatness and perfection with which the teeth were taken out (not one of them was broken in the slightest degree) was further proof that the utmost calmness and gentleness was practised. In regard to Mr. Statham's practice in the case, all professional men, he believed, were of one accord, that it was scrupulously correct. But it was urged by some, that Mr. Statham had done unwisely in afterwards giving the woman money and assistance. Well, this was a point that would in every case turn on the temper of the men. There were hundreds of men who, like Mr. Statham, would sacrifice anything to keep out of law; there were many who would go to law at once. The question in which they were all concerned did not, however, rest on the basis of what should be done in a case of this kind; they had to consider how they were to be saved from the dilemma altogether—how to prevent unscrupulous persons from making such false charges with the chance of success. When a medical man is so charged, he must meet the charge either by publicity in a court of law, or by secrecy, for both of which acts he must pay heavily; and the question was, how to protect him from either danger.

MR. ERASMUS WILSON moved the following resolution.

"That this meeting expresses its warmest sympathy with Mr. Statham, and its entire approval of his practice in the treatment of the plaintiff Absolon; and that it looks upon actions of this nature with the extremest anxiety, as tending to embarrass every practitioner in the conscientious performance of his duties."

In his opinion, Mr. Statham had acted according to the strictest and best rules of surgical practice. It would be monstrous for a surgeon, if a patient consulted him for severe pain from facial neuralgia, to allow six decomposing and carious and exostosed teeth to remain in the mouth. Mr. Statham's practice was, indeed, so obviously correct, that he would not dwell upon it; and he discarded all alleged violence as unworthy of any credit. He differed from the view that Mr. Statham ought to have avoided the endeavour to prevent the charge from going into court. He was one himself who would do anything that was honourable to avoid law; and what Mr. Statham had done was humane and honourable. The case showed the increasing necessity of unity among the members of the profession; and he could hardly conceive a case in which there could be less difference of opinion. The most annoying feature of these cases was, that there was always to be detected some one medical hand at least in the proceedings on the side of the prosecution, without which assistance the prosecution must fail from the first.

Dr. CHOLMELEY seconded the resolution, and described the condition of the patient while she was under his care at the Great Northern Hospital. She was so excitable, that it was difficult, almost impossible, to treat her at all. He entirely agreed in the practice Mr. Statham had adopted.

Mr. GANT described the condition of the patient prior to the operation. He dwelt specially on the fact that he was forced by subpoena into the witness-box; and that, as he had no belief whatever that Mr. Statham had done anything wrong, his own position, as even seeming by his presence in the box to be with the prosecution, was most painful. He trusted this would be correctly understood by the profession, and he entirely agreed with the resolution.



The resolution was put to the meeting, and carried unanimously.

Mr. CLOVER moved the following resolution.

"That this meeting do form itself into a General Committee for considering the best method to sustain professional honour in the person of Mr. Statham; and that the following gentlemen—Dr. Anstie; Dr. Bailey; Dr. Buzzard; Dr. Cholmeley; C. J. Fox, Esq.; W. A. Harrison, Esq.; C. Heath, Esq.; R. Hepburn, Esq.; G. A. Ibbetson, Esq.; G. Laurie, Esq.; Dr. Leared; W. H. Michael, Esq.; Dr. Richardson; A. Rogers, Esq.; C. Rogers, Esq.; E. Saunders, Esq.; E. Wilson, Esq.—constitute an Executive Committee to consider: 1. Whether it be advisable to raise a fund to defray the legal expenses of Mr. Statham, or otherwise to make him an honourable recompense; 2. Whether it be well to move for any new action in the case, and, if necessary, take opinion of counsel; 3. To draw up a statement inviting the attention of the public to the present unsatisfactory and dangerous relationship between professional men and their patients, based on the recent vexatious trials for malpraxis; 4. To consider whether it would be advisable to take steps for the organisation of a Defence Fund."

It had been argued, that Mr. Statham should not have given chloroform, because, at a previous time, chloroform had produced great excitement in the patient. In his (Mr. Clover's) practice with chloroform, it was constantly reported to him that similar excitement had been observed. The truth was that, in such cases, the patient had had sufficient chloroform to excite, but not sufficient to produce anaesthesia. He was accustomed to treat reports of that nature as of no moment, and to administer chloroform on his own independent judgment in every case. That was the practice with all who understood chloroform and its administration.

Mr. WALKER seconded the resolution; and, having known Mr. Statham for years, said that he was not only a skilful dentist, but a most upright and humane man.

Mr. CHARLES JAMES FOX said that, by passing the resolutions now before them, the meeting would in no way pledge itself to the support of any of the propositions.

The resolution was then put, and carried unanimously.

Mr. W. A. HARRISON moved the third resolution—"That Dr. Richardson be requested to act as Chairman; Arnold Rogers, Esq., as Honorary Treasurer; and Charles James Fox, Esq., as Honorary Secretary to the Committee."

The resolution was seconded by Dr. SANSOM, and carried unanimously.

Dr. BUZZARD moved the fourth resolution—

"That the Executive Committee be empowered to call the next meeting of Committee, and to invite to the meeting every gentleman who may wish to take part in the proceedings."

The resolution was seconded by Mr. KEMPTON, and carried unanimously.

After a vote of thanks to the Chairman, the meeting broke up.

#### CLITORIDECTOMY.

WE have been requested to publish the following opinion of Dr. West's on this subject:—

I must beg leave to state my opinions as briefly as possible, in the belief that my former position as a teacher in the largest medical school in London

not only justifies my doing so, but renders it an act of duty.

1. Having for the past twenty-five years seen more of the diseases of children and young persons of both sexes than most members of my profession, and as much as most of the diseases of women at all ages, I believe that masturbation is much rarer in girls and women than in our own sex.

2. I believe the injurious *physical* effects of habitual masturbation to be the same as those of excessive sexual indulgence, and no other. The special *physical* harm done by masturbation I believe to be due to the fact that it can be indulged in at a much earlier age than sexual intercourse, and can be practised with much greater frequency.

3. But, nevertheless, I have not in the whole of my practice seen convulsions, epilepsy, or idiocy induced by masturbation in any child of either sex; a statement, I scarcely need add, widely different from the denial that epileptics or idiots may, and not seldom do, masturbate. Neither have I seen any instance in which hysteria, epilepsy, or insanity in women after puberty was due to masturbation as its efficient cause.

4. I know, and I can appeal with confidence to the knowledge of many members of the medical profession, that of the alleged cures of hysteria, epilepsy, insanity, and other nervous diseases of women by excision of the clitoris, a very large number were not permanent. I further know that in several instances, one of which, seen by me in consultation with Mr. Paget, is related at p. 663 of my lectures, very mischievous results have followed it.

5. Although the moral questions involved in the practice of masturbation are not strictly within the province of medicine, yet, as the quotation from my lectures, taken apart from the context, may appear to imply that I believe the mind could be restored to its purity by any means which our art might furnish, I must add that I hold no such opinion.

We too often see the man in whom desire has outlived the power of performance for the dream to be possible that there is any necessary connexion between infirmity of body and purity of mind; and most of your readers do not need to be reminded that the judgment of the Church as well as the sympathy of all are with the struggle and self-conquest of St. Jerome rather than with the voluntary mutilation of Origen.

6. Whilst I believe the removal of the clitoris in cases of hysteria, epilepsy, insanity, and other nervous diseases of women to be a proceeding theoretically based on erroneous physiology, and practically followed by no such results as to warrant its frequent performance, I regard it as completely unjustifiable when done for the alleged relief of dysuria or of painful defecation, for the cure of amenorrhœa, or for the mitigation of the symptoms of uterine misplacement or disease.

7. I consider that public attempts to excite the attention of non-medical persons, and especially of women, to the subject of self-abuse in the female sex are likely to injure society, and to bring discredit on the medical profession. I think that such attempts are the more objectionable when associated with a reference to some peculiar mode of treatment and alleged cure practised by one individual.

8. I believe that few members of the medical profession will dissent from the opinion that the removal of the clitoris without the cognisance of the patient and her friends, without full explanation of the nature of the proceeding, and without the concurrence of some other practitioner selected by the patient or her friends, is in the highest degree improper, and calls for the strongest reprobation.



## Reports of Societies.

### HARVEIAN SOCIETY OF LONDON.

OCT. 18TH, 1866.

THOMAS BALLARD, M.D., in the Chair.

*Umbilical Hæmorrhage.* Mr. WILLIAM SEDGWICK related a case which had lately come under his observation, in which the third child, a daughter, in the family of a mechanic in comfortable circumstances, had hæmorrhage from the umbilicus on the ninth day after birth, and the sixth day after the separation of the funis. The hæmorrhage was considerable, and was arrested for a time by long continued and well sustained pressure. There was a slight recurrence of the bleeding on the following day, which was checked by a renewal of the pressure, and the patient recovered. The first child in the family was full grown and apparently healthy; but had been born dead. The second child, a daughter, died on the nineteenth day after birth from umbilical hæmorrhage associated with purpura, which began on the twelfth day after birth, the cord having separated on the third day. Both the patients in this case were strong and healthy; but the family history on the mother's side was unfavourable; for her father had died insane at the age of 30, and her mother had died in child-birth with her fourth child, leaving two sons and a daughter. The elder of these two sons died of fever at the age of 27, leaving two children, a boy and a girl, both free from disease; whilst the younger son, who is still living, has had occasional attacks of hæmoptysis.

#### ON SOME OF THE CAUSES OF INSANITY.

BY HENRY MAUDSLEY, M.D.

The author observed that it was almost impossible in many cases of insanity to assign any one cause, as producing the disease. There was always a plurality of causes to be taken into account in each case. It was his design to treat, not of the pathological causes of insanity, but of its predisposing and exciting causes. Civilisation had been considered by many authors as a predisposing cause of insanity; but, although there were said to be 1 in 400 in civilised countries in a state of insanity, it was not possible to compare this fact with what occurred among savage tribes, because life was short, and the weak succumbed early among such nations. There seemed many causes at work in civilisation not unlikely to cause aberration of mind. Of late years, in this country too, there had certainly been great additions to the numbers of the insane in lunatic asylums. Thus, in 1865, there were 29,425 inhabitants of lunatic asylums; and this proved, in his belief, that there was a great increase in the proportionate numbers of lunatics in this country. One of the evident causes of insanity must be looked for in the fierce struggle for existence, which now caused so many social wrecks to take place. The weaker and less able were trampled under foot, and thus ended their existence insane. A notable example of this was to be met with in the case of women. Men have, as yet, taken all the more lucrative employments; and women were thus confined almost entirely to the state of marriage to secure anything like a certainty of existence. This was one of the most frequent causes of the breaking down of the mind among women. He did not think that self-abuse was a frequent cause of insanity in women; but that it was rather one of the symptoms of the malady. Among men, on the other hand, it was a

frequent cause of insanity. The trivial and defective education of women left them quite unable to cope with the unfortunate position in which they were often placed. Over-crowding and brutal degradation of the poorer classes tended also to produce physical and mental degeneration; and this was well known to be the result of over-population in old countries. Diseases of all kinds of a lowering type occurring in parents, such as consumption, predisposed children to insanity. A great proportion of lunatics, too, died of tubercular disease. It was often observed that, when families were dying out, consumption and insanity were frequent among the members. Speculation in business was a common cause of insanity; and the complete deadening and hardening of the emotions common among the commercial classes certainly tended towards producing insanity among their offspring. Effeminacy and luxury, also, were, in highly civilised countries, conditions favouring insanity and deterioration of the race. They tended to produce a sort of cretinism, just as a similar condition was produced by bad air and water. Hereditary predisposition had been very variously estimated as a predisposing cause; some authors asserting that nine-tenths of those affected were thus predisposed, and others only one-tenth. In fifty cases examined by Dr. Maudsley, hereditary transmission occurred in a marked form in fourteen. Any form of nervous disease in the parents might predispose to insanity in the offspring. Thus, epilepsy might occur in one member of a family and insanity in another. Inter-marriage, in his experience, was a frequent cause of insanity. Intoxication was in this country by far the commonest physical cause of mania and idiocy. Sexual excesses came next. Mania might in some cases be vicarious with epilepsy; he had seen some cases of this kind. The puerperal state was sometimes a cause of mania; and acute rheumatism and typhoid fever not unfrequently were followed by insanity. Injuries to the brain, from railway accidents and other causes, were followed by insanity in some cases. As to moral causes, single women in some instances became violently devout and ended in insanity; whilst disappointed affections also sometimes lead to a similar result. Great intellectual activity alone, he considered, did not lead to insanity; it was only when this was accompanied by some painful emotions, such as that of being distanced by successful competitors, or being unequal to responsibilities.

Dr. CHARLES DRYSDALE said that there could be no doubt that the struggle for existence was one of the great causes why insanity and consumption were now such common diseases. In ruder times, wars and fevers carried off suddenly great numbers of the weak and strong simultaneously; but, now, long chronic diseases, such as consumption and insanity, had taken their place; and these would continue very frequent, until it was acknowledged that over-population was the chief evil that the human race had to contend against. In French statistics, epilepsy and convulsions were given as the commonest physical causes of insanity; but he could readily believe that, in this country, drunkenness was the chief cause; and this pointed to the advisability of making life in this country more artistic and less monotonous. The next commonest physical causes were sexual excesses, enforced celibacy, and self-abuse. These three together caused a vast amount of insanity; and he believed that Mr. Holmes Coote was not exaggerating when he said, that no cause of insanity was more common among the youth of both sexes than the last named of the three. The enforced celibacy of women of the better classes was, he (Dr. Drysdale) believed, most dangerous to the



maintenance of that balance between the intellect and the emotions so necessary to sanity. The wages of women, when forced to live by their earnings, were ridiculously small, in proportion to the labour; and, as marriage was much fallen off in frequency during the last few years, it was no wonder that women often became desperate and ended insane. Religious asceticism and intolerance were frequent causes of insanity, and the dwelling too much on supernatural ideas also tended to insanity. Loss of friends, disappointed ambition and love, were frequent causes. The most common antecedent of all at present was hereditary influence.

Dr. HUGHLINGS JACKSON, after adverting to the extreme value of the author's communication, made some remarks to show the different experience which he had obtained by studying diseases of the nervous system at a general and a special hospital, from what physicians practising in insanity had obtained by studying nervous diseases at asylums. He thought that cases of what might be called coarse disease of the nervous system—*e. g.*, damages by blood-clot and tumours (and these cases are chiefly under the observation of those practising generally)—ought to be carefully considered by medical psychologists, in order that they might obtain a knowledge of certain comparatively unimportant and yet highly significant symptoms, some of which evidently stand betwixt the two artificial extremes which are conveniently, though arbitrarily, distinguished as physical and psychical symptoms. On the other hand, medical men practising generally could scarcely give small signs of mental disorder wide enough relations. The progress of our studies of nervous diseases was, Dr. Jackson believed, hindered from the fact that able and industrious men, practising in different departments, had not opportunities of working harmoniously as members of one scientific organisation. However elaborately our medical knowledge, acquired in different fields, might be arranged, it was still badly organised; and, indeed, some of the present arrangements of diseases, or of symptoms of disease, of the nervous system, were, it seemed to him, altogether subversive of true scientific method. The question of transmission of disease in general required to be studied with more width, and also with more precision, than we could, with our present divisions of works, possibly study it. For instance, each in his own field of labour might study cases of nervous disease, with regard to this question, very minutely; but the too arbitrary division of our work into sections drove medical practitioners to a narrow style of study, and thus our minuteness was not always precision, and our width tended to vagueness. He conceived that the transmission of disease was not so much of bad organs as of imperfect tissues; and that a child could scarcely be said to inherit a symptom directly—as, for instance, convulsions of any sort—but rather degenerate tissues. The transmission of peculiarities of healthy structures was not denied—either of fixed anatomical possibilities or of an alteration of any of these, acquired by an unusual exercise of particular functions. To use the language, and to adopt certain views, of Herbert Spencer, there was a transmission of Physiological Units. But degradations of structure, such as softening of the corpus striatum, or disorders of function such as chorea, were not, Dr. Jackson believed, likely to be transmitted. These were not units in the sense in which Spencer uses the word. They did not even deserve the name of pathological units. For local alterations of normal structure were probably not equilibrated with the rest of the organism. They were, therefore, not likely to be represented in the detached physiological units, the sperm-cell or

germ-cell. Perhaps if a man had chorea, or frequently recurring convulsions almost from birth, the local changes, or those produced by the reaction of the irregular movements or spasms, might, after long persistence in a growing body, be equilibrated with the whole of the organism; and thus certain abnormal structures might be transmitted. Transmission of epilepsy from guinea-pigs—rendered epileptic artificially—might be an instance of this. Yet, as a matter of fact, Dr. Jackson believed that transmission of a tendency to changes in tissues—not to damages of particular organs, nor to disorders of special function—was the way in which bodily evil was hereditary. To give an illustration. A child's father died hemiplegic, and the child's mother had epileptiform seizures. The father's paralysis would be due most likely to disease in the brain, such as tearing up by effusion of blood of a nervous organ, usually the corpus striatum; and not to primary changes beginning in nerve-tissue itself; for hemiplegia was nearly always due to cerebral hæmorrhage. The mother's fits might have followed syphilitic disease of the brain's membranes. Then their child, if it became hemiplegic or epileptic, could not be said to have inherited a tendency to either of these symptoms, although it might be born with a tendency to degeneration of tissues forming part of the vascular system, or with a syphilitic taint, which taint so often induced or allowed disorderly growth in a low vegetal tissue forming part of very different organs. Whilst it was not rare for grandfather, father, and son to suffer hemiplegia from cerebral hæmorrhage, the grandson could scarcely be said to have inherited this kind of paralysis, but rather to be born with his family's tendency to wide degenerative changes, of which disease of the blood-vessels was nearly always one part, and the changes of chronic Bright's disease very often another. Again: a child is born liable to those tissue-changes which constitute tuberculosis, and dies when grown up, as many of its immediate relatives have died, of tubercular disease of the lungs. It would not be generally held that a tendency to disease of an organ, the lungs, was transmitted. No one ventured to say that tubercular meningitis in children was hereditary, although several children in a family might die of it; for tubercle in children was nearly always widely scattered, and very rarely indeed affected only one organ. A child might inherit feeble nerve-tissue, and thus indirectly a tendency might be transmitted to a class of nervous diseases, not to any nervous disease. Parents, then, transmitted tendencies to diseases of the nervous skeleton, or of the connective-tissue skeleton, or (and this was speaking very loosely) of the arterial skeleton. Instead of saying "to transmit a tendency", it might, perhaps, be better to say "transmit an imperfectly developed tissue or tissues"; but the expression tendency was better in this way, that it had not enough meaning to carry a theory, and was used as a mere verbal artifice. A feeble nervous skeleton being transmitted, only those diseases which depended upon primary changes, slight and yet widely spread, in nervous tissue itself, would be likely to occur in both offspring and parents. These changes would be, as a matter of fact, most strikingly of the cerebral hemisphere; because, although there are nerves in all parts of the system, this part of the body is made up nearly altogether of nerve-tissue; and thus various disorders of the function of the chief nervous organ constituting insanity, and perhaps some forms of epilepsy, would occur in several members of one family. It was, Dr. Jackson conceived, most important to try to distinguish in all nervous diseases or symptoms, from the simplest, such as paralysis of the third nerve, to the most complete per-



version of the highest functions of the brain, whether the pathological alterations were primarily of nervous tissue, or were secondary changes of some inferior tissue which helped to make part of the nervous organs. In cases of paralysis of muscles supplied from a single nerve-trunk, the nervous bundle might suffer (1) from diseases of the areolar tissue about it, as from syphilitic disease, or (2) from wasting of the true nervous elements, as most likely was the case in the amaurosis, etc., which now and then occurred in locomotor ataxy. This distinction led to one (1) of three natural orders of all diseases of the nervous system, or rather of our thoughts on disease. There were two other orders; viz. (2), according to damage of organs; and (3), according to disorders of function. Each case of disease ought to be considered as it bears on each of these three lines of thought. Roughly speaking, there were, from the (1) tissue-change point of view, two classes of nervous disease. The first (a) included those essentially nervous; i. e., those due to changes beginning in nerve-tissue itself; and possibly the intimate changes in the brain, giving rise to or permitting many forms of insanity, are faults of this tissue. The second (b) class included diseases in which nervous tissue was indirectly affected, as when hemiplegia occurred from rupture of blood-vessels in the corpus striatum, or when epileptic fits or amaurosis (or more precisely, the minute changes on which the last two signs of disordered or lost function depended), followed some time after coarse disease of the connective tissue of the pia mater, such as syphilitic "deposits", had been well established. Among those of the first (a) class of nervous diseases would be a certain kind of atrophy of the optic nerves—progressive diseases of the nervous system in general, and probably certain forms of insanity. The *idea* was the same, whether nerve-tissue was wasted in the optic nerve bundle, or in the posterior columns of the cord, or in the hemisphere, although the *events* in these cases differed most widely. In the second (b) class would be placed such cases as hemiplegia from cerebral hæmorrhage, loss of speech from embolism, and convulsions from the secondary changes which cerebral tumours give rise to. Dr. Jackson, to exemplify these principles, gave the case of a family where the eldest girl (the patients were all daughters) had what for shortness he would call, idiopathic epilepsy; the next, atrophy of the optic nerves, and occasional *petit mal*; the third, unilateral chorea. The mother of these children had rheumatic fever when her youngest daughter had chorea, and she died (through her lungs) of disease of the heart a year later. She herself had had chorea when a child, and a second time in one of her pregnancies. The child, the subject of chorea, had a mitral murmur which persisted when she was rid of all irregular movements; and her elder brother not long after suffered from an attack of acute rheumatism. Here seems an inheritance, not of a tendency to nervous diseases, but of those ill-defined tendencies to particular morbid processes which are called arthritic. Dr. Jackson held strongly that the chorea in mother and daughter could not safely be admitted as an instance of transmission of a tendency to nervous disease, but rather as a sign that there was transmitted a tendency to disease of tissues of much lower function than the nervous, which tissues, being affected in the valves of the heart, led to cerebral disorder through the quasi-accident of embolism. But there were other possibilities of disease in this family. The second daughter, the one amaurotic, had malformation of the teeth—that particular sort of deformity which Mr. Hutchinson has found to be due to inherited taint. Thus it became a question whether this girl and her elder sister had

not inherited the syphilitic cachexia, which had given rise to, or rather permitted, disorderly growth in one of the commonest tissues—the connective. And the fact that their nervous organs had been somewhere damaged by the results of this disorderly life in a low vulgar tissue, was not the most essential one, pathologically considered, as connective tissue in other parts frequently suffered from syphilis, when that of the brain was so diseased. Here it seemed worth passing attention, that the artificial separation of function and life seemed partly warranted by what we knew of the resemblances and differences of nerve-tissue and connective tissue. The one might be called a tissue of high function; it is of elaborate structure, but of low life. The other, the connective tissue, played a very subordinate part to nervous tissue, the real celebrant in the functions of the nervous organs; but in disease it not unfrequently indulges its speciality for mere vegetable growth, although the new products die almost as fast as the mass increases in size. Thus nerve-tissue often suffers from no fault of its own. These distinctions obviously bore upon the way in which we should try to arrive at a rational system of therapeutics. It was, Dr. Jackson freely admitted, most satisfactory to adopt a sound empirical system of treating many nervous diseases. But to pretend to a rational treatment of diseases of which the tissue-changes are altogether unknown; for instance, to talk of a rational treatment of so-called idiopathic epilepsy, was not practical. Much of our so-called practical knowledge was really an acceptance of metaphysical explanations, and a treatment of entities. Progress in the therapeutics of nervous diseases would, he believed, come from such workers as those who found out how and where tissue was changed from health, and not from such as those who tried one mineral or vegetable after another, to find out what thing best decreased the "increased excitability of the medulla oblongata." The attempt to divorce the study of therapeutics from a real positive study of states of disease, was, he hoped, almost quite out of fashion. Those who had not fine enough perceptions to observe slight differences in pathology, would not be credited to possess perceptions fine enough to observe those slight changes in the course of diseases, which many of our remedies can produce. Dr. Jackson next spoke of injuries to the head. He had not unfrequently been consulted for certain epileptiform seizures, which had followed some time after blows on the head, seizures often physiologically related to the part injured; but he had never been consulted for insanity caused in this way, probably because general physicians are not likely to be consulted for insanity. He then made some remarks upon epilepsy. He thought that the term epilepsy was unfortunately a very indefinite one, and that it was especially hurtful when used very decisively for a definition of the most commonly occurring chronic convulsions. He thought it most likely that the unknown condition of nervous matter in epilepsy, might produce or permit almost any set or degree of nervous symptoms, according to the part of the nervous system affected; as the motor tract, or the outlying parts of the hemispheres. He alluded to the case of a patient, who used to pass suddenly into a state somewhat like that of a somnambulist: next, to that of a woman, who had short maniacal attacks in her sleep, and who was, by her own wish, strapped down every night: next, to transitory fury following convulsive attacks. He supposed that in these last cases the epileptic condition, whatever that was, during the paroxysms, affected some critical parts, also unknown, of the hemispheres. Now, in every case there were to be studied,



(1) CHAIN NEW MODE OF TREATING EPITHELIOMA; (3) DISORDERS CERVIX UTERI. In coarse diseases of the nervous system, sometimes make out all the three with complete completeness. Hemiplegia occurs from (1) section of nerve-tissue of the (2) corpus striatum. But in most cases of chronic convulsions, we know only the first; and it could not be too much borne in mind, that we had in epilepsy the two others to find, and that we should seek them in an orderly manner. In some convulsive seizures, i.e. those in which the spasm of muscles is unilateral, we might sometimes get to know something of each of the three. In insanity, he imagined the same positive plan of study ought to be followed, as soon as ever it became possible. At present, however, it seemed scarcely likely that, in most cases at least, we could do more than study a case of insanity as a disorder of what we know of healthy function of brain, i.e. of mind, and not much as to its dependence on particular changes in nerve-tissue which allow that disorder, and not even as to the seat of those changes, the part or organ affected. It was, perhaps, a truism to say that disease was a departure from health; but he (Dr. Jackson) remarked that, even in the study of the simpler nervous affections, such diseases as chorea, epilepsy, etc., the attempt seemed to be, not to determine how far, and in what way, the symptoms shewed a departure from healthy states of tissues, organs, and functions; but how nearly cases approached our conventional notions of genuine epilepsy, etc. He did not know if this plan was the sole method of any medical psychologist. He might, he thought, easily venture to say that it was not the method that the Author had followed. In spite of a temporary convenience, it would not be, he fancied, very profitable to try to determine how disorders of mind approached or receded from arbitrary standards of mental disease. Yet, very possibly for a long time, this plan of studying insanity must be followed in great part. But it need not be followed in certain other diseases which presented striking symptoms, which seemed to reveal links betwixt motion and thought. And while psychologists were studying cases of insanity as departures from mental health, i.e. as disorders of function of brain, they might also, Dr. Jackson imagined, do good work in cases of hemiplegia, apoplexy, uræmia, chorea, etc., towards helping the putting in order of those slighter symptoms which might be called either defects of rudimentary mental, or of highly developed physical processes. This was, he thought, especially applicable to defects following damage to the hemisphere, near the corpus striatum. In such cases, we could frequently trace a gradation from simple disorders of motion, to symptoms which are called mental; or, to put this in convenient technical terms, from psychico-physical, i.e. gross movements, to physico-psychical, or disorder of the educated movements of language, or perhaps of motor impulses of thought. In chorea there were often ordinary mental defects, from slight nervousness and ill-temper, up to (what, it is true, is very rare) actual imbecility. And, in a few cases of chorea, hints seemed to be given of a method of studying movement and thought as one series of motions, ascending from gross movements to the very borders, at least, of the motor-impulses of thought. Such cases, he believed, when fairly and widely studied by both general and special practitioners, with other cases already mentioned, would help to establish valuable laws of physical and psychical processes. Many little symptoms in chorea might have that sort of value to the psychologist, which little words had in giving meaning to technical terms in a sentence. By working more in harmony, again, more might be learnt about such diseases as puerperal mania. The wide study of the

puerperal group of nervous affections, would require the organised efforts of obstetricians, general practitioners, and alienists. A woman in labour is liable to have (here speaking of some of those symptoms only which continue after the crisis of parturition is well over) epileptiform seizures, hemiplegia, with or without loss of speech, chorea, and mania. Now, Dr. Jackson thought that, by working together, medical men would have, not only what to a great extent they already have, viz., a knowledge of many facts about nervous diseases following labour, but much knowledge of the particular ways in which the tissues and organs of the nervous system were liable to suffer in parturient women.

Mr. BAKER BROWN, jun., thought, with the author of the paper, that self-abuse in women was frequently rather a symptom than a cause of insanity. In lunatic asylums, this practice was very frequently observed among the insane. Some cases of insanity had derived benefit from the practice of excision of the clitoris, recommended by Mr. B. Brown; but these were rather persons with acute hysteria, than insane persons. He could not think with the author, that sexual excesses were common among married persons, or that they frequently caused insanity among the married. He believed that excesses were only met with among unmarried persons. With regard to religion being a cause of insanity, he believed that such cases were chiefly to be met with among the extreme parties of religious denominations; such as, on the one hand, the methodists, and, on the other hand, the high church party. Those who belonged to the established or moderate party, did not seem to be so liable to become insane from devotional causes.

Dr. CLEVELAND was not quite certain how far the author's statement with regard to the increase in the proportional number of insane persons was to be taken as proved. He was inclined to believe, that there were more lunatics because the population was greater; but not that the proportion of the insane to the whole population had increased. To give the debate a practical turn, he would observe that, since intemperance was such a frequent cause of insanity, it seemed to him that something like what Dr. Winslow had suggested should be done—establish a sanitarium, where drunkards could be placed out of reach of drink until the fit of drunkenness passed away.

Mr. BENSON BAKER had had some experience of insanity among the poor, and had found drunkenness a very fruitful cause of it among that class. After this, as a cause of insanity, he thought, came consumption. Among the poor, dipsomaniacs went into the infirmary and recovered; whilst the rich drunkards were worse off in this respect, because they were not removed from the possibility of obtaining drink. He considered that the signing of certificates of insanity was too great a responsibility to put upon a medical man, and that the law on this point required alteration.

Dr. CAMPS said that in Scotland there existed asylums for dipsomaniacs, and it would be well to introduce such institutions into England. He did not think that epilepsy should be looked upon so much in the light of a cause, as of a consequence, of insanity. Many cases of insanity he had seen, had been concurrent with other diseases, such as tuberculosis. He did not think that religion could be justly considered as a cause of insanity. True religion, on the contrary, rather tended, he thought, towards warding off any predisposition towards insanity.

Dr. BROADBENT said it was very rarely that he had listened to a paper with such interest, or had de-



rived so much instruction from the discussion of any subject before a medical society. The first idea developed by Dr. Maudsley was, that insanity was a form of degeneracy, traceable on the one hand to moral depravity, and on the other, to physical privation, bad hygiene, and the like. He had especially been struck by the prominence given to moral causes. Another great idea had been advanced by Dr. Hughlings Jackson, that transmitted hereditary degenerative tendencies were rather to degeneration of tissues than of organs. By the combination of these two doctrines, and the approximation of physicians and those especially engaged in the study of mental alienation, which Dr. Hughlings Jackson had pointed out to be so desirable, he believed that great results might be obtained.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, OCTOBER 3RD, 1866.

ROBERT BARNES, M.D., President, in the Chair.

MR. JAMES KEITH GROSJEAN was admitted a Fellow, and Professor Rizzoli of Bologna an Honorary Fellow, of the Society.

*Specimens, etc.* Mr. NEWTON exhibited three preserved specimens, which he presented to the Society.

Dr. BRAXTON HICKS showed a Cephalotribe of his own design. It was lighter in construction than any yet made, and possessed power equal to those of larger size now in use on the Continent.

The Report on Dr. WYNN WILLIAMS's case of Cyst Removed from the Abdomen, and exhibited at the Society in June last, was read.

Dr. BRUNTON showed a Placenta which he had removed a few days before from a healthy primiparous young woman. It contained in its centre a round tumour about the size of a small egg. The specimen was referred to two Fellows for examination, and a report upon the tumour.

Dr. SMUTS gave the history of a curious case of Prolapsed Placenta, in which, after the greater part of the placenta had remained outside the vulva for more than forty-eight hours, it retracted within the uterus beyond the reach of the finger, and was expelled immediately after the birth of a healthy living child.

*Case of Early and Entirely Detached Placenta in Labour, producing Internal and Concealed Hæmorrhage, of which the patient died soon after Delivery.* By J. T. MITCHELL, Esq. The patient, who was in the ninth month of gestation, was early one morning awakened by a most unusually violent and protracted spasm in the abdomen, so severe that she became alarmed. This pain was followed by a discharge of blood from the vagina, which, although not very great, continued more or less up to the time of the birth of a still-born child. She never rallied, and died shortly after delivery. A large, firm clot, the size of a child's head, had passed from the uterus just before death. Mr. Mitchell considered it as one of those very rare cases where the placenta was suddenly and, no doubt, entirely cast from the uterus by the violent spasm of that organ.

FATAL CASE OF CONCEALED ACCIDENTAL HÆMORRHAGE,  
OCCURRING AT THE EIGHTH MONTH. BY R. DUNN,  
ESQ.

Mrs. C., suffering from severe cold, experienced while in bed, after a violent fit of coughing, strange and unusual sensations about her womb, and became faint. From this she recovered, and remained well

for three or four days, which had given rise to anasarca, and was sent for. On his seeing the patient, he was informed that she was faint, with a weak and feeble pulse. And that she had rallied, but was seized with laboured breathing, and was sent for. The liquor amnii escaped early, and in a large clot of blood. She became faint, and complained of the want of breath. The os uteri being dilated to only the size of a half-crown, and the pains inefficient, stimulants, beef-tea, and ergot were administered, and Dr. Robert Lee's opinion was sought. The patient, however, rapidly got weaker, and expired before the consultation had concluded. The post mortem inspection revealed a child of eight months lying in the normal position in the womb. The placenta was found to be completely detached and quite loose, resting upon a large mass of coagulated blood, not less than a quart, in the fundus of the uterus.

Dr. GREENHALGH agreed with Messrs. Dunn and Mitchell that fatal accidental hæmorrhage was of rare occurrence; never having met with a case until within the last few weeks, when he was applied to by a teacher of midwifery to see Mrs. —, between thirty and forty years of age, the mother of many children, who had reached the end of the eighth month of her pregnancy. Dr. Greenhalgh found the patient blanched, cold, and almost pulseless, without the slightest evidence of uterine action. Stimulants and nourishment were given freely, but without signs of rallying. Eight ounces of blood were transfused, after which she expired. Although no time was lost in performing the Cæsarean section, a dead child was extracted. The circumference of the placenta was adherent, except about two inches of its upper part, through which a portion of clot was protruding. Nearly the whole of the centre of the placenta was detached, and between it and the uterus was a large coagulum, weighing from one and a half to two pounds. The uterus was remarkably blanched and flaccid.

Dr. BRUNTON had met with a similar case about the full period of gestation. His patient was collapsed and nearly pulseless, and in a state of intense suffering. There were no labour pains, but one continuous pain of an intense stretching character. He found the os uteri dilated to the size of a florin, and the membranes tensely stretched, as during a labour pain; but there was no relaxation of them as in the interval between true labour pains. There was no discharge of blood at all until the membranes were ruptured, and then an immense gush of bloody fluid came away, rapidly followed by the head and body of the child, and then came three large clots of blood, each as large as a child's head. The placenta was healthy and cup-shaped on the uterine surface, caused, doubtless, by pressure of retained blood. The patient recovered. Dr. Brunton maintained that the chief diagnostic symptoms of accidental concealed hemorrhage were: 1. The sudden collapse and fainting, with continuance of this state; and, 2. The intense continuous stretching pain, and the tense state of the membranes, also continuous.

Dr. GRAILY HEWITT attached much importance to the presence of a painful feeling of stretching or distilation in the abdomen as a sign of hæmorrhage within the uterus, but from facts which had fallen under his own notice, and which he mentioned, it was not a symptom which was invariably observed, and consequently could not be considered as reliable. It might be absent, and yet with the uterus possibly containing a large quantity of blood. Together with other signs, great prostration and pallidity of surface, the sensation alluded to had, however, much positive diagnostic value.



ON A NEW MODE OF TREATING EPITHELIAL CANCER OF THE CERVIX UTERI AND ITS CAVITY. BY C. H. F. ROUTH, M.D.

The author, after referring to the able papers of Mr. Moore on Cancer, said that the use of bromine as a local agent was first suggested to him by his colleague, Dr. Wynn Williams. Dr. ROUTH then related two cases admitted under his care at the Samaritan Hospital. In the first, the patient was thin, pale, and haggard, losing blood continually. There was a mass of fungoid epithelial growths, taking their origin from the os uteri, and of about the size of an egg. The actual cautery was used to check the bleeding, and after the slough had come away, a solution of bromine, five minims to fifty of spirits of wine, was used. A piece of lint, the anterior surface of which was well saturated with the solution, was applied to the uterine diseased surface, and kept *in situ* by pledgets of lint. After forty-eight hours it was removed, and the part dressed at night with a poultice of lint dipped in warm water, and during the day warm douches were applied. In about a week a slough came away, and left a large healthy granulating surface. Tannin with glycerine was applied, and used daily. The patient also took internally the iodide of arsenic with extract of conium. After a period of ten weeks she was fat, hearty, and well-coloured; but as she occasionally lost a drop of blood, Dr. ROUTH carefully examined the internal surface of the uterus, and found about a quarter of its lining membrane affected with epithelioma. She left the hospital for some weeks, and on being readmitted a piece of wood about the size of the uterine cavity was prepared, and covered with cotton: the upper part was dipped in a saturated solution of carbonate of soda, the lower in the bromine solution, and it was passed up and left within the uterus. Two or three further applications of bromine with glycerine were necessary, and the patient left the hospital with a movable healthy uterus.

In the second case there was a large carcinomatous mass, of about the size of an orange, attached to the os, which appeared to be large cauliflower excrescences, breaking down readily and bleeding at the slightest touch. On June 20th the mass was removed by the wire *écraseur*, and a few days afterwards the spirituous solution of bromine was applied. She took internally the iodide of arsenic and conium, and was treated in the same manner as the first case. She left the hospital on April 2nd, with a moveable uterus covered with healthy mucous membrane, and looking herself fat and hearty.

The author remarked that he was quite aware that two cases afford an insufficient criterion as to the value of any remedy, and that time had not been allowed to prove that the cures were lasting. Notwithstanding these objections, he thought, at the same time, there were some considerations which made an early publication of these cases desirable. The author concluded by drawing attention to the care necessary in mixing the bromine with the spirits, which should be done very gradually, to avoid an explosion. He hoped others would try the agent he now brought forward, and give the results of their experience. He believed it to be a potent and useful remedy, and likely to prove of service, if not in the cure absolutely, at least in the arrest of the progress of cancer.

Dr. WYNN WILLIAMS had applied solutions of bromine, in varying degrees of strength, in cancerous growths where there had been any breach of surface, for some nine or ten years; and, for the last two or three years, to this disease when attacking the uterus, with the effect of destroying the cancerous

mass, and causing its removal by sloughing. The first patient on whom he used it was a man suffering from epithelial cancer which had commenced in the lower lip, the soft parts having been almost entirely removed; and wherever he was able to apply the solution of bromine the wound healed, until the whole external surface of it, extending, he might say, almost from ear to ear, had skinned over. The patient, however, ultimately died from extension of the disease to the neighbouring glands. Dr. Williams considered the beneficial effects of bromine were not confined to its corrosive or escharotic action only, but it acted also as a most powerful disinfectant, its good effects in this way being of very great service. He had seen patients with that peculiar cachectic, emaciated aspect so common in those suffering from open cancer, rapidly improve in appearance soon after using bromine applications. He had found that in almost every case in which he had been able to apply bromine directly to the cancerous growth it had been followed by most beneficial results. He had frequently prescribed bromide of iron internally whilst applying the bromine externally, but thought its effect very problematical.

Dr. ROGERS said he believed some of the members were labouring under an erroneous impression that the paper by Dr. ROUTH and the remarks of Dr. W. Williams tended to establish a new "specific for cancer." All that was desired to be made known was the fact that in some cases of epithelial cancer of the cervix uteri the bromine had proved a most energetic and valuable escharotic, destroying vascular growths, arresting hæmorrhage, and the prostration resulting from it, and checking all fetid and foul discharges. Healthy granulations followed its application, and the parts appeared free from disease. How long such improved state would continue could not at present be predicted. This was certain, that a most marked improvement took place locally and constitutionally. The patients would soon have died had not the disease been arrested; now they appeared restored to health and strength again. Of course, where the bromine could not be applied to the whole of the diseased parts the mischief could not be arrested, and the disease proceeded on its fatal course. Bromine, like other powerful caustics, required great care and all the precautions mentioned by the author in its use. From its not being properly guarded, he (Dr. Rogers) had known mischief to arise which ought to have been prevented. He had used it himself, and had assisted the author with all his cases; and great credit was due to Dr. ROUTH for the skill, care, and perseverance exhibited by him.

Dr. ROUTH had frequently seen cases of extirpation of cancerous growths by the knife or *écraseur*, but they almost invariably recurred. The plan proposed did more, or supplemented what knives and *écraseurs* could not do; and he must say he never saw change so rapid from one of marked cachexia to robust health as under the bromine treatment. It was because he had thought this so remarkable that he wished others to try it also for themselves. If the agent was what he believed, the profession would soon acknowledge it. Herein he only followed the general rule of medical men, which differed so much from that of quacks, to make known at once any remedy for the good of all, and not to keep it secret. Great harm, he believed, had been done to the treatment of this affection in our schools and elsewhere by invariably speaking of cancer as incurable. Now he believed opinion was changing, and some began to believe a cure might be found. He did not say that bromine was certainly such a remedy, but at any rate it was the most powerful palliative he had



met with. To see a woman dying by inches, and carrying about her an odour completing her misery, was a severe trial. If bromine could stop this only for six months it was surely to be received with thankfulness. Future experience, however, might prove its powers to be even greater than this.

ON THE MECHANISM AND MANAGEMENT OF DELIVERY IN CASES OF DOUBLE MONSTROSITY. BY W. S. PLAYFAIR, M.D., M.R.C.P.

The author pointed out that, although numerous instances of double monstrosity were recorded in various publications, and specimens were met with in all our museums, little reference was made to the mechanism of delivery in any of our standard works on obstetrics. As the cases were likely to give rise to very formidable difficulties in practice, the object of the paper was to arrive at a clear understanding as to the means by which Nature attempted delivery, with the view of arriving at some definite conclusions as to the proper management of cases of the kind. Details were collected from various sources of thirty-one cases, in which the labour was more or less accurately described. These histories were analysed under their respective classes, and practical deductions were arrived at as to the proper course to be pursued with the view of rendering the most efficient assistance.

## ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JUNE 26TH, 1866.

JAMES ALDERSON, M.D., F.R.S., President, in the Chair.

CASE OF STRICTURE OF THE URETHRA, WITH COMPLICATIONS. BY GEORGE W. CALLENDER, F.R.C.S.

THOMAS C. suffered for seven years and a half from stricture. He then had an attack of retention of urine, for which his urinary bladder was punctured above the pubes. As no instrument could be passed along the urethra and through the stricture, an operation was performed for his relief which has been suggested for similar cases, but was not practised, by John Hunter. A No. 8 elastic catheter was passed into the bladder by the suprapubic opening; after which it was armed with a stout stilet, bent to the curve of an ordinary urethra. Guided by the finger, introduced for this purpose into the rectum, the catheter passed readily through the prostate, but was stopped in the membranous portion of the canal; but by withdrawing the stilet a little, the point of the instrument was tilted up, and it then passed easily into, and was felt in, the perineum. A straight metal catheter, introduced from the glans penis as far as possible, reached to the site of the instrument passed from the bladder, lying a little to its right side. Cutting from the perineum upon the extremity of the latter, and then examining the parts from time to time with a probe, the incision was prolonged forwards through callous tissue for about an inch and a half, when the probe slipped up and struck the straight catheter at a point an inch and a half forward, and then emerged through the urethral orifice. Following this probe, passing through the wound in the perineum, and following also the elastic catheter as it was drawn backwards through the suprapubic opening, a No. 8 elastic catheter was now readily introduced into the bladder, and the treatment was subsequently continued as for an ordinary perineal section. Eleven months later the patient continued well.

An instrument was referred to, by means of which

the urethra was kept dilated whilst the wound in the perineum healed.

An account was also given of the removal of two calculi through the hypogastric puncture (enlarged for the purpose); and some remarks were added respecting the hypogastric operation for the relief of retention of urine.

ON STRICTURE OF THE URETHRA AS A RESULT OF CONSTITUTIONAL SYPHILIS. BY T. W. NUNN, F.R.C.S.

1. Constitutional syphilis is frequently the cause of the pathological changes in the urethra which give rise to stricture.

2. Stricture of the urethra so produced is liable to possess the character of being resilient.

CASE 1. Middle aged man, who had undergone perineal section, and had not suffered inconvenience for several years afterwards until he acquired constitutional syphilis.

CASE 2. Middle-aged man, in whom the stricture was unmanageable until constitutional remedies had been employed.

CASE 3. L. suffered from constitutional syphilis in 1850, subsequently from an obstinate gleet, lastly from stricture.

CASE 4. L. S. had gonorrhoea in 1852, again in 1854; chancre 1857; six months later, secondary eruptions; and three months still later, stricture.

CASE 5. The brother of No. 4, nearly similar as regards the concurrence of stricture and constitutional syphilis.

CASE 6. Had chronic syphilitic disease of the larynx and stricture of the urethra. The stricture would not yield until constitutional remedies were employed.

CASE 7. P. P., aged 45, has obstinate stricture, having a traumatic origin, but there is a stricture in front of the seat of injury, and the patient has plantar psoriasis, and psoriasis of the scrotum.

CASE 8. E. H. had a stricture in 1864, following gonorrhoea; in 1865, contracted syphilis; during the acute stage of the constitutional symptoms the stricture was unmanageable.

CASE 9. W. came under observation in 1864 for gonorrhoea, August 22nd; had twice previously had gonorrhoea; discharge in the present attack followed connexion after four days. There existed the remains of an indurated chancre with inguinal adenopathy. After the appearance of constitutional symptoms, some months later, stricture was found.

CASE 10. D. suffered from constitutional syphilis two years since, one year since from gonorrhoea. In January of the present year (1866) had an almost unpassable stricture.

ON ELEPHANTIASIS OF THE SCROTUM AND PENIS. BY R. H. MEADE, ESQ., F.R.C.S.

The tumour of the scrotum in this case was 35 inches in circumference; the penis was between six and seven inches in circumference, and very much elongated and twisted. The man was 32 years of age and had never been out of England. The disease had been growing for fourteen years, commencing in the prepuce, and spreading thence all over the penis and scrotum; the whole skin of both organs being enormously thickened and tuberculated. The author recommended the patient to have the genital organs entirely removed; but he would only consent to have a portion of the disease extirpated, so that part of the penis and, if possible, the testes should be saved. In accordance with this wish, Mr. MEADE took the man into the Bradford Infirmary, and performed the following operation on March 9th, 1865.

The patient being in the lithotomy position, and under the influence of chloroform, the tumour of the



scrotum was transfixed laterally through its root with a long amputating knife; a semicircular flap was then made forwards, with its convexity downwards, to the base of the penis, and the remainder of the tumour removed by another incision made backwards to the perineum. The testes could be seen uninjured in the anterior flap through the tunicae vaginales, which were not opened. There was very little hæmorrhage, for the precaution was taken of strangulating the superficial parts of the tumour with a series of large and deep loops of whipcord, inserted above the line of the incisions, in the manner adopted in a similar case by Mr. H. Walton. These loops were unfastened one by one after the removal of the tumour, and the bleeding vessels secured. The portion of the scrotum removed weighed eleven pounds.

The two anterior thirds of the penis were afterwards amputated, and the flaps of the scrotum brought together and secured by sutures.

The wound slowly healed, and the patient recovered, being very much relieved; but a considerable part of the diseased mass remained unremoved, which would probably increase.

The paper was illustrated by photographs.

#### LIVERPOOL MEDICAL INSTITUTION.

THURSDAY, NOV. 1ST, 1866.

JAMES HAKES, Esq., Vice-President, in the Chair.

*Specimens, etc.* Mr. HARRISON brought under the notice of the Society a Humerus he had removed from a subject in the dissecting-rooms, in which was an almost perfect supra-condyloid foramen with the brachial artery and median nerve passing through it. Some specimens from the carnivora were exhibited in illustration.

Dr. OTLEY showed a specimen of an extensively Hypertrophied Heart with Valvular Disease, from a child.

Dr. IMLACH narrated the particulars of a case where a young lady had been in the habit of passing *per urethram* for a considerable period Urine of a very peculiar mahogany-looking character. Dr. Imlach discovered that this condition was brought about by the patient introducing into the urethra red tooth-powder, apparently with no other object than to mislead her medical advisers as to the real nature of her disorder. A specimen of urine that had been drawn off by the catheter was perfectly clear.

*The late Mr. F. D. Fletcher.* The PRESIDENT alluded in feeling terms to the death of Mr. Fletcher, who for many years took an active part in the proceedings of this Society; and a resolution was unanimously passed in accordance with these remarks, which the Secretary was requested to forward to the widow of the deceased gentleman.

*Paper.* Mr. BICKERTON then read the paper of the evening, On Wounds of the Eyeball, with Cases and Specimens of Foreign Bodies removed.

UNIVERSITY OF CAMBRIDGE. At a congregation at Cambridge, Nov. 15th, graces passed the Senate requiring candidates for the degree of M.B. to pass in algebra, and for appointing as assistant examiners to professors, Dr. Latham, Dr. Drosier, and Mr. Les-tourgeon. The Vice-Chancellor has given notice that the place of a member of the Senate in the Council of the Senate has become vacant by the resignation of Dr. Paget.

## Association Intelligence.

### SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEDICAL MEETINGS.

THE next meeting of this Branch will be held at the Fountain Hotel, Canterbury, on Thursday, November 29th, at 3 p.m. Dinner 5s., exclusive of wine.

Members desiring to bring forward papers, should communicate with the Honorary Secretary without delay.

R. L. BOWLES, L.R.C.P., *Honorary Secretary.*

Folkestone, November 14th, 1866.

## Correspondence.

### THE TREATMENT OF CANCER BY INJECTIONS OF NITRIC ACID.

LETTER FROM J. HUGHES BENNETT, M.D.

SIR,—In my work on *Cancerous and Canceroid Growths*, published in 1849, there will be found, at p. 249, the following passage.

"We have seen that certain chemical agents have a marked effect upon the cancer-cell. Acetic acid especially dissolves the cell-wall more or less, and strong potash reduces the whole to a granular mass. The continued application of these agents, therefore, would tend to dissolve the growth, if it could be brought into direct contact with the cells, and need not necessarily excite such irritation as to cause fresh exudation. The only objection is, the utter impossibility of affecting the whole mass even in cases of ulceration, and preventing the formation of deep-seated cells, while the superficial ones are destroyed. In certain canceroid growths, especially epithelial ones, the application of acetic acid is an established remedy, and should always be tried whenever it is thought possible to bring the fluid successively in contact with the entire mass of the disease."

The statement in the above passage, that the continued application of acetic acid and strong potash "would tend to dissolve the growth, if it could be brought into direct contact with the cells," resulted from numerous histological researches recorded in my work. It may be readily understood, therefore, with what interest I regard the proposition of injecting acetic acid directly into a cancerous tumour—a practice which, I gather from Mr. Moore's communication in the last number of the JOURNAL, must be attributed to Dr. Broadbent. He first published an account of this practice at the August meeting of the British Medical Association. I have failed, however, to discover his communication in the JOURNAL, and am myself unacquainted with his results. I cannot, however, too earnestly recommend that, as surgeons have commenced what has always appeared to me a most hopeful practice on histological grounds, it should be extensively tried on a methodical plan; that the facts should be carefully observed and collated, the structure of the tumour in each case ascertained, and the value of the whole inquiry brought before the next meeting of the Association in the form of a correct statistical report.

I am, etc., J. HUGHES BENNETT.

Edinburgh, November 17th, 1866.



## Medical News.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND.** The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on November 14th.

Bingham, John Joseph, L.S.A., Staveley, Derbyshire  
 Bishophe, George, Northiam, Sussex  
 Boulton, Donald Fludyer, Usk, Monmouthshire  
 Buck, Thomas Alpheus, Kennington Park Road  
 Demain, Joseph, Leeds  
 Griesbach, Sydney, Leeds  
 Hensman, Arthur, Camden Street  
 Hill, James Robert, Old Brompton  
 Hirst, Lionel, Morley, near Leeds  
 Holm, John, Camden Town  
 Hullah, Robert, Devonshire Place, Wimpole Street  
 Lettis, Thomas, Argyle Street  
 Molloy, Matthew Henry, Dublin  
 Powell, Scudamore Kydley, Newcastle-on-Tyne  
 Rainbow, Frederick, Lower Norwood  
 Rossignol, Augustin Le, Bès St. Univ. of France, Jersey  
 Sandwell, Edward, Gerrard Street  
 Tudge, Richard, Credenhill Court, Hereford  
 Williams, John, M.B. and L.S.A., Llangadock, Carmarthen  
 Wills, Douglas, L.S.A., Old Kent Road

### Admitted on November 15th—

Bedford, William James Guthrie, Sydney  
 Creaser, William Appleton, Market Weighton, Yorkshire  
 Green, John, Hull  
 Harris, Richard, Ashburnham Grove, Greenwich  
 Holderness, William Brown, Windsor  
 Jewison, Thomas William, Leeds  
 Keen, William, King's Road, Chelsea  
 Mabery, George Frederick, Sudbury, Middlesex  
 Moon, Henry, Tottenham  
 Morrison, Stammers, Launceston, Tasmania  
 Naughtin, William, Tralee, co. Kerry  
 Paterson, Alexander, Edinburgh  
 Plomley, John Frederick, L.R.C.P.Ed., Maidstone  
 Randall, John George, Portman Street  
 Robinson, Robert, L.S.A., Preston  
 Staithorpe, Thomas Edward, Hexham, Northumberland  
 Trubshaw, Alfred, Liverpool

### Admitted on November 16th—

Allan, Frederick Andrew, Newcastle-on-Tyne  
 Brooklehurst, Thomas Howard, Manchester  
 Canton, George Anderson, Great Marlborough Street  
 Daniel, William Abbot, Ramsgate  
 Davidson, Alexander Dyce, M.B. & C.M.Aberd., Aberdeen  
 Docking, Thomas, Sydney  
 Guest, John, Manchester  
 Jefferson, John, Lisburn, co. Antrim  
 Orleu, Charles Howard, Norwich  
 Philpot, Charles William, Croydon  
 Pollard, William Fox Brauch, Demerara  
 Swan, William, B.A.Oxon., Lincoln  
 Trevor, Arthur Tudor Humphreys, Bangor

### At the same meeting of the Court—

Noble, John, L.S.A., of Her Majesty's ship *Cumberland*, stationed at Sheerness, passed his examination for Naval Surgeon. This gentleman had previously been admitted a member of the College: his diploma bearing date August 4, 1862.

**APOTHECARIES' HALL.** On November 15th, 1866, the following Licentiates were admitted:—

Thomas, John Davies, Bryn Villa, Swansea  
 Tidswell, Thomas Harrison, Spalding, Lincolnshire

At the same Court, the following passed the first examination:—

Fox, Alexander, London Hospital  
 Inglis, Walter William, St. Thomas's Hospital

### APPOINTMENTS.

MACDONNELL, Robert, M.D., elected Surgeon to Steevens' Hospital, Dublin, in the room of the late G. R. Synes, Esq.  
 NANKIVELL, A. W., Esq., appointed House-Surgeon to St. Bartholomew's Hospital, Chatham.  
 O'GRADY, Edward S., M.D., appointed Surgeon to Mercer's Hospital, Dublin.  
 \*THORNBURN, J., M.D., to be Lecturer on Midwifery and Diseases of Women and Children at the Manchester Royal School of Medicine and Surgery.

### ARMY.

BATHO, Staff-Assistant-Surgeon R., to be Assistant-Surgeon Cape Mounted Riflemen, vice E. I. Estrange, M.D.  
 BURROWS, Staff-Assistant-Surgeon M. L., M.D., to be Staff-Surgeon.  
 CAHILL, Surgeon-Major A. P., M.D., 6th Foot, to be Staff-Surgeon-Major, vice Surgeon A. D. Gulland, M.D.  
 CATTELL, Staff-Surgeon W., to be Surgeon 20th Foot, vice G. P. M. Woodward, M.D.  
 GULLAND, Staff-Surgeon A. D., M.D., to be Surgeon 6th Foot, vice Surgeon-Major A. P. Cahill, M.D.  
 L'ESTRANGE, Assistant-Surgeon E., M.D., Cape Mounted Riflemen, to be Staff-Assistant-Surgeon, vice R. Batho.  
 NEWLAND, Staff-Assistant-Surgeon P. F., to be Assistant-Surgeon 99th Foot, vice J. W. G. Allen.  
 WOODWARD, Surgeon G. P. M., M.D., 20th Foot, to be Staff-Surgeon, vice W. Cattell.

### ROYAL NAVY.

ARMSTRONG, A., M.D., to be Inspector-General of Hospitals and Fleets, for special services rendered at the Admiralty.  
 DE MÉRIC, Eugene Victor, Esq., Assistant-Surgeon (additional), to the *Royal Adelaide*, for Plymouth Hospital.  
 SANDERSON, James Edward, Esq., Assistant-Surgeon (additional), to the *Victory*, for Haslar Hospital.  
 SYMES, Henry, Esq., Assistant-Surgeon (additional), to the *Victory*, for Haslar Hospital.  
 WILSON, James, Esq., Assistant-Surgeon (additional), to the *Royal Adelaide*, for Plymouth Hospital.  
 WORDSWORTH, Charles Gregory, Esq., Assistant-Surgeon (additional), to the *Victory*, for Haslar Hospital.

### VOLUNTEERS. (A.V. = Artillery Volunteers; R.V. = Rifle Volunteers):—

CARRUTHERS, J., M.D., to be Honorary Assistant-Surgeon 4th Dorset A.V.  
 GIBSON, J. F., Esq., to be Assistant-Surgeon 1st Administrative Battalion Isle of Wight R.V.  
 GRANGER, F. W., Esq., to be Honorary Assistant-Surgeon 3rd Glamorganshire A.V.  
 GRAY, J. R., M.D., to be Assistant-Surgeon Liverpool R.V. Brigade.  
 LONG, R. G., Esq., to be Assistant-Surgeon 1st Administrative Battalion Dorset R.V.  
 OLLARD, J. F., Esq., to be Surgeon 1st Administrative Battalion Isle of Wight R.V.

### BIRTHS.

BLACKSTONE. On November 19th, at 8, Gloucester Road, Regent's Park, the wife of \*Joseph Blackstone, jun., Esq., of a son.  
 BURRELL. On November 17th, the wife of Lionel C. Burrell, M.D., Stoke Newington, of a son.  
 DOMENICHETTI. On November 17th, at Kilkenny, the wife of Richard Domenichetti, M.D., 75th Regiment, of a son.  
 EASTON. On November 16th, at 20, Connaught Square, the wife of John Easton, M.D., of a daughter.  
 FRODSHAM. On November 19th, at Streatham, Surrey, the wife of \*John M. Frodsam, M.D., of a son, stillborn.  
 HENSLEY. On November 12th, at Spring Gardens, the wife of Frederick J. Hensley, M.D., of a daughter.  
 HOCHER. On November 12th, at Fenny Stratford, Bucks, the wife of \*James Hoche, Esq., of a son.  
 M'KELLAR. On October 11th, at Jhansi, the wife of Surgeon E. M'Kellar, 10th Bengal Lancers, of a daughter.  
 MURRAY. On September 24th, at Victoria, Hong Kong, the wife of J. Ivor Murray, M.D., Colonial Surgeon, of a daughter.  
 PIKE. On November 17th, at Weyhill, Hants, the wife of Thelwell Pike, M.D., of a son.  
 TODMAN. On September 12th, at Port Elliot, South Australia, the wife of James Todman, M.D., of a son.  
 WILBE. On November 14th, at 24, Queen's Road, St. John's Wood, the wife of Richard H. Wilbe, M.D., of a son.

### MARRIAGES.

CREIGHTON, Robert, Esq., Surgeon R.N., of Dorraree, county Fermadagh, to Anna, eldest daughter of the late John West, M.D., R.N., of Enniskillen, at Rosseroy, on November 13.  
 KYNSEY, William R., Esq., Army Medical Staff, to Isabel Keith, second daughter of the late John K. JOLLY, Esq., of Farieland, Kandy, Ceylon, on October 9.  
 STUART, John, Esq., Assistant-Surgeon 8th Regiment, to Sarah F., eldest daughter of Philip HEDGES, Esq., of Woolston, Hants, on November 6.  
 TOMKINSON, Richard, Esq., Surgeon, of Cheadle, Staffordshire, to Catharine Mary, widow of Thomas BROWN, Esq., at St. Pancras, Euston Road, on November 13.

### DEATHS.

ANNESLEY. On November 16th, at Stoke, Devonport, aged 5, Arthur, son of F. C. Annesley, Esq., Deputy Inspector-General of Hospitals.  
 BALLARD. On November 15th, at Compton Terrace, Islington, Julia Hannah, wife of Edward Ballard, M.D.  
 HADAWAY. On November 14th, at 47b, Welbeck Street, Sarah, wife of J. Hadaway, L.R.C.P.Ed.



HIND. Lately, at 177, Euston Road, Ann Elizabeth, wife of G. W. Hind, Esq., Surgeon.  
 ROBERTSON, John, M.D., at Rothesay, aged 76, on November 11.  
 SERCOMBE. On November 14th, at 49, Brook Street, aged 1 year and 7 months, John, second son of \*Edwin Sercombe, Esq.  
 SMITH. On November 11th, at Shoeburyness, Julia, wife of Alexander Smith, M.D. Surgeon-Major Royal Artillery.

**GIZZARD OF A WEEVIL.** A few years ago, the rose-trees of a large garden in this neighbourhood were much injured by a brown weevil of about a quarter of an inch in length, and which I take to have been *Otiorhynchus picipes*. The gizzard of one of these (fig. 237) forms a beautiful object. The teeth are in seven rows; they are of a deep red colour, and are composed of stiff hairs. Each row is parted in the centre and laid down to the right and left, and the teeth, if such they may be called, are set in a striated membrane. (*Hardwicke's Science Gossip*.)

**THE YELLOW FEVER ON BOARD THE ATRATO.** The Duke of Buckingham, accompanied by the medical adviser of the Council, arrived at Gosport, on Monday, and immediately embarked for the quarantine ground at Motherbank, where the Royal West India Mail steam vessels *Atrato* and *Parana* are lying in company with the quarantine frigate hulk *Menelaus*. On arrival at the quarantine ground the Duke, accompanied by his medical officer, by Dr. Wiblin, the medical officer of health at Southampton, and by Captain Vincent, the superintendent of the Royal Mail Steam Company at Southampton, went on board and inspected the steamship *Parana*, which has been sent to the quarantine ground by the company to receive the passengers and crew of the *Atrato*.

**CRANE'S CHARITY FOR SICK SCHOLARS, AT CAMBRIDGE.** The Vice-Chancellor has invited the attendance of members to discuss in what manner the undistributed annual income of Crane's charity for the relief of sick poor scholars may be best expended. The accumulations are now represented by the sum of £5193 Consols, and it is proposed that £50 annually be expended in providing for the training of nurses in Addenbrooke's Hospital, with the view, in case of requirement, of their services being rendered to sick scholars, under the scheme of the charity. By this and other means proposed of rendering increased assistance to sick students, it seems probable that the whole of the annual income of Mr. Crane's benefaction will be disposed of.

**CHOLERA IN SCOTLAND.** Epidemic cholera made its appearance in Scotland the last week of July, and sensibly augmented the mortality of the quarter. The disease seemed to have invaded Scotland much in the same manner as in 1848, appearing first in the seaboard towns and villages on the east coast, and then spreading over the country, principally selecting as its victims the inhabitants of the town, village, street, or hamlet who were living in a locality in a bad sanitary condition, or who were using water from rivers, burns, lochs, pump-wells, or cisterns whose purity had been more or less affected by containing organic matters in a state of decomposition. It is mentioned that the microscope often detects the presence of these organic matters when chemical analysis fails to show that anything is wrong. In 1832 epidemic cholera broke out in Scotland towards the end of January, and then followed the law which seems to regulate its progress in all the warmer countries of the Continent—viz., increased with the rise of temperature, proved most fatal in the autumnal months, and died out in December. In its subsequent attacks, however, it followed in Scotland a different law—the law which seems to regulate the

spread of fever, and most epidemics there—viz., it first manifested itself in the autumn, as the weather began to cool, increased with the fall of temperature, and died out in spring on the advent of the warm weather. It would be very unwise for the Scotch to assume that the cold weather will now arrest its course, and neglect to employ the sanitary means which have been proved materially to check its ravages.

**ROYAL COLLEGE OF SURGEONS.** It is stated that out of the eighty-eight candidates who have been undergoing their examinations for the diploma of membership of the College during the past week, no less than twenty-one failed to acquit themselves to the satisfaction of the Court, and were consequently referred to their hospital studies for the full period of six months. The professional examinations for the Fellowship of the College took place on Tuesday, Wednesday, and Thursday last, when twelve candidates presented themselves; viz., six seniors and six juniors. The next midwifery examination will take place on Wednesday, the 12th proximo. The preliminary examination for membership will take place on Dec. 18th, 19th, and 20th.

**DISCIPLINE AT NETLEY.** Professor Maclean, Dr. Parkes, Mr. Longmore, and Dr. Aitken, of the Army Medical School, deny the imputation lately cast on the school by the *Pall Mall Gazette*. They say that "it is unhappily true that two of the candidates for commissions were a short time ago dismissed for a grave breach of discipline"; but "that, from the opening of the Army Medical School until now, the strictest discipline has been maintained. This is the thirteenth session of the school, and we declare that, from first to last, only two examples of serious misconduct have taken place, including the late occurrence, both of which were punished by immediate dismissal. We submit, therefore, that the Army Medical School, in the conduct of the gentlemen under instruction, will bear a favourable comparison with any of the universities or other places of public instruction, military or civil, in the three kingdoms. With regard to the gentlemen candidates now in the school, we assert that, so far from being a set of men with a 'large proportion of mauvais sujets' among them, they, as a body, are men of sound education, correct and gentlemanlike in their conduct, attentive to their duties, and in a high degree submissive to the requirements of military and academic discipline."

**DISTRIBUTION OF CHOLERA.** The Registrar-General's return shows in what districts of England and Wales the 10,365 deaths from cholera in the third quarter of this year have occurred. No less than 8,098, nearly four-fifths of the whole number, were in three districts—London, Lancashire, and South Wales. Of the 4,714 deaths from cholera in London, three-fourths—3,590, occurred in six registration districts—namely, Bethnal Green, Whitechapel, St. George's-in-the-East, Stepney, Mile-end Old-town, and Poplar districts, containing less than a sixth of the population of London. Of the 1,872 deaths from cholera in Lancashire, no less than 1,503 were registered in the district of Liverpool and the adjoining district of West Derby, and of the 1,412 in South Wales, 1,074 occurred in the four districts of Merthyr, Neath, Swansea, and Llanelly. In Neath more than half the deaths of the quarter were from cholera, and in Swansea and Llanelly two in every three of the deaths. There were only six counties in England in which the deaths from cholera exceeded a hundred. These are Kent, in which 226 deaths occurred; Essex, 435; Hampshire, 391, 98 at Southampton, and 98 in the Isle of Wight; 325 in Devonshire; Cheshire,



150; Yorkshire, 240. In Surrey, Sussex, Durham, and Monmouthshire, the deaths ranged between 50 and 100. In Middlesex, Gloucestershire, and Lincolnshire, between 30 and 50. In Somerset the number was 26; in Northumberland 22; in Worcestershire 17; in Staffordshire 16; in Cumberland 14; in Bedfordshire 13; in Cornwall 12; in Warwickshire 11; in Suffolk 10; in Norfolk 9; in Wilts, Derbyshire, Salop, and Buckinghamshire 7; in Herts 6; in Cambridgeshire 5, in Dorset 5, in Notts 4; in Oxfordshire and in Leicestershire 2; Berkshire, Northamptonshire, Huntingdonshire, and Westmoreland had only one each; Herefordshire and Rutlandshire had none at all.

**AN INDIAN TOWN.** Last year, Dr. Leith, President of the Bombay Sanitary Commission, inspected several towns in Bombay, with a view to ascertain their sanitary condition. At Sholapoor, a town with an increasing population, the houses generally are in enclosures, which present towards the street their dead walls of sun-dried bricks or stone or mud, a small doorway being the only opening seen. On entering the doorway, the visitor finds a yard from ten feet to twelve feet square, on the sides of which are the dark rooms or cells in which the people live, with an open verandah before them. The rooms are generally exceeding sparingly ventilated, and lighted by an aperture about a foot square. The houses within the walls are visited by sweepers at intervals. Of drainage there is really none. There are vile and offensive receptacles in the enclosures. The foul waste water of houses abutting on a street with a side-gutter is discharged into that gutter, there to evaporate. When there is no gutter, an unglazed earthen jar is sunk at the side of the lane or street, and a pipe passing through the wall pours the liquid into it. When full, the jar is supposed to be carried away outside the town to be emptied. Many merely dig a hole at the side of the street for the reception of the liquid refuse. Were it not for the dryness of the air, human life could scarcely be maintained under these conditions. In a moist climate such prevalent uncleanness would occasion devastating pestilence.

**TWO CASES OF POISONING BY THE EXTERNAL USE OF BELLADONNA.** The volume of *London Hospital Reports* just issued contains accounts of two cases of poisoning by the external application of belladonna. The first was that of a nobleman for whom a liniment containing two drachms of liquor belladonnæ in two ounces of soap liniment had been ordered. After using it, he hastily summoned his physician, who found him with widely dilated pupils, cerebral excitement, and rapid pulse. Another liniment without the belladonna was prescribed, and the doctor left. The next day he was again hastily summoned, and found his patient with a solicitor, three keepers, and a "mad doctor", who had already signed a certificate of insanity. It turned out that the liniment containing belladonna had by mistake been applied a second time, and hence a return of the cerebral excitement rather exaggerated. Dr. Brown explained that the patient's state was attributable to the belladonna, and that the symptoms would quickly disappear, as indeed they did. "The case," remarks Dr. Brown, "is instructive; first of all as illustrating the small quantity of this drug from either the external or internal use of which symptoms of poisoning may arise; in the next, to act as a danger signal, to warn us from incarcerating, upon a single interview, a patient of whose history and previous treatment we know nothing." The next is a case (related by Dr. Fraser) of a servant-girl, who was taken to the London Hospital by her mistress,

who was afraid the girl was "going out of her mind." She was extremely restless, would wander about the room, stand first on one foot and then on the other, but was quiet for a moment when spoken to, and answered a question with an effort, generally breaking off in the middle as if she had forgotten what she had to say. It was noticed at once that her pupils were widely dilated and fixed. It was subsequently discovered that she had had pain in her breasts for some days, and had gone to a chemist who had given her lotion composed of half a drachm of extract of belladonna in an ounce of water, with directions to apply it on cotton wool covered with oiled silk. She applied some in the evening and again in the morning, and in the afternoon the symptoms appeared which induced her mistress to take her to the hospital. The girl expressly denied having swallowed any of the lotion. She did not recover so quickly as the before-mentioned patient; but was quite well in six days. (*Chemical News.*)

### OPERATION DAYS AT THE HOSPITALS.

**MONDAY.....** Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.  
**TUESDAY. ....** Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.  
**WEDNESDAY...** St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.  
**THURSDAY....** St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.  
**FRIDAY. ....** Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.  
**SATURDAY....** St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

### MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

**MONDAY.** Medical Society of London, 8 P.M. Dr. Tilbury Fox, "On the Study of Dermatology in England."  
**TUESDAY.** Royal Medical and Chirurgical Society, 8.30 P.M. Mr. Solly, "Case of Fracture of the Ribs, with peculiar Tympanic Resonance"; Mr. T. Holmes, "Sequel to his Case of Colotomy for Vesico-Intestinal Fistula."

### TO CORRESPONDENTS.

\* \* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

**COMMUNICATIONS.**—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

**CORRESPONDENTS**, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

**THE Publisher** begs to intimate that orders for JOURNALS sent by post must be accompanied by stamps for the amount. Price of each number is, by post, sixpence.

**DR. SANSOM.**—We have in no way, we believe, "misinterpreted" Dr. Sansom's views of cholera; and therefore regret that we are unable to find room for his letter reviewing our remarks.

**TREATMENT OF CANCER BY INJECTIONS.**—Dr. Skinner again writes to claim for Sir James Simpson the discovery of a method of cure which we adjudge to Dr. Broadbent. He winds up thus:—

"In conclusion, it would appear that the only difference between Dr. Broadbent's mode of procedure and that of Sir James Simpson's, is, that Dr. Broadbent 'dissolves and disperses the tumour



without producing sloughing or destruction of the tissues' (the healthy tissues, the cutaneous and parenchymatous are many), I presume, by means of a weak caustic or destroying fluid, and that Sir James does the same thing in probably one-half or one-twentieth of the time with a stronger one. Another difference is worth noticing; namely, Sir James made his discovery in 1857—Dr. Broadbent in 1866. It may be well to add that, while Sir James made the discovery to effect a cure in cancer, he did not limit the discovery to cancer, but applied it to the removal chiefly of non-malignant growths—a much more justifiable and successful line of practice. The fact that Sir James Simpson's solutions have a much wider range than those of Dr. Broadbent, only adds to the superiority of the practice, and shows the far-sightedness and practical bearing of the discoverer."

It is evident that Dr. Skinner has neglected to make himself acquainted with Dr. Broadbent's theory of the treatment of cancer and the facts recorded respecting it. If he is to be accepted as the exponent of Sir James Simpson's aims and results, the process employed was the injection of a few drops of some irritant liquid, the object was 'sphacelus' and the effect 'enucleation'. Dr. Broadbent's object has been to avoid sphacelus, and to obtain absorption; and with this view he has injected considerable quantities of dilute acetic acid. We think this constitutes a difference of some importance, and shows that Sir James Simpson did not effect or attempt the same thing as Dr. Broadbent. The substances mentioned as employed by Sir James Simpson are not adapted to the end proposed by Dr. Broadbent. But the main fact still remains, that Sir James Simpson's experiments, whatever they were, or whatever they did in 1857, have, up to 1866, resulted in no new method of curing cancer. Where is the surgeon who, during that period, has used Sir James Simpson's injections? But Dr. Broadbent's method is already adopted and practised by many surgeons, and thus far regarded as a very great addition to our means of cure of cancer. (EDITOR.)

#### CEMETERY, HAPPY VALLEY, HONG KONG, 1865.

What says the column midst death's grim array,  
Rearing its head o'er monument and mound?

What says this gloomy sentry o'er decay,  
Amidst the silent tombstones crowding round?

It tells thee that within the "Happy Vale"  
Our soldiers, Briton, lie in many a grave;  
That soldiers' lives weighed nothing in the scale,  
Against the peace economists would save.

Dost ask how died they? In fierce battle fray,  
For country's cause, meeting a glorious fate?  
No, one by one, of pestilence the prey,  
Passed they the portals of you gloomy gate.

Mark there inscribed the motto of our dead,  
"My fate to-day, to-morrow waits for thee."  
Now let the words in double sense be read,  
The moral of that gripping policy—

Which has prepared this holocaust to-day,  
Which may again to-morrow victims claim.  
A cry is raised, 'tis all, 'tis passed away,  
Then for fresh schemes, and for results the same.

Gaunt were their features, as by pale moonlight  
Unmeaning guard, and weary watch they kept;  
While robed in dismal vapours of the night,  
Within their breasts insidious fever crept.

Now fell they fast before the fiery shafts  
Of Cathay's sun; now drew the reeking breath  
Of fetid fumes, which eastern city wafts,  
Rife with disease, and dire with doom of death.

The deadly swamp of thrice condemned kenloon,  
Missma's lair, all hope of health denied;  
Brief was the struggle, and, alas, how soon  
The ending came, they sickened and they died.

(Signed) J. C.

COMMUNICATIONS have been received from:—Dr. THOMAS SHAPER; Mr. WM. P. SWAIN; Mr. T. M. STONE; Mr. CHARLES H. MOORE; Dr. E. BURD; THE REGISTRAR OF THE MEDICAL SOCIETY OF LONDON; Mr. H. HILL; Mr. HARRISON; Dr. GEORGE JOHNSON; Dr. DRYSDALE; Mr. R. W. THOMAS; Dr. HUGHLINGS JACKSON; Dr. JOHN THORBURN; Mr. NANKIVELL; Mr. THOMAS BRYANT; Dr. SASSON; THE HONORARY SECRETARY OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY; and Mr. HOWARD.

#### BOOKS RECEIVED.

1. Treatment of Pulmonary Consumption. By J. Henry Bennet, M.D. London: 1866.
2. A Treatise of Diseases of the Skin. By G. Nayler. London: 1866.

#### ADVERTISEMENTS.

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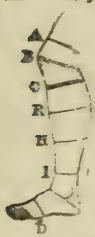
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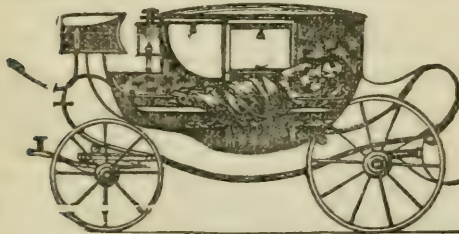
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# Addresses and Papers /

READ AT

## THE THIRTY-FOURTH ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

[Held in CHESTER, AUGUST 7th, 8th, 9th, and 10th, 1866.]

### A BRIEF REPORT ON CASES OF CANCER

REGISTERED BY MEMBERS OF THE ASSOCIATION  
DURING THE PRESENT YEAR.

By CHARLES H. MOORE, F.R.C.S., Vice-President of the Royal Medical and Chirurgical Society; Surgeon to the Middlesex Hospital.

THE growing importance of the study of Cancer is shown by the great increase in the number of the deaths attributed to it. The annual mortality from the disease usually augments by about 200 in the year, which is more rapid in proportion than the increase of the population. The last report of the Registrar-General, however, chronicles a much more serious spread of the disease. For, while the deaths from it in 1863 were 7479, they rose in 1864 to the unprecedented number of 8117.

In pursuance of the discussion which was raised at Leamington last year on the Antecedents of Cancer, an attempt has been made to elicit information on several important points connected with the subject from members of the British Medical Association. With this object, there was issued in the JOURNAL in December last a Register for the cases of Cancer which might be met with in the various parts of England during the following six months. About 150 other copies of the same Register were distributed privately to medical friends.

Thirty-four papers have been returned, with more or less complete reports of 155 recent cases, besides references to 38 older ones; cases, that is, which did not occur within the period to which the inquiry was limited. Opinions and remarks have been also sent from members who are no longer engaged in active practice, and who, though unable to contribute the details of current cases, were nevertheless interested in the inquiry.

I take this occasion to renew the expression of my heartiest thanks to those gentlemen who have returned their Registers. That the number of them has been less than was hoped, is partly due to the facts, that some members have happened not to meet with a single case of Cancer during the half-year; that others have been studying the subject from another point of view; and that the work of recording cases is inconsistent with very active practice.

My thanks are especially due to Mr. Nunn for 19 cases; to others of my colleagues at the Middlesex Hospital for the opportunity of pursuing my inquiries amongst their Cancer patients; to Mr. T. H. Smith, of Mayfair, for 2 cases; and to Dr. Morell Mackenzie for 6 cases. These, with my own, make up 61 cases reported in the metropolis. From the South-Eastern District, I have received 14 cases; 11 from Mr. Rutherford, of Pulborough, and 3 from Mr. Hayes, of Basingstoke. Mr. Stear, of Saffron Walden, in the Eastern District, sent 2 cases; and Mr. J. C. Worthington furnished the remarkable in-

stance of twin-sisters, who, alone in their family, were affected with Cancer of the uterus. 29 cases were returned from the South-Western District, of which I have to thank Dr. Wilbraham Falconer for 2, Mr. Freeman, reporting cases from the United Hospital at Bath, for 11, Mr. C. S. Barter, of Bath, for 3, Mr. John S. Bartrum, of Bath, for 4 (who also contributed as many as 28 older cases), Mr. Thompson, of Bideford, for 5, and Mr. Newman, of the North Devon Infirmary at Barnstaple, for 4. From the same district, I have been favoured with the result of some of the great experience of Mr. James, of Exeter. Dr. Marten Perry, of Evesham, in the West Midland District, forwarded 3 cases, one of them recent, and Mr. Mackey, of Erdington, 10 cases; Mr. Pope, of Cleobury Mortimer, sent also a reference to his published opinions on the subject of Cancer in the ASSOCIATION MEDICAL JOURNAL, Sept. 14, 1855. He takes it to be a blood-disease, the increase or arrest of which depends on a more or less vitiated secretion of the liver. Local deposit drains the circulation, without which outlet for this diseased hepatic product early death would be certain. Both prevention, arrest, and cure of Cancer depend, he thinks, on a clear liver. 3 cases each were contributed out of the North Midland District by Mr. Benfield, Senior Surgeon of the Leicester Infirmary, Mr. Sympton, of Lincoln, and Mr. J. Hornsey Casson, of Alfreton. Mr. Hughes Hemming reported 4 cases from the South Midland District. None reached me from Yorkshire; but Dr. Philipson, of Newcastle-on-Tyne, in the Northern District, obliged me with 3 cases; 2 cases each arrived from Mr. Noble, of Kendal, and Dr. Barnes, of Carlisle; and Dr. Tiffin, of Wigton, supplied some valuable local information. Mr. T. Eytton Jones, of Wrexham, in Wales, contributed 1 case; and 10 reached me from the North Western District; 4 from Mr. Blower, of Liverpool; 2 from Dr. Ward, late of Glossop; 1 each from Dr. Anderton, of Wavertree, and Mr. Hudson, of Stockport; and 3 recent, and 8 older, cases from Dr. Ransome, and Mr. Rawson Senior, of Bowdon, Manchester. Dr. John Barclay, of Banff, N.B., also sent reports of 6 cases.

My object, in presenting this paper to the Association at the annual meeting at Chester, is to report the sum of the facts which the members have contributed towards a solution of the questions raised last year. In doing this I may be brief, because it is unnecessary to enlarge on those subjects respecting which the new testimony bears out the opinions I propounded at the last meeting. It is unavoidable, I fear, that a supplementary report should be somewhat desultory.

It will be convenient to recall the points respecting the Antecedents of Cancer, which were in question in the discussion last year. There did not appear to be any common precedent morbid condition to which the occurrence of Cancer could be ascribed. We possessed no evidence of its prior existence in the blood, or of its source being in any of the usual diseases, and specifically not in tubercle or syphilis. Sometimes it was found to be coincident with rheumatism, as it was with many, and indeed almost any other diseases; but the very variety of the numerous diseases which might have previously occurred in the cancerous proved that it was not essentially connected with any of them. It could not be traced to faulty digestion, or to a perver-



sion of function on the part of some one of the organs which contribute to prepare the blood. Neither was it originally a constitutional disease, in the sense in which the whole body sometimes became involved in the later period of the disease. On the contrary, Cancer originated as a local tumour, which might or might not remain limited to its first site; but which, if found elsewhere, had spread, travelling in the directions mechanically suited to its advance in the adjoining textures, and by the circulating channels with which it was in anatomical relation. It was thus evidently at first a local disease. Its independence of general prior disease was shown most of all, however, by its usual occurrence in persons whose lives had been signally healthy. Their own textures and organs were otherwise healthy; their aspect at the beginning of the disease healthy; the structures adjoining the tumour itself were healthy; the persons affected with Cancer were the healthy of their families, and more often the eldest and strong than the younger and weak; and their parents were very frequently distinguished for longevity. This last opinion was further supported by the observation, that Cancer prevailed unequally in the community, and most where the conditions of life and health were best.

Of these conclusions, the following are supported by the returns with which I am favoured: the excellent and habitual precedent healthiness of the persons in whom Cancer comes on; the longevity of the parents of those persons; the numerical excess of Cancer among the eldest born; the fact of the occasional repetition of Cancer in families; the prevalence of Cancer of similar organs in nearly related persons; the independence of Cancer on prior disease in the patient's self or ancestry; the absence of a definite general cause of the disease, and the palpable fallacy of those which are suggested as causes except such as act locally.

On the other hand, there are two particulars in which my own conclusions are less precisely in accord with those to which these records point. There is less independence than I found, and than I still find, between Cancer and Phthisis; and there is a less comparative rarity of dissimilar Cancers in families.

I will briefly state the results of the registered cases on these several particulars.

*a. Longevity of Parents.* The ages of 225 of the parents of Cancer patients have been obtained. Of these, as many as 9 overlived the age of 90; 38 died between that age and 80; 67 survived the age of 70; 47 were between 70 and 60; 43 were over 50; and only 27 failed to survive their 50th year. There is probably no disease surpassing Cancer in the pedigree of health which its subjects can show. They do not come of that feeble stock which is characterised by dying of little ailment, by that lethal tendency which the Germans call "lethalität." The parents of Cancer patients are not sickly persons, or prone to illness generally, still less to illness of any one kind. They are, on the contrary, remarkably distinguished by their capacity for life and health.

*b. The previous Condition of Health in Persons affected with Cancer.* The replies on this head may be thus summarised. 163 observations have been made, of which in a few cases more than one apply to the same person. Good health had been the characteristic of 118 persons before the attack of the Cancer, with little qualification, but that it had

been very good, or excellent. An elderly patient of Dr. Pawle Ree's, of Walham Green, had not been once ill for fifty years previously to the growth of Cancer in his rectum. A man of 48 is reported by Mr. Noble, of Kendal, as not having kept his bed on account of sickness for a day. Three of the Cancer patients had had fever in some earlier part of their lives; 4 had some pulmonary ailment; 3 were formerly strumous; 2 had some affection of the reproductive system; 1 had been noted to be melancholy; 2 had had rheumatism; 12 some fault in the digestive system; and 18 had been weakly or otherwise ailing, or delicate. Thus, neither in the parents of the cancerous, nor in the patients themselves, was the previous habit of life shown to be feeble or uniformly or definitely diseased.

As a disease concurrent with Cancer, I may add that it is exceedingly common in mammary cases to find small crimson naevi projecting on the skin of various parts of the trunk. They are not numerous; sometimes they are situated near the primary tumour; but not unfrequently they lie at a distance from it, and even on the opposite side of the body. They are certainly not congenital; for they sometimes appear after the discovery of the disease in the breast, and there arise occasionally with them moluscous tumours, which likewise betoken an unnatural condition of the skin. Their relation with the cancerous tumour is not distinct, as they are met with, though less frequently, in other cases; but it may be more than an accidental coincidence; for I have seen a vast naevus originate in a cancerous lip, and gradually extend from it over the neck and upper part of the chest. The observation of the frequent association of these small naevi with Cancer was made by my colleague, Mr. De Morgan.

*c. Concurrent, but not Cancerous, Disease in the Families of Persons affected with Cancer.* Under the former two heads have been shown the state of health usually preceding Cancer in the persons actually affected, and that which may be inferred from the longevity of their parents. The replies under this third head relate not only to parents, but also to other and distant members of the families; and they usually express the causes of death. 126 particulars have been reported; from which it appears that gout and rheumatism have been noted 14 times, and 14 times diseases of the organs of the circulation. The nervous system has been mainly in fault in 10 families, and the digestive in 6. Fevers and diseased kidneys were each noted in 2 instances, and consumption in 32; while 47 families are specially entered as without prevalent disease of any kind. An elder sister of a patient with scirrhus of the breast had a tumour of the lip removed some years before the report of Dr. Ward, of Glossop, and it never returned. In the remaining reports, the question as to the existence of other than cancerous disease in the family is not answered.

From this numerical summary, it appears that, in the majority of cases, there is no uniform or any prevalent disease in the families of the cancerous; but that the disease most frequently concurrent in families with Cancer is Consumption. As this is the most fatal of all diseases, it is necessary to inquire if the prevalence of it in association with Cancer exceeds that which is usual in the whole community. The Cancer patients themselves and their parents have been already shown to be habitually



healthy in their previous lives; but are the relatives taken all together liable to phthisis? Now, the deaths from all tuberculous diseases bear the proportion of 1 in 7 to the total deaths in England and Wales. The phthisical in these returns are found among the cancerous, however, so often as in the proportion of 1 in 4. It would be possible to increase the conviction that the two diseases have some common or causal relation by striking instances of their connexion. Thus, a case of Cancer, to which my attention was invited by my colleague, Mr. Shaw, furnished the history of father and mother dying of consumption, and their eldest and youngest children having Cancer of the breast, whilst five intermediate children were free from both diseases. The numerical evidence is, indeed, in favour of the frequent concurrence of Cancer and Phthisis; but it is more in favour of their usual independence of each other. And, if the facts be more minutely examined, it will be found that the alliance of Cancer and Phthisis is very much more apparent in some localities than in others. Excluding London and Bath, there were 13 cases out of 79 in which consumption co-existed in the family with Cancer. 34 of the cases in which this point was noted in the metropolis by Mr. Nunn, Mr. T. H. Smith, Dr. Morell Mackenzie, Mr. Shaw, and myself, included 10 of concurrent phthisis; but that disease and Cancer were met with in the same families 9 times out of 13 by Dr. Falconer and Mr. Freeman, of Bath. Phthisis and rheumatism are indeed so very common in Bath among the families from which the Cancer cases are reported, as to be worthy of a special explanation on the part of the medical observers in that locality. In contrast with their reports, it is remarkable that Mr. T. Eyton Jones suggests the question, whether the excessive prevalence of rheumatism and struma has anything to do with the comparative absence of Cancer at Wrexham. There is, in fact, much conflict of opinion on this part of the question respecting the alliances of Cancer. Mr. Hussey, of Oxford, recognises the connexion of Cancer and Tubercle as still

to be investigated. Dr. T. King Chambers finds them to be rarely conjoined. Mr. Weeden Cooke regards the two diseases as so certainly associated, that he allows to the occurrence of consumption in a relative a decisive weight in the diagnosis of a cancerous tumour.

*d. Place of the Cancerous among the Children of their Mother.* This inquiry was undertaken to ascertain if the elder born and stronger or the more weakly and younger children were the rather liable to Cancer. The result bears out the conclusion, that that disease occurs more often in elder children than it should if all were equally liable to it. The position of the Cancer patient among the children of his mother was reported in 146 instances; and of these 36 occurred in eldest children, 23 in a second child, 24 in a third, 17 in a fourth, 11 in a fifth, 13 in a sixth, 9 in a seventh, 4 in an eighth, 3 in a ninth, 1 each in a tenth, twelfth, and fourteenth, none in an eleventh, and 3 in a thirteenth. The whole of the facts I have at hand relating to this subject may be best presented in the following table, which shows both the place of 242 Cancer patients in their mothers' families, and their distribution in families consisting of various numbers of children. The greatest liability to Cancer appears, from the table, to exist in first children, the next in third. Either of these lists in the table shows a decidedly greater number of Cancers than prevails in youngest children. Taking the vertical lines of the lists, we find Cancer occurring with some uniformity throughout the families, whatever the particular number of children, but with usually an excess among the earlier half of them, and nearly equally in third and in first children. This result does not precisely correspond with the result of my inquiries into this point, as stated last year at Leamington, or with my own part in these further inquiries; and the suggestion I then offered appears to be borne out, that younger children are less exempt from Cancer in country than in town, although their liability to it even there does not equal that of the eldest.

*Table showing the place of 242 Cancer Patients in their Mothers' Family, together with the whole number of their respective Mothers' Children.*

Among families consisting of—

Cancer occurred in the	1 child.	2 chln.	3 chln.	4 chln.	5 chln.	6 chln.	7 chln.	8 chln.	9 chln.	10 chln.	11 chln.	12 chln.	13 chln.	14 chln.	15 chln.	16 chln.	17 chln.	21 chln.	un-kwn.	Total.
Eldest .....	9	8	6	5	6	3	5	4	3	3	1		2		1	2			3	61
Second .....		5	7	2	7	2		2	2	3	3	1	1							35
Third .....			1	6	7	8	3	5	4	2	3		1	1	1		1			43
Fourth .....				3	2	5	6	4	3	1		1	2			1				28
Fifth .....					3	6	4	1	1		2	1		1						19
Sixth .....						6	6	2	2		3			1						20
Seventh ...							2	2	3	4		2								13
Eighth .....								2	2	1		1	1							7
Ninth .....									2			1				1				4
Tenth .....									1											1
Eleventh ...										1										1
Twelfth ...														1						1
Thirteenth ..													3	2		1				6
Fourteenth ..																1				1
Twenty-first																		1		1
Unknown...																				1
Totals .....	9	13	14	16	25	30	26	22	22	15	13	7	10	6	2	6	2	1	3	242

As this table contains instances of multiple Cancer in families, the number of cases exceeds that of the mothers. Twins are entered together, not in succession.



*e. The Occurrence of Cancer in more than one Member of a Family.* This event has been noted in the Registers more frequently than in the previous investigations; and particular instances of multiple family Cancers have been brought to my knowledge, not apparently in the proportion in which they occur in actual practice, but chiefly on account of their rarity and striking characters. A general statement, that there had been Cancer in the family, occurs in the Registers 34 times among the 155 cases. Upon examination, however, this very high proportion is not borne out. The fact itself is held to be doubtful, or recognisable particulars as to the disease in distant relatives are not specified, altogether 10 times. It is to be allowed that some of these doubtful cases may have been Cancers; there appear, however, to be certainly 24 instances among the 155 cases in which some relative was known to be cancerous, and the organ diseased could be named. One-half of these multiple Cancers in related persons occupied similar, and one-half dissimilar organs. Mother and daughter had Cancer of the same organ 4 times, thrice in the uterus, once in the pylorus. Sisters in one family had the breast cancerous; and twin sisters, in one remarkable example, both had Cancer of the uterus. These twins were born sixth in a family of eleven children, all of whom, with their father and mother, were generally healthy. The father died at 44 of erysipelas, the mother at 53 of apoplexy. The twins were attacked with Cancer of the uterus at the ages of 35 and 44 respectively. Their previous lives had been healthy, with the exception that the one who was latest attacked—nine years, that is, after her sister—had had a previous attack of jaundice. They were the only persons in the whole of their family connexion who were affected with Cancer. In 4 instances, an aunt and niece suffered together from Cancer of the breast; and in one family an aunt and nephew had the same disease in the oesophagus. A brother and sister, in the practice of Mr. Kesteven, of Holloway, were alone in their family affected with Cancer, and they both had it in the tongue. In addition to these twelve cases, Mr. Fearn, of Derby, has informed me of the occurrence of Cancer of the breast in a lady, her aunt, and two daughters of the aunt. Mr. Meade of Bradford, also, in writing on the subject of the Antecedents of Cancer in the JOURNAL of July 28th, 1866, reported an instance of brothers suffering from that disease in the testis.

On the other hand, one mother and her daughter suffered from Cancer, but in dissimilar organs, the uterus and breast. Two fathers and daughters were also cancerous in dissimilar organs, the face and uterus in one instance, the lip and breast in the other. A grandfather had Cancer of the penis, and his grandson at 16 lost his leg for Cancer of the tibia, which had shown itself after a blow from a cricket-ball. The breast and uterus were the organs affected in two aunts and nieces, and the tongue with the breast in the case of an uncle and niece. An aunt had Cancer in the breast, and her nephew in the bones. Three times sisters had dissimilar Cancers; the breast and uterus being the organs in two of the examples, and the stomach and uterus in the third. Lastly, once when a sister had Cancer of the uterus, her brother suffered from Cancer of the cheek.

This is the second point upon which the conclusions to be drawn from the returned Registers differ

from those which I had previously stated. And, again, the additional observations which I have since made bear out my previous conclusions, and not those derivable from Cancer, as it occurs in other parts of England. Numerically indeed, the proportion of duplicate Cancers in families does not exceed that of one in six, which I stated on the authority of Mr. Paget last year. But the relative numbers of repeated Cancers in similar and dissimilar organs I had no means of knowing. The returns show them to be equal. There appears to be much difference in the Reports in respect to this question. In my cases during the past year, there has been an unusual rarity of concurrent family Cancers. The reports from Bath also, by Dr. Falconer and Mr. Freeman, furnish not a single instance of the duplication of Cancer in a family, although they refer with striking uniformity to the concurrence of it with rheumatism and phthisis. In the example of Chester, on the contrary, I have the testimony of Dr. Waters and Mr. Harrison, both that Cancer is rife, and that it is multiplied in families alike in similar and dissimilar organs. In October last, after this paper was in the hands of the Editor, I was favoured by Mr. Charles Williams with some facts respecting Cancer, as he had observed it in Bradford and in Norwich. Only in 8 instances did he ascertain the disease in Norwich to be hereditary, while in 100 it was not hereditary, and in 46 the condition of the relatives was unknown. Including all the cases which have been returned to me, I find the evidence still against the hereditary habit of Cancer, and in favour of its tendency when it does appear in families to appear in the same organ, though with a less preponderating frequency than I anticipated. The necessity of large numbers of cases is here much felt.

Dr. Maurice H. Collis has suggested to me that the amount of hereditary taint will always be greater than can be gathered from the knowledge or admission of the patients, and that this source of error must be allowed for in statistics of hereditary Cancer. I can readily assent to this observation; and I am prepared to find Cancer even more frequently transmitted by inheritance in future years than in the past, without therefore inferring that, at its origin in the first member of an affected family, it is other than a local disease. If it be, as I endeavoured to show it, erroneous to judge that the primary tumour had a constitutional source because of the wide dispersion of the disease in the body at the time of death, it becomes indispensable to the detection of the cause of Cancer that we should fix our attention upon that first tumour. Degrees of local and of constitutional character are then established with less difficulty; for it is a manifest principle, not less justly applicable to Cancer than to any other disease, that a repetition of it in corresponding organs of nearly related persons shows a liability of the part to the disease, rather than of the constitution; that its concurrence in organs functionally associated, but not identical with one another, displays a less distinctly local morbid propensity; while the local connexion is least pronounced, and the constitutional character is most conceivable, as the disease is found among relatives in systems of organs which are not physiologically associated together. Thus Mr. Worthington's examples of uterine Cancer in twin sisters, and in them only of all their family, exhibits a predominant tendency of that part alone to the disease,



indicating no more than the distinctly local repetition of diseases, which are reputed innocent, in the same organs of nearly related persons. Of such an occurrence Mr. Turner, of Manchester, lately favoured me with an account, in the instance of a mother and two daughters, whom he knew to have suffered from simple tumours of the right ovary. When, however, Cancer in sisters originates in opposite breasts, the local character of the disease is less pronounced, and the presumption of its having a constitutional source is somewhat increased. Still more is this the case, should the family Cancer be distributed in the breast and uterus—organs which, though physiologically associated, are not repetitions of one another. The general nature, as distinguished from the local, shows out most in such an instance as nearly related persons having respectively Cancer of the breast and liver, or as Cancer of the penis in a grandfather, and Cancer of the tibia after a blow from a cricket-ball in his young grandson. At the same time, however, the probability of any connexion existing between two such diseases is diminished proportionally to their dissimilarity of site and progress, and to the break in the inheritance between the persons.

A crucial instance for determining the method, if there be any, regulating the repetition of Cancer in a family, and an extreme one as illustrating the degree in which an hereditary multiplication of it may obtain, has been recently published by M. Broca in his *Traité des Tumeurs*. A mother, who had lost several children in early life, died of Cancer, leaving four daughters, who likewise died of Cancer. Each of these four daughters left offspring. The three children of the eldest, and the only child of the youngest, though they lived on into old age, had no Cancer; but each of the other two—that is, the second and third daughters of the first cancerous mother—had seven children, and five of each seven had Cancer. In the line of the third daughter, two further generations of children were born; but, amongst the fifteen comparatively young persons comprising them, there had occurred, at the time of the report, but one case of Cancer. This, however, was in the first descent from one of the prior generation, who became cancerous.

The 38 persons constituting these five generations were 24 females and 14 males; one only of the males and fifteen of the females had Cancer. None of the children are reported to have been cancerous, and none of the grown persons until æt. 35. At the time of the report, 12 had not reached that age; consequently, there were 10 only out of 26, who, having passed that age, had escaped the disease. The proportion in which the two sexes were attacked was very different. The only male who suffered was one of four who were older than 35; 21 females survived that age, and the number of the cancerous among them was 15.

The organ primarily affected in the first mother was the breast; that in her two elder daughters was the liver; in her two younger, the breast. Among the children of the second daughter, the disease first appeared in the stomach, breast, breast, breast, liver; in the family of the third daughter, the first affected organs were, breast, breast, uterus, breast, liver. The case in the fourth generation occurred in the breast, and in succession from the first breast-cancer in the family of the third daughter.

Ten of the 38 persons were firstborn, and 3 of them survived the age of 35. None of these had Cancer.

The facts in this recital may be accepted, as they were furnished by three members of the family, who were medical men; and they present a means of severely testing any theory as to the nature of Cancer.

In the first place, the belief is placed beyond dispute, that there is a proneness to Cancer in particular families. In our ignorance, we express this by calling the Cancer itself hereditary. Is it, then, heritable as common to the whole body, or as springing forth from the fault of an organ or texture? There are strong arguments for both opinions.

On the side of constitutional degeneration are the facts, that the affected persons displayed Cancer in dissimilar organs, that there was no recognisable gradation or order in the dissimilarity, and no regular distribution of those Cancers which were alike. The affected organs in successive and in parallel members of the family were not only different, but entangled with one another. Several children of one mother might have their primary tumour in one of two or even three organs; and that equally, in whatever organ the disease of the mother had occurred. Mammary Cancer could descend from a mother with Cancer of the breast or of the liver, and might also, from either maternal source, concur with hepatic Cancer in a sister. Moreover, the site of these various primary Cancers might alternate in successive children even of the same generation. So multifarious a combination of the several primary tumours was inextricable. Their cause must have been apart from their sites, must have been common to them all; must, therefore, have been constitutional.

On the other side, it must be argued that, intricate as were the circumstances attending the development of the numerous Cancers in this family, they fail to demonstrate the existence of any cause which is apart from the several sites of the disease. The opportunity was an extreme one for the display of all that is constitutional in the nature of Cancer: yet, in several important particulars, that quality of the repeated disease did not stand forth preeminently. The local character should have disappeared, becoming merged in a wider, not to say universal, disposition to the growth of Cancer. It should have arisen earlier in life than is ordinarily the case, and at an earlier age in successive individuals, both through the generations and in each family; its intensity and rapidity of course should have become extreme; and here, if in any persons, examples should have been found of its outburst in multiple primary tumours. But these indications of a constitutional nature of the disease were wanting. The character and duration of the several cases are, indeed, not stated in Broca's account; but it is stated that the earliest age at which any member of the family was attacked was 35; that, with increase in the number of the persons, there was not a lessening of the ages at which their disease began; that each primary disease arose in a single definite organ; and that there was, on the whole, a very distinct predominance of Cancers of particular localities. For, though the only male was affected in the stomach, and one female in the uterus, yet four of the remaining persons had the disease in the liver, and as many as ten in the breast. This proportion in



which the organs were primarily affected is not that in which Cancer appears in the community; for the very common Cancers of the uterus and stomach were but just represented in this family; some were not found in it at all; and the influence of inheritance, be it what it may, was almost limited to two, and was chiefly exerted in one of the organs. The propensity to mammary Cancer was double that of all the rest of the body in the affected women, and was so strong as to be found with equal frequency among the children of sisters, whether the maternal disease (which, of course, arose after their birth) were to be in the breast or in the liver. That Cancers of other regions should be intercalated at all in the series of breast Cancers manifests, indeed, a cancerous tendency not strictly limited to that organ, but does not inevitably involve our search after the origin of the disease in all the obscurities of what is called the constitution. With so limited a range of primary Cancers, and so excessive a prominence of one organ as the seat of them (the organ through which the disease appears to have been introduced into the family), our attention is forced upon each separate organ as containing the cause, hereditary though it be, of its own disease.

The conviction of the local nature of even the hereditary disease may thus still be left to rest upon the general evidence, when supported by such occurrences as Cancers of the uterus in a grandmother, mother, and daughter; Cancers of the left breast in a mother and five of her daughters; Cancers of the breast in six males and females of two generations; Cancers of the uterus in twins.

*f. The Distribution of Cancer in the Community.* The sources of fallacy in establishing so large a fact by private inquiry are thus admirably put by Mr. James, of Exeter. After estimating Cancer in that healthy city and neighbourhood to be a disease of considerable frequency, he adds: "As to any particular district in the county, the evidence is liable to be affected by two circumstances: first, as regards the hospital, it would depend more upon the number of governors giving recommendations from a particular part of the county, than upon the absolute number of cases in that district; secondly, as regards private patients, it would greatly depend upon the number of medical friends with whom I have been in the habit of acting in certain districts; and so of others." Speaking from more than forty years' experience in the Devon and Exeter Hospital, and from a considerable amount of private practice, Mr. James informs me that he has met with a much larger number of cases of Cancer in the breast and lip than of any other parts; and he adds the observation, which could only be made by one long conversant with, and also observant of, the disease, that "of late years soft or mixed Cancers have increased in number." This condition is well known to indicate an increased malignancy; it is the character which tumours tend to assume when recurrent after operations, and in the later period of the life of patients long affected with the disease. It is, therefore, of much importance to know the corresponding fact, that, in a healthy district, where Cancer relatively abounds, the type of the disease deteriorates.

Notwithstanding the fallacies, however, to which private inquiry is liable, the broad statement which I have made, on the authority of the Registrar-

General's returns, as to the unequal distribution of Cancer in the community and in towns, is borne out, so far as I have been able to obtain information. A great or a small prevalence of Cancer in a town has been again and again recognised by the medical men of the locality when I have directed their attention to the question. The proportion of Cancer which comes to my own knowledge from the south of England is much greater than from the districts north of London. In Chester, it is found to be a very common disease. Dr. Tiffin has informed me that the hamlet of Dundraw, in Cumberland, with about a hundred inhabitants, furnishes little less Cancer than the town of Wighton, which is but a few miles off, and contains forty times as many people. Dundraw and Chester have this in common, that their sewage and water-supply are liable to be intermixed. There is much Cancer at Lowestoft, where the inhabitants occupy small chambers, and breathe an unhealthy atmosphere while seeking protection from the keen east wind. There is much also at Haverfordwest, as reported by Dr. Brown. Mr. H. Burford Norman meets with much of the disease at Southsea. On the other hand, there is little of it in Wrexham, according to the report of Mr. Eyton Jones. The total Cancer-mortality of Birmingham is a little below that of England generally. The cases reported from that town by Mr. Edward Mackey are chiefly Cancers of the uterus; they were most of them severe, and rapidly fatal. The great towns of Liverpool, Manchester, and Leeds, though high in their general mortality, exhibit no excess of Cancer. Dr. Balthazar Foster has pointed out this fact to me by a paper of Mr. W. L. Sargent, on Mortality in Large Towns, read at the meeting of the British Association in 1865; and Dr. Foster draws from it the conclusion that, in an unhealthy region, Cancer is not common, but rare. He offers the remark, in corroboration of my own, that Cancer originates in healthy rather than in unhealthy persons and communities. The instances which he adduces show all the more how little liable to Cancer unhealthy towns and parts of towns are, since even the imported cases from the adjoining country fail to raise the mortality by Cancer in Liverpool, Manchester, and Leeds, more than up to the average of England and Wales.

Mr. Charles Williams has sent me the following instructive contrast. "I was much surprised at the prevalence of Cancer which I noticed while Resident Surgeon at the Norfolk and Norwich Hospital. It was greatly in excess of what I had observed either in London or in Yorkshire. Every case that came to the Norwich Hospital for two years—i.e., from October 1st, 1860, to October 1st, 1862—was recorded; and I found at the end of that period that we had admitted, as in- and out-patients, 154 cases; whilst during the three years I resided in the Bradford Infirmary, Yorkshire, only 13 cases of Cancer were operated on. These were in-patients. I have no note of the number of out-patients, but it could not have been great. The population of Bradford, at the period I speak of, was about 100,000, whilst that of Norwich was 74,000; and the suburbs of Bradford were much more thickly peopled than those around Norwich, which indeed are very thinly populated. At Bradford there was but one Hospital, and no Dispensary; whereas in Norwich, in



addition to the Hospital, there existed a Dispensary, an Eye Infirmary, and a Children's Hospital."

Dr. J. Ludford White offers two suggestions in explanation of some of the inequalities I have noted in the distribution of Cancer: 1. That a great many persons in the north-western provinces, finding that they are not being cured, come to the London hospitals, and die there; and 2. That, *post mortem* examinations being much more frequent in the south-east than in the north-west, the presence of internal Cancer is more often discovered and certified. The first suggestion, doubtless, points out one cause of the great mortality from Cancer in London, though I am unable to state the proportion in which the deaths may be thus explained, or in which different districts of England and Wales contribute their cases to raise that mortality. A similar explanation is offered by Dr. Balthazar Foster, who also adds that the mortality from Cancer in Bristol, Sheffield, and Birmingham, may be augmented by cases sent into their hospitals from large adjoining districts and towns. Dr. White's second suggestion applies also to Wales, in which he knows autopsies to be extremely rare, and where certificates of death from an affection of a certain organ are given without specifying the particular disease of it. I find from the Registrar-General's returns, that as many as 38 per cent. of the deaths in Wales are not certified at all.

*Exemption from Cancer.* Only one family has been reported to me in which Cancer is known not to exist. It is one referred to by Dr. T. King Chambers, in which old age and degenerative diseases are common, and Cancer and acute disease unknown. The example which I mentioned at Leamington, as that of an exempted family, struck me at the time as presenting the conditions of healthiness, and general wellbeing, and longevity, in which Cancer might arise. Since my paper was issued, I have become aware of the existence of Cancer in a member of that family. This occurrence tends to remove from our notion of Cancer the thought of its substantial existence in one person long beforehand, and the absolute exemption of any person. It rather indicates the first origin of Cancer to be in the affected individual, and seems to justify the belief of my colleague, Dr. Woodham Webb, that there is, in fact, nothing special in it. On this subject of exemption, I may quote an observation by Mr. James, of Exeter, who says: "I can scarcely recollect an instance in which Cancer has coexisted with old ulcers of the leg." The remark corresponds with one to the same effect put forth in the prospectus of a Society, which was formed in 1802 for the study of Cancer, and of which Dr. Baillie, amongst others, and Mr. Abernethy, were members. Mr. Broca, in referring to this remark by the Society, points out, what is undoubtedly true, that the epithelial form of Cancer does sometimes arise in the chronic ulcers themselves, whatever exemption from the disease they may confer on other parts of the body. Mr. James adds that, when he has operated for Cancer, he has always established an issue, if allowable. I have myself seen health prolonged, apparently by means of good issues, in a case in which I had considered recurrence likely. They were kept open in the arms after the removal of a breast by caustic and incisions, and the patient remained well eight years afterwards.

The last two divisions, *e* and *f*, appear to me to have

some connexion with one another; and there is no part of this investigation in which I have to regret more than in this the absence of complete information on the prevalence of Cancer in different localities, side by side with the peculiarities which may distinguish it where it is rare and where common. Valuable as the returned registers are, they need to be supplemented by many others. The fact appears certain, so far, that there is some condition in which Cancer multiplies in a family, and another, much more frequent, in which it is restricted to an individual, not to say intransmissible. And, at the same time, the progress of this investigation brings out more and more distinctly that there is, so to speak, geographically an unequal production of Cancer. Now, is there any connexion between these two facts? Do the geographical abundance and the family multiplication of Cancer coincide, while infrequency of it in a district is associated with its occurrence in isolated individuals? And, if this be so, is the fault partly or altogether in personal characteristics, or in the physical condition of the district? Is Cancer generated in the man, or in his home? It is not possible to resolve such questions with the data I have in hand. But this practical point seems to be coming to light from the inquiries I have been making, that in places (though not in families) where Cancer is prevalent, it is proportionally malignant in this sense, that operations are commonly followed by a quick return of the disease, and by an earlier death than if the tumour had been left to its own course. The different impressions upon the minds of medical men as to the propriety of operating in Cancer may be partly thus accounted for, and only partly by a judicious or a reckless selection of cases, and an effectual or a mischievous mode of operating. Operations in Cancer are very unsatisfactory in Haverfordwest and in Chester, in both which places the disease is too abundant. From New South Wales, also, I have received an account of such disastrous results of operations in Cancer, that most of the principal Surgeons have for some years given up operating; the patients, even in recent cases, suffering from a speedy return of the disease, and dying much sooner than others who had not undergone operation. My informant is Dr. George Bennett, of Sydney.

*g. The suggested Cause of the Primary Cancer.* A reference to this point has been made in 111 instances. No cause whatever could be assigned in 66 cases; a general cause was suggested in 18; and a local one in 28 instances. Of the general causes, I may refer to hard living and to rheumatism as doubtful in their influence, and to anxiety and melancholy as probably real causes. Mr. Hughes Hemming, of Kimbolton, specifically mentions that there had not been rheumatism in any of his cases. Mr. James, of Exeter, who has seen much of Cancer, has observed general pains to be frequent after the outbreak of Cancer, and especially towards the end of the disease; but has not found rheumatism to precede it. Dr. Jeaffreson, of Leamington, on the contrary, and Dr. Falconer and Mr. Freeman, of Bath, have ascertained rheumatism to have previously occurred in many of their Cancer patients. Anxiety and melancholy were referred to six times in the reports; and they were alluded to by Mr. James as causes of Cancer with which much experience had made him familiar.



Amongst the local causes, it is singular to notice how frequently the first symptom of the disease is assigned as its cause. Meat sticking in the throat is given as a cause of Cancer of the oesophagus; a blow, which calls attention to a tumour already of some size, as a cause of Cancer of the breast; choking with dust, as the occasion of Cancer of the bronchial glands; miscarriage, labour, an injury by the medical attendant during labour, or flooding subsequently to a severe fall, as giving origin to Cancer of the uterus. A case which perhaps needed most discrimination was one of Cancer of the uterus in a patient of Mr. Shaw's, whose husband died of Cancer of the penis. As nine years, however, had elapsed between the time of his death and her ailment, it may be asserted that the two diseases arose independently of one another. On the other hand, in as many as five cases there had been an abscess in the breast many years before the appearance of Cancer in it; and piles and constipation in a patient of Mr. T. H. Smith, many years before the occurrence of fatal Cancer of the rectum. Irritation in the eye had preceded for some years the outbreak of melanosis of the eyeball; an open fistula for forty years, and a blow with a cricket-ball, were severally the occasion of Cancer of the head of the tibia. These may have been real local causes of the Cancer afterwards developed; and, in the same manner, Cancer of the cheek is fairly attributed by the reporter of the case to an old wart in which it first sprang; a scratch by a horse's tooth may have set up Cancer of the skin of the hand; and Cancers of the lip may be traceable to the tobacco-pipe.

## Original Communications.

### BOILS AND CARBUNCLES.

By **TILBURY FOX, M.D.** Lond., Physician to St. John's Hospital for Skin Diseases.

THE points involved in Mr. Startin's letter are of so much pathological interest, that I hope I may be allowed space for a few comments. Mr. Startin's therapeutical experience is entitled to the profoundest respect; but the explanation which he has given of the cause of boils and carbuncles is scarcely that which modern pathological observations would seem to indicate. Unfortunately, empiricism of the rankest and most tyrannical kind has held its sway for many a long day over cutaneous medicine; and no one (since Carswell's day) specially conversant with the facts of general pathology has thought it worth while to study the subject; yet, unquestionably, the philosophical study of skin-diseases is pregnant with results of great general significance, and the case of carbuncle is fully illustrative of this fact.

Mr. Startin views boils and carbuncles as having "frequently or constantly a parasitic origin"; and he bases his belief upon the facts, (1), that they are sometimes contagious; and (2), the success and efficiency of the practice in the cure of these ailments, rather than on microscopic verification: in other words, on the occurrence of *occasional contagion*, and the *beneficial action of acid nitrate of mercury*. One word will suffice in reference to the second argument. Acid nitrate of mercury, in virtue of its *caustic* properties, removes a host of ills—lupus, acne, warts, cancerous masses, and other diseased structures the most dissimilar. Are they then parasitic?

Mr. Startin's chief ground for his belief in the parasitic nature of boils and carbuncles is the occurrence of contagion. This, however, is only occasional; and, considering the absence of all relative proportion between the amount and kind of the local diseased action and that observed in parasitic maladies; the absence of parasitic growth in the vast majority of cases; the fact that fungi will but very scantily develop in purulent fluids; the absence of any aperture by which the fungus-germs could enter from without into the cellular tissue; the non-access of air; and the want of relation between the amount of tissue-change and that of the fungus when present,—the unlikeliness of its parasitic nature is evident. And, if we seek amongst the parasitic diseases of animals, of human beings, or of plants, we shall not find any analogous grounds (nay, just the contrary) upon which to rest such a belief. Again, the constitutional conditions anteceding, accompanying, and following the local changes, in relative proportion to the extent and character of the latter, are not seen in any parasitic disease. The occasional presence of vegetable parasites is common to all diseases. Parasites are essentially ubiquitous, and they may be found in almost all skin-diseases; it is only when they *luxuriate*, that they give rise to *special* mischief. It is, unfortunately, fashionable to ascribe too many diseases to the influence of parasites.

How, then, explain the contagion of boils? for they seem to be occasionally contagious. What mean we by contagion? The labours of all pathologists seem to show that it is essentially connected with the growth of living particles of matter, detached from living bodies, and carried to others—of course, under favouring circumstances. Occurrences of the kind are universal in the vegetable kingdom, and there seems no reason why animal cells should not be transplanted and grow as well when isolated as in masses; and they do so. The cells in the secretion from a leprous sore, from Egyptian ophthalmia or the mucous surface of a rinderpest cow, cancer-cells, the pus-cells of syphilis and of small-pox, and, from recent observation it seems likely, tuberculous cell-matter, all possess this faculty; and, to take another example, in the case of molluscum, the cells found in the little "varioli-form" tumours are the means by which, being transplanted from person to person, the occasional contagion of molluscum is to be explained. One feature that is necessary in all these cases is the presence of free proliferation on the part of the cell-growth, and an adapted state of nutritive fluid (blood). In the active and early stage of boils, the cells of the enlargement may, no doubt, be removed from one body to another, and, growing under favourable circumstances, reproduce the original disease. Why not? What law would this contradict? Dr. Laycock's cases of contagious furunculoid are explicable upon the same ground.

Contagion is scarcely a distinctive feature of any one disease: the *degree* of contagion no doubt is. If it were possible to transplant an alphas scale, and it were to grow and produce alphas on a second subject, there would be no great mystery in it; it would harmonise (though an unusual occurrence) with true pathological facts, and be contagion in one sense of the word. There is nothing improbable, but probable, to say the least, in the supposition that the cell-growth in a boil may be the means by which the disease is rendered "contagious". In carbuncle, there is a good deal of superadded inflammation, and a tendency to gangrenous change, which, implying a tendency to the death of the cell-tissues, is accompanied by a very much less likelihood of contagion.



But what is the pathology of boils and carbuncles? We may assume that in kind it is the same; the difference between the two diseases is dependent upon (1) variations in the vigour of constitution, (2) the state of the nutritive fluid (the blood), and (3) the activity of the local tissues. In the central part of boils and carbuncles are one or more pieces of dead tissue, sloughs, or cores. How is the tissue killed?—by arrest of the circulation, or failure of nutrition? What has been noted about the blood? Three very important sets of facts: 1, bacteridia oftentimes in great amount; 2, excess of urea in the urine, and uric acid in the blood; 3, diabetes. Bacteridia, however, seem to be developed only secondarily, and to be unable *per se* to produce furuncle. The excess of urea and uric acid can scarcely be said to be the cause of carbuncle and boils; and we come to the third condition, noticed by Cheselden, Prout, Latham, Landouzy, Marchal de Calvi, and others—viz., a tendency to, or actual, diabetes. Dr. Wagner has given details of fifty-two cases of gangrenous inflammation, including carbuncles and furuncles, in which a diabetic condition existed; and M. de Calvi has confirmed Wagner's observations. My own observations on this point are small; but I am convinced that, if we would clearly understand the true pathology of carbuncle, we must carefully investigate the matter in connexion with the production of sugar in the system. The existence of a diabetic habit explains satisfactorily the fatality of carbuncular disease, and the serious constitutional disturbance. Nothing is more common than for carbuncles to arise in the course of diabetes; and it will be remembered, that Cardinal Wiseman suffered for no less than four years before his death with carbuncles. More recently, Dr. Fonseca, of Pernambuco, has investigated the subject; and he tells us that in Pernambuco anthrax is very common, and that one of its forms is regarded as diagnostic of diabetes. Küchenmeister, Menestrel, and Jordao of Lisbon, have also given similar evidence.

And at this point Mr. Startin's therapeutical experience comes in to confirm the theory I have briefly sketched. He finds successful treatment in the use of *aperients*, *animal diet*, *tonics*, and free stimulation without malt liquors. The avoidance of all saccharine and amylaceous matter is an essential point; but I venture to affirm that, of all drugs, opium, judiciously used, is the most important. Clinically, I know that it has cured, and does help to cure, carbuncular inflammation, when other things fail; and therefore, if we add to Mr. Startin's recommendations the use of opium, we shall be in possession of a plan of treatment which is not only empirically dictated by the largest experience, but consonant with the most recent truths which pathology has taught us. The acid nitrate of mercury acts well, of course, as a *caustic*.

There are many other points—the origin of the local mischief especially—that I would like to notice; but I have only attempted to indicate that there is a much truer explanation than the "parasitic" hypothesis as to the cause of carbuncle, involving very wide pathological considerations. Skin-diseases have been so long handled from a *surgical*, that it is a novelty indeed for any one to investigate them from a purely *medical* point of view, and to trace connexion between them and such a profoundly subtle disease as diabetes; but I again reiterate the remark I have elsewhere made, that "the physician must be possessed of all that general medicine can teach before he can become the successful dermatologist."

43, Sackville Street, Piccadilly, W., November 1866.

## NOTES AND OBSERVATIONS ON DISEASES OF THE HEART AND LUNGS.

By T. SHAPTER, M.D., F.R.C.P., Senior Physician to the Devon and Exeter Hospital, etc.

[Continued from page 10.]

In the preceding paper it was mentioned that, in the present day, there might perhaps be no very great difficulty in setting forth the quality and general characteristics of the normal sounds of the heart, or in describing what may be the peculiar sounds proper to the several lesions of this organ, but that, nevertheless, in practice, their due appreciation and perfect recognition were not infrequently found to be embarrassed by many sources of error. Some few of the occasionally recurring difficulties towards forming a correct diagnosis will, by way of illustration, be here briefly referred to. In doing this, it must not be inferred, though the sounds and murmurs belonging exclusively to the valves in their relations to the circulation of the blood are here solely referred to, that other signs no less important, and independent of these, are ignored. On the contrary, the value in diagnosis of some of these latter will be in due course not only considered, but perhaps seen to be of paramount importance, so that, without them, prognosis in disorders of the heart will be essentially at fault. The object at present, however, is mainly to illustrate the positions advanced as to the immediate cause of the sounds, and then to show what may be the importance of these sounds by themselves, towards estimating the condition of the heart itself.

In investigating, by auscultation, any of the disorders of the heart, the first and the chief point to be arrived at, in reference to sound, is the accurate ascertainment of the presence or the absence of either of the two normal sounds.

If there be an absence of either of these sounds, it may then be inferred, as a general rule, that some other sound has taken its place, and that this other sound is not a normal one—that it is, in fact, a new sound, and manufactured, as it were, by diseased structure or by disordered action.

If the above position be true, it will be at once seen how very important it is to ascertain the existence, or the contrary, of both normal sounds; and that here confusion in diagnosis must be sought to be carefully avoided, lest the inferences thence deduced be erroneous.

A careful observer, and one of our best authorities upon diseases of the heart, says that absolute deficiency of either sound, or of a murmur taking its place, has never fallen under his observation; that, in fact, neither systole nor diastole has ever been, in his experience, absolutely noiseless over the entire cardiac region. The above strong and pointed statement is made by Dr. Walshe (p. 78). After noting that, in cases of extreme weakness, the first sound may be *quasi*-deficient at the left apex, he says: "But it will then be found at the right apex and at the base. So, again, the second sound may be *quasi*-deficient at the base from excessive feebleness, or from being covered by a prolonged systolic sound or systolic murmur; but, in the first case, excitement of the heart, increasing the energy of its contractions, will invigorate the sound, and in the second case the sound will be heard at the right apex."

Though cases have occasionally presented themselves to my observation in which I could not satisfy myself of the absolute conclusiveness of Dr. Walshe's statement, that both the sounds, if not superseded



by others, were thus always present, yet the position is so generally a safe one that, in order to arrive at a correct and sure conviction of the presence, or of the absence, of the two normal sounds, it is necessary fully to appreciate those various accidental circumstances which, when the two normal sounds are really present, tend to obscure their being duly recognised.

Doubtless, in estimating these circumstances, those special variations and peculiarities which may occur in the several properties or conditions proper to, and characteristic of, the sounds themselves, such as "intensity, duration, pitch, and quality," must be considered. Each of these may, under the modifying influences of sex, age, attitude, exertion, excitement, debility, etc., be so altered or intensified as to lead to false inferences; and hence, in the place of normal valvular sound, the presence of a murmur may be erroneously assumed.

A naturally weak heart, or a heart in which the ventricles are hypertrophied, will frequently on agitation generate sounds, or so modify the valvular sounds, that these are to a certain extent masked; the sounds become hurried, intensified, and confused, and might, on a hasty examination, be regarded as being murmurs. A little care in examination will generally succeed in detecting that the sound is really a normal valvular one. Sometimes, however, from continued hurry of the ventricular impulses, and from these not following in regular succession, the marked and uniform valvular sound is merged in, or superseded by, that continuance of sound which, in contradistinction to regulated rhythmical sound, is denominated by the term "noise". It then becomes difficult indeed to separate and appreciate the two normal sounds.

In cases of fever, the first or systolic sound is often the subject of considerable modifications. In some cases, there is a feebleness, passing into nearly a total absence of this sound; in others, it becomes prolonged, and almost assumes the characteristics of a murmur—perhaps there may even be a murmur; for occasionally, in fever, the muscle of the left ventricle is found to be weakened and even degenerated in its structure. It is, therefore, probable, though neither the mitral nor tricuspid valves may be diseased, there is some want of proper action in the muscles attached to these valves; so that, practically, there may really exist a certain amount of valvular error.

The above sources of error, more or less, arise from modifications of the valvular sounds themselves; but the main causes of embarrassment, whereby the correct recognition of the presence of the normal valvular sounds becomes obscured, have not their origin so much from any real variations or actual modifications of the valvular sounds as from causes extrinsic to the valves themselves.

The modification of the sound occasionally induced by an excess of nervous excitement has perhaps its cause more exclusively in the disturbed passage of the blood through the irregularly palpitating heart itself. Immediately succeeding the first sound, but still commencing, as it were, the second sound is a soft murmur, and the second sound itself, which concludes this, is heard, sharp, loud, and accentuated. Both these latter sounds are produced under the influence of nervous excitement during an increased and rapid impulse. The murmur itself has been by some attributed to the action of the heart within the pericardium, whereby a slightly appreciable friction-sound is produced. It is not, however, a friction-sound; for it not only has not its distinctive character, but an equally rapid and augmented impulse without the nervous excitement fails to induce this specific murmur. Considering the character of this

murmur, and of the succeeding accentuated valvular sound, it is not unreasonable to conclude them both to be due to the increased rapidity of the flow of blood through the heart agitated and rapidly palpitating under nervous excitement; the murmur being produced by an eddying disturbance in the flow of blood through the ventricle, and the accentuated second sound by the sudden jerk of the semilunar valves, whereby its backward flow is arrested. In these cases of nervous excitement, it is invariably the second sound which is implicated, and from the alteration in which error in diagnosis may arise.

Though, under these circumstances, there is undoubtedly the presence of a murmur, and though the valvular sound is exaggerated and altered in tone, yet a careful examination can separate the accentuated sound from the murmur, and thus enable it to be recognised as the normal sound, only modified by the excited systolic action of the heart.

The more usual source of confusion arises, however, from various sources extrinsic not only to the valves but to the heart itself. Amongst these the most common are breathing sounds so synchronously occurring with the diastole as to obscure and (as it were) overlay one or other of the normal sounds of the heart. Dr. Latham (vol. i, p. 65) states this condition of things clearly. "It has been said that endocardial murmurs are best imitated by modulations of the breathing and by help of the mouth. Hence it is not to be wondered at that there should be an endocardial murmur which nearly resembles the natural murmur of respiration. The commonest of all the endocardial varieties is the bellows-murmur; and the natural murmur of respiration is only a gentle sound of the same kind, but more prolonged. Hence the morbid sound of the heart and the natural sound of the lungs are sometimes so much alike that, if the systole of the ventricles and the act of inspiration kept time with each other, it might not be easy to determine from which of the two organs the murmur came; and, in point of fact I have sometimes listened and hesitated, and hesitated and listened again and again, before I could satisfy myself that a murmur which came altogether from the lungs did not in part proceed from the heart also. It has been carried with an impulse into the ear as if it came from the heart." Dr. Latham adds that "the method of clearing up the doubt is to auscult the heart, while the respiration is suspended for a quarter of a minute."

Doubtless, this is true. Nevertheless, cases constantly occur where the respiratory murmurs are both so prevailing and so protracted as to render it extremely difficult, and even at times impossible, to separate the sounds of the heart from them. Perhaps the most embarrassing circumstances exist when the lung contiguous to the heart is, besides being in an emphysematous condition, the seat of bronchial râles; the murmur, the resonance of the lung, and, as almost invariably occurs, a feebleness of the sounds of the heart themselves, each offering elements of difficulty. The first sound, especially of the left heart, is, under these circumstances, at times so effectually masked as to render it next to impossible, taking the element of sound only, to diagnose the absence of murmur in the left auriculo-ventricular valve.

Murmurs, generated in neighbouring structures when in certain inflamed and morbid states, not unfrequently appear to proceed from the heart, and thus interfere with a due appreciation of its existing normal sounds.

The more notable examples of this source of confusion are to be met with when the pericardium becomes the seat, especially of acute, disease. Doubtless, the friction-sounds of a recent case of pericard-



itis may very frequently be suspected to be murmurs, and thus to be indicative of valvular disease. Difficult though at times it may be, nevertheless there are signs which, if attentively considered, will generally lead to a correct diagnosis. First and foremost, the intrinsic character of the sound must be ascertained and appreciated. A pericardial friction-sound has neither the quality nor the pitch of a valvular murmur; it is deficient in that blowing or whistling character which invariably characterises the latter. It is, however, easier to state this than always correctly to appreciate the characteristic differences of the two sounds; but other circumstances come to our aid. The sound is usually increased on pressure; and it is found to occur most commonly both with the systole and the diastole, and always with the systole if with the diastole; and in favourable cases—that is, where the ordinary rhythm of the heart's action is not greatly impeded—careful auscultation will detect the normal valve-sound followed by the pericardial friction-sound, and this latter is usually observed to be a more pronounced sound with the systole than with the diastole. Other circumstances also tend to separate the pericardial from the normal valve-sounds—as the more sudden occurrence of the former, the rapidity with which they shift their seat, the fremitus often communicated to the hand, but more especially their sudden disappearance under treatment.

Occasionally during pericardial disease a short clicking sound is heard accompanying both systole and diastole. Dr. Walshe says (p. 110) these are only distinguishable at the time from modifications of the valvular sounds by their non-synchronism with them, and by the extreme irregularity of their occurrence, and that he has satisfactorily traced them to the pericardium, and further, in all probability, to the separation, without attrition, of surfaces glued together with exudation matter.

Various other sources of difficulty, extrinsic to the heart, whereby the normal sounds are occasionally materially interfered with, and even at times effectually overpowered, might be enumerated. Amongst the chief of these are those which have their origin in foreign and abnormal pressure, by contiguous diseased structures, on the great vessels immediately emerging from the heart, or even pressing on the heart itself; so that murmurs are manufactured, if we may so apply the term, in places which, in health, are not the seat of sound; but so near to the seats of normal sounds as to interfere with the true appreciation of these latter.

It is not only essential to be on our guard as to the existence of murmur having this foreign origin, but essential towards a correct diagnosis that their true cause should be recognised.

Their investigation and study is also interesting in a physiological point of view; for they serve to illustrate and confirm, strongly and clearly, the positions assumed on the formation of murmurs and the cause of the normal sounds. We find these murmurs induced when there is evidence of disturbance of current only; and we also find the normal sounds interfered with, though there be a normal ventricular systole and a perfect contraction of the valves, when at the same time there exists an arresting of the perfect recoil, so that an interference is effected with the vibrations which would occur in an unbroken column of moving blood suddenly checked.

The friction-sounds produced by a pericarditis, and which very nearly assimilate themselves to valvular murmurs, have been just alluded to; still they are but friction-sounds. The physical consequences of a pericarditis do, however, at times, really cause mur-

murs in the great vessels. The lymph exuded during a pericarditis may so envelope the two large arteries at their origin, as to bind them down and contract their area; thus effecting a disturbing pressure adequate to produce a considerable amount of murmur, and even to completely mask the normal second sound.

Dr. Markham extends this observation (p. 35); and says that this murmur may be due to loss of elasticity in the aorta, "or some other alteration of its coats caused by the inflammatory process; or to irregular action in the heart's muscular movements involving those of the columnæ carneæ, whereby the function of the auriculo-ventricular valves is rendered temporarily incomplete; or, again, when the murmur is persistent, it may possibly be ascribed to the pericardial adhesions; these being of such a character as to prevent the walls of the heart, and consequently the columnæ carneæ, from freely contracting, so that the mitral orifice is left partially unclosed during the heart's systole." In this latter case, however, the valvular sound cannot be said to be masked, but is really obliterated by the murmur induced.

It has been stated by some observers that the presence of a serous effusion into the sac of the pericardium may also be the remote cause of a murmur; it has, however, never been my lot to observe a case in which this has been satisfactorily made clear. It is, however, very certain, that effusions of fluid, in cases of acute pleurisy, into the left pleura, especially when attended with excitement of the heart, will produce a murmur. Dr. Stokes (p. 531) says, "It is distinct from any modification of the friction-sound, and consists in a systolic murmur often broken into two parts, sometimes intense. This murmur is most evident during inspiration; but it continues in expiration, and even when the patient holds his breath."

It is probable that the immediate cause of this murmur are the eddies caused in the flow of blood through either or both the aorta or pulmonary artery, as these vessels are contracted at their orifices from being bent and somewhat twisted in consequence of the forcible displacement of the heart—a displacement which at times is very considerable.

It is also probable that those murmurs, so often met with in cases where the heart is displaced by deformities in the parietes of the chest, or by tumours in the abdomen or of the abdominal organs, are, in like manner, due to the contraction caused by the bending or twisting of the great vessels as they emerge from the heart.

In those chests which have a weakly constructed bone-work, a murmur may sometimes be produced by pressure from without, or, at any rate, so very like it as to excite suspicion of the existence of a valvular murmur. This is especially the case in those who, having weak bone-work, are also pigeon-chested. In some cases, especially in these latter, this murmur is so very easily effected, that the slight pressure of a stethoscope during investigation may be adequate to produce it, and even occasionally to require the greatest caution that it be not thus produced.

The murmurs induced by tumours within the mediastinum, or by glandular and similar enlargements encroaching on the great vessels, appear to be due to simple pressure only; so also is the murmur induced in the pulmonary artery when pressed upon by an aortic aneurism.

The whole of these artificial murmurs are synchronous with the systole. Nevertheless, they are heard more distinctly at the base of the heart than at the apex; and this is a very important feature of



their existence, and to be well considered and appreciated in summing up the diagnostic signs.

Murmurs may also be heard, the valves being perfect and normal in their function, in those cases in which an obstruction to the flow of blood within the ventricle or in the larger arteries takes place in consequence of the accidental formation of clots, or of those remarkable and unaccountable matters, the purulent cysts. I conclude there are no very distinct signs by which the presence of these latter may be inferred. The former may, perhaps, by their more frequent seat being in the right ventricle, and by the suddenness of their production, and by the nature of the antecedent illness, yield some grounds of suspicion for their existence. The whole subject, however, of these formations, is one of doubt and difficulty.

The valvular sounds occasionally undergo a complication of some passing interest, whereby they become, as it has been termed, reduplicated. The two normal sounds may thus be added to, so as to form three or even four sounds. Dr. Walshe (p. 79) has given an elaborate summary of these sounds, and such as only a very practised ear, exercised in a large field of observation, could hope to recognise and fully to appreciate. This difficulty of accurately appreciating these sounds in all their specified varieties is not to be wondered at, considering the space of time in which they occur, and the very limited field of their generation, and the invariably agitated state of the heart's action at the time.

The more simple form of this reduplication is not, however, rare, nor difficult of recognition. It occurs with the second sound, which thus becomes divided in time, and as it were cleft in two. But, whether it occur with the second, or with the first, or with both the sounds, it is heard sometimes similar in tone, and sometimes not, to the sound of which it is the reduplication; but usually the first portion of the divided or cleft sound is the most accentuated. For the most part, a reduplicated sound is met with in cases which present apparently the characteristics of functional disorders of the nervous heart only; but it also occurs in cases of active inflammatory disease; and in these cases it is usually the second sound that is cleft, while there is associated with it a mitral murmur. It rarely or never occurs in chronic diseases of the heart. But, whether it be a nervous or inflamed heart, there is one condition necessary for its development, which is, that the heart should be the subject of an unusual amount of systolic excitement. It is for the most part a passing symptom, varying often, and rarely or never permanent.

Dr. Stokes (p. 119) says, "its origin is difficult to declare; but that it is to be attributed to valvular, rather than to muscular action, appears more than probable." Dr. Walshe (p. 80), from the limitation of the phenomena to certain points of the cardiac region, sees difficulty in referring these reduplicated sounds to irregularity in the closure of the valves in respect to time. Seeing, however, that a reduplicated sound is heard over the spot where it is produced, and that the normal sounds themselves are not necessarily very pervading, and are easily obscured, the first one by the second, and *vice versa*, this limitation does not appear sufficient to overthrow the hypothesis of the valvular formation of a reduplicated sound.

I am disposed to conclude this reduplication of the sounds is due entirely to irregularity in the systolic action of the two hearts, so that this function does not agree in time; that hence there arises a want of synchronism in the closure of the valves; and hence also one set, or may be both sets of valves of one heart, act more tardily than their congeners in

the other heart—thus dividing into two sounds what in health would be, from their synchronism, one sound only.

As the first sound depends on the blow caused by the column of blood on the closure of the auriculo-ventricular valves, it may be inferred that a reduplication of the first sound has its origin in the disturbance of the synchronous closure of the mitral and tricuspid valves; while, as the second sound results from the sudden closure of the semilunar valves in each heart, a reduplication of this sound may be said to have its origin in a want of synchronism in these valves.

Such is the theory of the formation of these sounds, and which agrees entirely with the view proposed in these papers, that the heart's action is essentially ventricular, and that the sounds are caused by the sudden closure of the valves on a column of moving fluid. The production of two sounds only, in the heart's normal state, from the four valves, is effected by each corresponding set of valves acting in the most perfect synchronism. Any irregularity in this synchronism may hence induce the reduplication in one or both sounds.

If we examine the cases accurately in which these reduplicated sounds occur, they certainly present features which offer fair ground for assuming that there exists that amount of turbulent action which may induce a want of synchronism in the systole of the ventricles, and that hence this may be the cause of these irregularities in the sounds of the heart. The soundness of this view being granted, then the existence of a reduplicated sound is to be regarded as symptomatic of a want of synchronism in the contractile action of the two ventricles.

In nervous affections of the heart, there often are to be observed the elements which might produce this want of unison.

In those cases in which the second sound, being reduplicated, is associated with a mitral murmur, it may be assumed it arises from the too early closing of the aortic valves, in consequence of the spasmodically hurried systole of the left ventricle, under the excitement of recent inflammatory disease, whereby the sound induced by the aortic valves anticipates that caused by those in the pulmonary artery.

Or, on the other hand, any condition of the blood whereby its amount may be unduly forced into, or retained in, one ventricle over the other, would, by impeding its free, ready, and synchronous expansion, be certainly adequate to cause this phenomenon.

Those cases where a full inspiration induces a doubling of the second sound, and which is inaudible in ordinary breathing, Dr. Walshe (p. 81) says, may be explained by the unduly abrupt rush of blood into the pulmonary artery, whereby the necessity for closure of its valves to meet the recoiling fluid is felt a little earlier than usual.

Looking at the circumstances that belong to each of these instances, it is probable that reduplications of the first sound originate in want of synchronism of the commencement of the systole, and of the second sound in excitement, whereby its systole is terminated too quickly.

[To be continued.]

CHOLERA IN SCOTLAND. A deplorable mortality by cholera is reported from the little mining village of Methill Hill, near Leven, in Fifeshire, where, out of a population of at most 400, there were 30 deaths between Sunday and Wednesday, the dreadful epidemic continuing to make fresh victims.



## Reviews and Notices.

ON EPILEPSY, HYSTERIA, AND ATAXY. Three Lectures. By JULIUS ALTHAUS, M.D., M.R.C.P., Physician to the London Infirmary for Epilepsy and Paralysis, etc. Pp. 126. London: 1866.

DR. ALTHAUS states that his intention is to give, not a complete treatise on the diseases whose names form the title of the book, but his views on some important points in their pathology and treatment, on the investigation of which he has bestowed some trouble.

The lecture on Epilepsy he begins by denying that the disease is incurable. In saying this, he speaks of what is often called "centric" epilepsy; "eccentric" epilepsy, or epileptiform convulsions from irritation outside the nervous centres, are, he says, not true epilepsy at all, but merely reflex spasms. These are easily curable by removing the cause of irritation; it is with centric, idiopathic epilepsy, that the difficulty lies.

After quoting the opinions of various medical writers, at home and abroad, who have supported the doctrine of the incurability of epilepsy, he examines the pathology of the disease, and arrives at the conclusion that,

"Where structural lesions have been discovered, they have been either due to complications coexisting with, but foreign to, epilepsy itself; or they have been the proximate results of the epileptic attack; or the cases adduced were not such of epilepsy, but of other convulsive diseases; therefore structural changes are not the actual cause of the complaint, but epilepsy is a functional disorder, due to certain prior changes in the nutrition of the brain imperceptible to our senses, and which may be rectified by treatment." (P. 14.)

The objects in the treatment of epilepsy are, Dr. Althaus says, three: 1, the suppression of the attacks; 2, to induce a change in the finer nutrition of the brain and nervous system; 3, to restore the general health, and remove sources of irritation.

The author's remarks on treatment are mainly intended to show that the cure of epilepsy is not to be despaired of, although the time occupied may be long—even months or years; but that, by the exercise of perseverance, the physician and patient may arrive at the desired result much more frequently than is generally supposed. We find no mention of any special remedies: the selection of these, we suppose, the author leaves to the knowledge of his readers.

The second lecture, that on Hysteria, is an expansion of one which appeared in this JOURNAL a few months ago.

The third lecture contains a very clear and instructive description of the disease commonly known as Progressive Locomotor Ataxy. It is but a few weeks since, in reviewing M. Trousseau's *Clinical Lectures*, we gave an outline of the characters of this malady: it is, therefore, scarcely necessary to go over what is nearly the same ground. Dr. Althaus does not speak altogether despairingly of the prognosis of the disease; we have, he says, much more control over it than formerly, but much depends on the period at which the treatment is commenced.

Dr. Althaus' book is one which deserves perusal.

His views are simply but clearly expressed; and the tendency of his teaching is to give the physician confidence in his power over disease.

NOTE-BOOK ON MATERIA MEDICA, PHARMACOLOGY, AND THERAPEUTICS. By R. E. SCORESBY-JACKSON, M.D., F.R.S.E., F.R.C.P.Ed., Physician to the Royal Infirmary of Edinburgh, etc. Pp. 632. Edinburgh: 1866.

THIS work has been written by Dr. SCORESBY-JACKSON, as a note-book for the students attending his lectures on *Materia Medica*; and he has done well in publishing it. It consists of three points. 1. Introductory, in which the author comments on the *Materia Medica*, Pharmaceutical Operations, Prescriptions, *Modus operandi* of Medicines, and other general matters; 2. The Inorganic *Materia Medica*; 3. The Organic *Materia Medica*. The book is one which scarcely permits of analysis; we can therefore only say that, although concise, it is apparently very complete, and contains notices not only of Pharmacopœial preparations, but of other medicines which have been brought into use.

Dr. Scoresby-Jackson's *Note-Book* has a modest title; but it deserves to take an honourable place among our text-books of *Materia Medica*.

CHROMO-LITHOGRAPHS (AFTER COLOURED PHOTOGRAPHS FROM LIFE) OF THE DISEASES OF THE SKIN. By ALEX. BALMANNO SQUIRE, M.B. Lond., Surgeon to the West London Dispensary for Diseases of the Skin. London: 1866.

MR. BALMANNO SQUIRE has here republished copies of the first series of his coloured photographs of skin-diseases, of which we have already given notices in the JOURNAL. He has made no alteration in their size; but has issued the twelve illustrations, with the explanatory letter-press, in a neat portfolio, at a low price, so as to place them within the reach of all practitioners and students. Many, to whom the price of the photographs was an obstacle, will now be able to obtain a series of excellent typical examples of skin-diseases.

The illustrations are: 1. Psoriasis diffusa (Class Squamæ); 2. Impetigo figurata (Pustulæ); 3. Lichen inveteratus (Papulæ); 4. Scabies (Animal Parasitic Diseases); 5. Chloasma (Vegetable Parasite Diseases of the Body); 6. Favus (Vegetable Parasite Diseases of the Scalp); 7. Lupus (Tuberculæ); 8. Papular Syphilide (Syphilidæ); 9. Nævus Vascularis (Maculæ); 10. Erythema tuberculatum (Exanthemata); 11. Eczema (Vesiculæ); 12. Pemphigus (Bullæ).

THE USE OF THE LARYNGOSCOPE IN DISEASES OF THE THROAT; with an Appendix on Rhinoscopy. By MORELL MACKENZIE, M.D. Lond., M.R.C.P., etc. Second Edition. Pp. 156. London: 1866.

THE first edition of Dr. MORELL MACKENZIE'S work on the Laryngoscope appeared at the beginning of last year, and has already been exhausted. This was but a natural result of its merits. He has now issued a second and revised edition; which, we have no doubt, will more than sustain the reputation of its predecessor as a most complete treatise on the subject.



*We are requested to remind members of the Association that the Annual Subscriptions became due on the 1st of January. They can be paid either to the Secretaries of the Branches; or to the General Secretary, T. Watkin Williams, Esq., 13, Newhall Street, Birmingham.*

## British Medical Journal.

SATURDAY, DECEMBER 1st, 1866.

### RAILWAY ACCIDENTS AND RAILWAY EVIDENCE.

MR. ERICHSEN, in a recent publication,\* gives an account of Injuries of the Spine, illustrated by cases. He tells of the effects of severe blows on the spine; of concussion of the spine from slight injury; of concussion of the spine from general shock; and of twists, etc., of the spine. It would be superfluous for us to say that these subjects are well treated by the author. One so versed in the practice and the literature of surgery as is Mr. Erichsen, could not fail to acquit himself well in a descriptive dealing with surgical matters.

We must, however, object to the special character which has been given to this book, and, as it seems to us, given both needlessly and incorrectly. There is necessarily a great dividing and specialising in the medical and surgical art. But specialities, though unavoidable, are in one sense always hurtful or dangerous; they naturally tend to cramp the mind; they are opposed to enlarged and comprehensive views, and are apt to entice the practitioner into a narrow limit of considerations, hurtful to the progress of medicine: from which we infer that all specialising which is not necessary should be carefully avoided; that no specialising, which has not been well canvassed and has received the sanction of the profession as a necessary evil, should be accepted as legitimate in practice.

The title of Mr. Erichsen's little volume is calculated to mislead the casual reader. Certainly, the one which is twice given on the outside cover of it—*Erichsen on Railway Injuries*—is erroneous. The book really contains an account only of the effects of shocks and concussion of the spinal cord and brain; whereas "railway injuries" embrace a very wide field of surgical considerations—indeed, almost every injury that blows and shocks can effect on the human body. Mr. Erichsen himself, in fact, shows throughout the book that there is really no difference whatever in the symptoms and pathology of

the nervous injuries of which he treats, whether produced by railway or any other concussions. It is, therefore, quite superfluous to make of them a special class of railway nervous injuries.\* The fact is, that of the fourteen cases observed by Mr. Erichsen himself, and here detailed, no less than eight are not railway accidents at all. Indeed, one case, given as a typical case of concussion of the spine, is that of a Count de Lordat, which happened sixty or seventy years before railways were invented. Again, in the chapter on the Symptoms of Railway Concussion, we find, as illustrations, reference made to cases of persons who were not injured by railway. Case 9, for example, is that of a lady who slipped down stairs. Case 2, which, under the above heading, is used to exemplify *defect of memory*, we find detailed at a previous page as that of a painter who injured his back by a fall from a ladder! Case 3 also, which is made to illustrate one of the "symptoms of railway concussion"—complete paraplegia, without diminution of the size of the limbs—is in fact the case, previously detailed, of a man who fell from a tree. Moreover, the subject under the heading of Pathology of Railway Concussion, consists almost entirely of references to the researches of Ollivier, Portal, and Abercrombie, in whose works, we need hardly say, not a word is to be found about "railway concussions". Under this heading, indeed, only one single case of *post mortem* examination after railway accident is given; and that is a case of Mr. Lockhart Clarke's, detailed in the Pathological Society's *Transactions*.

From all this we gather that injuries of the nervous system, whether produced by railway or any other kind of concussion, resemble each other in every particular. It, therefore, seems to us that it would be just as reasonable to speak of railway fractures, or railway amputations, etc., as to speak of "railway nervous injuries". The only differences which, as far as we can see, are to be found between railway and other injuries, are purely incidental, and relate to their legal aspect. A man, whose spine is concussed on a railway, brings an action against the company, and does or does not get heavy damages. A man, who falls from an apple-tree and concusses his spine, has—worse luck for him—no railway to bring an action against. Surely the concussions of the spine, as such, are precisely similar, whether produced by a tumble off a ladder, or a jumble in a railway-train come to grief. It would be, in fact, just as reasonable to call a broken leg caused by the kick of a horse an equine fracture of the tibia, as to call such a concussion of the spine a railway concussion.

\* In his opening remarks, Mr. Erichsen tells us: "It has been justly said by one of the greatest masters of the art of surgery that this or any other country has ever produced—Robert Liston—that no injury of the head is too trivial to be despised." Celsus made the same remark nearly two thousand years ago: "*Nullum vulnus capitis contemnendum est.*"

\* "On Railway and other Injuries of the Nervous System." By J. E. Erichsen, F.R.C.S., etc. Pp. 144.



As we have already said, we object seriously to such specialising of "railway injuries", because it will assist, and needlessly, in a still further section of our already well cut-up profession; and in a case where (as Mr. Erichsen himself shows) there is no pretence for any specialistic difference in the nature of the injury dealt with. Such division will naturally, and also of course needlessly, lead to the establishing of a new class of surgeons—railway accident surgeons; and a new surgery—a railway accident surgery. No doubt, the public may readily be brought to believe that there is a speciality in the injuries produced by railway accidents; and, therefore, that one surgeon has more special knowledge of their surgery than other surgeons have. This, it is true, may lead to the benefit of the individual, but clearly is not to the benefit of the profession at large, or of the art of medicine and surgery. The belief, on the part of the public, in the existence of such individual superiority, in the present case, at least, would clearly be based upon a delusion, and must necessarily tend to the unfair depreciation of general surgery, and of surgeons in general.

Mr. Erichsen also here comments on Medical Evidence in Law Courts. We regret that we are forced totally to dissent from him in the apology which he offers for the notorious discrepancies in opinion, too often displayed by medical men in our law-courts, and especially in actions against railway companies. Mr. Erichsen defends them by quoting the similar discrepancies between other professional men—between engineers, men of law, etc. But surely it is a bad defence which rests its cause upon the similar shortcomings and failings of others—upon the plea that we are no worse than others. Our own opinion is, that we are, in fact, very much worse in this matter than either men of law or engineers. At all events, the public think so; and it is very certain that the direct opposite swearing of opinions, too often exhibited in law-courts by members of our profession, bring, and justly bring, great discredit on the body of us. We have no kind of doubt that the exhibitions alluded to damage our influence and our value, as curers of disease, in public estimation. The serious remarks which frequently fall from the Bench in this matter are not to be removed by Mr. Erichsen's apology. The public say, and say with truth, that the differences of opinion put forth and sworn to point-blank in courts of law, by medical men, do not occur in consultations in private practice. The public know this; and they ask, Why do they occur in law-courts? And, unfortunately, they answer "the question which themselves have asked", in a manner not complimentary to our profession. Are they wrong in doing so? We leave our readers to answer.

## INFANTICIDE AND WET NURSING.

THERE are two ways of exhibiting a high moral tone of life-conduct. One is, by an indignant denunciation of deviations from the right line of virtuous morality; and the other is, by acting as far as we are able so as to prevent the possible occurrence of the evils which we denounce. A moderately careful analysis of our methods of practice in daily life would occasionally show that we ourselves actually take a share in promoting the very evils which we so virtuously denounce; in other words, are *participes criminis*. A remarkable illustration of the truth of this may be found in our loud remonstrances of the crime of infanticide. Every one thinks he fully knows what infanticide means; but the thing, carefully considered, will be found to embrace a much wider range of criminal procedure than that derived from the idea generally attached to it. There are other ways of killing infants besides throwing them into ponds, dropping them on door-steps, and tying a string round their throats, etc. Coroner's inquest infanticide is only a species of a large genus of methods of children-slaughter, and probably only a comparatively small species. There are infanticides and infanticides; and those infanticides of which we hear most are probably in number incomparably smaller than the quiet wholesale and gradual slaughterings which a little scientific or even unscientific inquiry, if it will take the trouble, may readily discover. A child found dead on a door-step produces a coroner's inquest, and leaders in journals, and indignant sensation with the public; but the laying in the grave of some scores of innocents by the gentle, unobtrusive, and gradual administering of soothing syrups, and other agents productive of infantile quietism, disturbs not the coroner, the press, nor the public. We English are proud when we hear continentals say of us that we are a practical people; but there is really great doubt whether we are worthy of the title, except in the matter of money-making. No national is probably more easily led by the nose than John Bull, when he is tickled with sensationalism. He views with calm indifference the sacrifice of the lives of hundreds of soldiers (worth, as shown by his ledger, at least £150 a head) to the Bermuda yellow fevers. He reads, or may read, in his blue-books, how the sacrifice is done—needlessly done—done in the face of remonstrating science—done by ignorant officialism, which closes its eyes and shuts its ears to all but the inveterate teachings of routine and redtapeism. He is told that, so sure as his soldiers were slaughtered last year—so sure as they had been in a like way, and spite of unheeded science's voice, needlessly slaughtered in previous years—so sure will they yet again be needlessly sacrificed, on the first fitting occasion, by the same fever, and in the same place. Can any



one say that John Bull is a practical man, when they see him running about, driven raving mad by the press, because a few Poor-law officials have failed to do their duty; and yet taking no account of the wholesale destruction—the needless, wanton destruction, by the hundreds—of his soldiers' lives? Martha Styles is found performing her ablutions in a chamber utensil, and John's bowels are moved to their depth of indignation. But all this terrible tale of the Bermuda tragedy stirs him not. (See BRITISH MEDICAL JOURNAL, Oct. 20, 1866.) And why? It has not been sensationalised; the dish has not been served up hot and hot by the press; and therefore (we must conclude) John Bull is silent. But the shortcomings and irregularities of a few metropolitan workhouses, well worked into vivid and romantic forms by an imaginative press, have operated on him like the torturings of the Torero on his namesake in a bull-ring, and driven him clean off his head. Trotted out by fantastic sentiment, John Bull is led as easily by the nose as his *Punch*-like representative is by a gentle maiden.

The marvel of all this tale is, that John Bull, like his namesake, not unfrequently shuts his eyes, and then rushes ahead just as madly and unreasonably; and he does so in this matter of infanticide. Men and coroners' inquests cry out indignantly against infanticide; and yet we ourselves actually take a hand, indirectly, it may be, but still a hand, in this very business. Is it not so?

We ask our medical brethren to lay aside for a moment all the dress and varnish which may be put around the question of wet-nursing, and to view the thing in its barren nakedness; and we ask them whether, from this point of view, the fact does not come out, clear and sharp, that the practice of one mother hiring another mother to suckle her child is indirectly, to speak euphoniously, a source of destruction to infantile life. We have more than once brought this serious subject under the attention of our medical brethren; and we should like to hear what those who recommend the common practice can say in its defence. We have never yet known a defender of it appear and maintain, *coram publico*, in argument, the proceeding which he practises. How does the mother, who purchases the hiring nurse, reconcile it to her conscience? Does she even ask herself where the hired mother's child is—how and where it is fed—how much its feeding costs? Does she not, on the contrary, make it part of the contract, that the hired suckling woman shall never see her own child, or visit her husband's house, while under hire? Is not the suckling mother fed and pampered, solely that she may become a good milcher? Is she not for the time so fed and pampered as to be quite unfit to return to her ordinary home—so as, in truth, to be made to loathe her own home and her own child? Is not her natural affec-

tion for her own offspring nipped and perverted in the very bud by this unnatural and demoralising proceeding? And what goes with her child in the meantime? Well, we doctors, at all events, know well enough. The lady may reckon little, and in truth know little, of all this. She may be ignorant of the fact that, to feed her child, another child is being slowly starved into disease and death. Besides, is she not enjoined by her doctor that she must not suckle—that, though she may be strong enough to produce children, she is unequal to the labour of feeding the produce? Moreover, is it not too frequently the case, that mothers, who are naturally desirous of feeding their own children, are by their doctors forbidden to do so? This great and most serious blot (as we view the matter) upon the escutcheon of medical practice always, we confess, shows itself black and staring to us when we read of infanticide. It is useless for us to pretend to conceal from our reason, because the thing is out of our sight, the fact that the wretched offspring of hired suckling women are more or less victims of this species of infanticide. We know well enough what is the usual end of these *misérables*—put out at two and sixpence or eighteen pence a week, to undergo hand-feeding, that is, in ordinary language, substituted for demi-starvation and its usual train of tabescence.

We strongly advise those members of our profession who are so indignant in their denunciation of coroners' quest infanticide, to turn their attention to this particular species.

THE promulgation of a report that the City Coronership would be vacated by Serjeant Payne has brought three or four medical and seven or eight legal candidates into the field. Amongst the medical candidates, Dr. Septimus Gibbon, Dr. H. Simms, Dr. Holt Dunn, and other medical men, are named. We learn, however, that it is highly probable that after all there will be no vacancy just now. The resignation was contingent upon the Corporation voting a handsome retiring allowance to the present coroner; and this, we believe, a majority are very disinclined to do. Rumour had assigned the succession to Mr. Payne's son; and the condition of resignation, coupled with the active support of the doctrine of succession, has raised some indignation in influential quarters.

THE fate of three kingdoms, and of many more whose national interests are bound up with them at present, hang upon the life and health of three persons, who are all severely tried by illness—the Emperor Maximilian, the Emperor Napoleon, and the Count Bismarck. Just now, we will back prescriptions against despatches.



Who is responsible for advising the detention of the unhappy passengers of the *Atrato*? Or will any one state clearly the scientific grounds on which it is justified? If there be anything definitely proved about yellow fever—and although much has been written, there are still doubtful points—it is that yellow fever cannot be spread at a temperature below 50°. The fear that yellow fever would be propagated by passengers landing in England in the month of November, is characterised by the highest authorities as entirely chimerical. We take the contagiousness of the disease for granted in this case; for the best authorities accept it as such, although it has been positively denied; and yet it seems clear that to keep the passengers cooped at Motherbank was an unjustifiable and not a very intelligent act of oppression. There is, however, a very evident source of danger, which will not, we hope, be lost sight of. This is the possibility of a fresh outbreak occurring in the ship *Atrato* on its return voyage, when it reaches the warmer latitudes. Yellow fever clings to ships rather than to individuals, and the *Atrato* should be very carefully disinfected and cleaned before sailing afresh.

THE attention of the Horse Guards, it appears, has been called to the great inexpediency of removing the 1st Brigade Royal Artillery from Gibraltar to Halifax. On account of the lateness of the season, and the great contrast between the two climates, the health of the men would, it is feared, suffer very greatly, the winter having already set in with great severity in Halifax. What will be done?

THE sudden death is announced of Professor Trousseau, the great physician of Paris. Dr. Trousseau was one of the most eminent and highly distinguished physicians whom the school of Paris has produced. He combined the highest qualities of the teacher with the most remarkable skill as a practical physician. His clinical insight was exquisite; the profound, literal, and minute study which he made of every case, was the first element of his success. But to this he added rare sagacity and discrimination, a searching insight into hidden causes, and a skill in unravelling the most intricate web of probabilities, which rarely failed him. It was impossible to hear Trousseau give an account of even the most usual case without feeling that he had invested it with a peculiar interest, that he saw more in it than any ordinary man could see, and had called attention to some subtle analogy or some suggestive detail which would have eluded any but his keen glance. Not the least of his qualities was an admirable precision of language, and a fluency which, under the influence of feeling, often warmed into eloquence. He was erudite, as most eminent French

physicians are; but he was more catholic, more sober, and less enamoured of novelties, than many of his distinguished contemporaries in that school. We pay him a compliment which he appreciated, which in his lifetime he loved to hear, in calling him the French Graves. He highly esteemed the clinical writings of that physician, and edited them in French. His own clinical lectures, which are now in course of publication in English, forcibly recall those of his great Irish predecessor. He had but lately resigned the Chair of Clinical Medicine in the Paris Faculty, which he had been induced to keep of late years, sorely against his will, by the earnest prayers of the students, who idolised their great teacher. In this country, Trousseau has long been accepted as the best typical physician of the French school. His sudden decease will not be heard here without emotion by many private friends, and by more professional admirers.

THE terse epigrammatic style in which Dr. Farr writes his weekly reports on public health helps their effect considerably. No man has rendered greater services to the cause of sanitary progress; few so great. The reports are not mere statistical records of figures—skeletons without life; but are animated by a vital energy due to the informing mind which draws the inferences to which they lead, in language which rarely fails to arrest attention. Hence, we are anxious for some further explanation than has yet been given of that brief and pregnant sentence in which the Registrar-General made known that Dr. Frankland had ascertained that “cholera stuff (cholerine)”, when held in solution in water, passed unchanged through charcoal, and was found in the filtrate. What is cholerine? By that question we do not mean to criticise the word, although it had previously been, and is still frequently, applied to the diarrhoea which frequently precedes cholera in the individual and is abundant in choleraic periods; but we want to have information, which will be certainly most acceptable to the world at large, and to professional chemists and physicians especially, as to the means by which cholerine was detected in the solutions and the filtrate. Has cholerine any physical and chemical tests? Was its presence ascertained by its influence on man or animal?

THE cholera is still showing itself in its oldest and most dangerous haunts—brought over from Salonica, it has broken out in Pera. Most of the cases lately reported have been fatal. Cholera at Constantinople is a standing menace to Europe. Late letters from Rome describe the cholera as very seriously prevalent there also. On the 15th, there were 100 cases; and, in consequence of the panic, several foreigners have left the city.



THE balloting-list of the Royal Society for officers to be elected on November 30th includes the following names:—*President*—General Sabine, B.A., D.C.L., LL.D. *Treasurer*—William Allen Miller, M.D., LL.D. *Secretaries*—William Sharpey, M.D., LL.D.; George Gabriel Stokes, M.A., D.C.L., LL.D. *Foreign Secretary*—Professor William Hallows Miller, M.A., LL.D. *Other Members of the Council*—Lionel Smith Beale, M.B.; William Bowman, Esq.; Commander F. J. Owen Evans, R.N.; Edward Frankland, Ph.D.; John Hall Gladstone, Ph.D.; William Robert Grove, M.A., Q.C.; William Huggins, Esq.; Thomas Henry Huxley, Ph.D.; William Lascelles, Esq.; Professor Andrew Crombie Ramsay, LL.D.; Colonel William James Smythe, B.A.; William Spottiswoode, M.A.; Thomas Thomson, M.D.; William Tite, Esq.; Vice-Chancellor Sir W. P. Wood, D.C.L.; the Lord Wrottesley. The Fellows whose names, in the preceding list, are printed in italics, were not members of the last Council. A Royal Medal of the Society has been awarded to Mr. Parker, the distinguished comparative anatomist, and one of the most accomplished members of the medical profession. It is no small honour to the great body of general practitioners, that from their number have lately sprung in London two such distinguished workers in zoological science as Lockhart Clarke and Parker, now both Royal Medallists of the Royal Society.

THE letter of a "Medical Tutor" in the *Times* this week has excited general and just indignation in the profession. We all know that medical students are no more free from follies and from the excesses of youthful spirit than other students; and that there are, amongst every thousand young men, a few who may disgrace the rest by their conduct. But it has for years been a source of pride and gratification to all concerned in the management of the schools and colleges of medicine, and to the profession at large, that the educational and social standing of medical students has progressively and rapidly improved during the last fifteen years. They must now perforce be men of good education, before they can pass the preliminary examination in Arts; they are drawn from the professional classes to a large extent; and the demeanour and discipline of the students in the medical schools is such as to have called forth the admiration of the governors of the hospitals to which the schools are attached, and even of others, who have in times past gathered from Albert Smith's sketches a very distorted notion of the habits of the men of his day. A more serious libel against the professors is that implied in the statement that they are too "timid" or too "careless" to enforce any sort of discipline; and that the most dissipated and idle student easily gets his schedule signed for "diligent"

attendance. This is so entirely without foundation in fact, that it cannot be supposed that it will be allowed to pass without more serious notice than has yet been taken of it. There are not very many medical tutors; and we shall be surprised if they do not meet to repel the extraordinary aspersions which, in a moment of bilious recklessness, this unknown writer has cast upon them. Besides medical tutors properly so called, such as Dr. Duckworth, Mr. Morant Baker, and Mr. Shepard at Bartholomew's. Dr. John Harley at King's, Dr. Liveing at Middlesex, there are, however, a few "grinders" and extra-academical tutors, whose rooms are the last resort of the dissipated and idle students—of the absolute numskulls, and the thrice rejected of the colleges. Here the wildest *canards* fly about; the idlest students are the most prolific in complaints; they have a dozen reasons for their failure, all inherent in the organisation of their schools, and none in their own stupidity and idleness. Are the complaints of a "Medical Tutor" nothing more than the *apocrypha* of the grinder's room? At any rate, we hope to hear from the veritable medical tutors what they think on the subject.

THE names of Dr. Rolleston, Mr. Clifton, and Mr. Vernon Harcourt, as Examiners in the first examination for the degree of Bachelor of Medicine; and of Dr. T. K. Chambers (Christchurch) and Dr. J. W. Ogle (Trinity) as Examiners in the final examination required for the same degree, were this week submitted to the Oxford Convocation, and approved.

AT a late conflagration of a house in the Hampstead Road, the lives of three children were unhappily destroyed, and, as the verdict says, "by the negligence of the police." The coroner, Dr. Lankester, said there could be no doubt from the evidence that the children died from suffocation. What is called suffocation in such cases is, however, usually, we believe, poisoning by carbonic oxide, leaving the blood reddened in the veins as in the arteries. We should be interested in receiving particulars of the *post mortem* appearances in this sad case. The point is one of medico-legal and scientific interest.

MR. GEORGE STEEL, of Woodstock Street, Oxford Street, gave recently by his will all his real and personal property (after payment of his debts and legacies) for the benefit of the Slyman Ward of Middlesex Hospital; with a further direction that, if any portion of his estate would not pass under the bequest to the hospital, then such estate should be administered that the greatest benefit might accrue to the charity. The residuary legatee of the testator filed a bill in the Rolls Court last week for the administration of his estate, and a decree was made for



such administration, leaving the right of the hospital to be determined at a future time. The amount involved is, we believe, however, very small; and it is thought doubtful whether the hospital will benefit by the legacy at all.

WE understand that Mr. John Simon, F.R.S., will be nominated by the Council of the Pathological Society as President for the ensuing year, having been unanimously selected for that purpose. It is no small compliment to the staff of St. Thomas's Hospital, that the President of this Society should twice successively be selected from amongst their number.

THE College of Surgeons have shown the intention of seriously setting to work to bring their examinations up to the level at which they ought to stand as tests of surgical knowledge and skill. The examination for membership has been rendered more practical. New regulations are also now issued for the fellowship, which will have a good effect. But what is most to be desired is, that the College diploma, which gives the right to register, and therefore to practise generally, should not be granted to candidates who have not been examined in medicine, materia medica, chemistry, midwifery, or botany. This can probably only be carried out by arranging an amalgamation for the purposes of a general licence with some other body, such as the College of Physicians.

DURING the trial of the case of *Hunter v. the Pall Mall Gazette*, on Tuesday last, Dr. Hunter, in answer to a question put to him by Mr. Karslake, said that Dr. Wills, the gentleman who had carried out his system of treatment in Edinburgh, and who was author of one of the "Hunterian works", had given up the business, and had returned to the army. Hence it appears that Dr. Wills gave up his commission to enter into private practice. After a certain amount of indulgence in the Hunter system of cure, which does not appear to have answered among our acute Scotch friends in Edinburgh, he is again, by the complaisance of the Director-General, received with open arms into the bosom of the army medical family.

THE Council of the Royal Medical and Chirurgical Society recently authorised their President, Dr. Alderson, to make application to the Government for rooms for the Society in Burlington House, where many learned societies are already lodged at the Government expense. The application has been forwarded to the Commissioners of Woods and Forests; and we believe that an answer has been received, stating there is not sufficient space at their disposal to grant the application of the Society, but that

their claim should be considered along with those of others who have addressed similar requests to the Government. Hence, for the present at least, the Society will remain in their old rooms in Berners Street.

DR. JEAFFRESON of Leamington has resigned the office of Physician to the Warneford Hospital. He considers, and fairly enough, that, after twenty years' services given for the benefit of the poor, he is entitled to relief from his public duty.

IN a recent able review of the biography of Dr. Whately, the late Archbishop of Dublin, the writer refers to the singular facility with which that great logician gave himself up to all the wild follies of mere sciolists and pretenders in science. Homœopathy, animal magnetism, spirit-rapping, and most nonsense of the kind, found ready acceptance from him. This writer has a theory by which he explains the paradox. It is, he says, "as if, in his case as in that of others, the intense use of reason produced a reaction towards superstition in some matters." The same thing has been enunciated more generally by Dugald Stewart, who says "that mathematicians are the most credulous of men." An illustrious living mathematician in the metropolis is very well known at the present moment as one of the warmest believers in the mysteries of spirit-rapping and spirit-communications.

THE grand jury have ignored the indictment preferred against James Aldous by the Commissioners in Lunacy, for receiving into his house, without certificates, an imbecile patient. The act was, of course, illegal, as set forth; but it was shown, in the first instance, that the greatest kindness and skilled attention were given to the patient. The fact that no patient of unsound mind can with safety or legality be received for profit, under any circumstances, unless duly certified and returned to the Commissioners, is one which cannot be too strongly insisted on.

THE new volume of the *Medico-Chirurgical Transactions* (the forty-ninth of the series) is out. It is generally observed that it is hardly equal in size or in quality to many of its predecessors. It contains, however, some papers of considerable interest; amongst others, the last of the late Mr. Toynbee's observations on Diseases of the Ear, the eighth series communicated to the Society. The volume is a very thin one, making only 219 pages of actual scientific matter; and does not contrast favourably with the much fuller and richer volume issued this year by the Pathological Society. In a Society so distinguished, and numbering so many highly eminent men in its list, there could hardly be a difficulty in



producing a better volume, if the Fellows could be induced to take a more lively interest in the scientific progress of the Society than they have done for the last year or two.

A REPORT of a Committee on Trichiniasis has been presented to the Medical Society of Vienna by Professor Wedl. The Committee dealt mainly with the presence of the disease in different animals, etc. Rats taken in Vienna and the suburbs, as well as in many of the provinces of the empire, were especially examined with this object. Very few trichinæ were found in Vienna rats. On the other hand, suburban rats, and the Moravian and Galician rats, were found well studded with the parasites. In Moravia, for example, where there are an extensive manufacturing of sausages and large pig-markets, trichinæ abounded. Trichinæ were also found in the marmot, hedgehog, shrew-mouse, polecat, and fox. But in pigs, for the most part, the examinations were negative. Hitherto, there have only been in Austria a few scattered cases of trichinosis observed in man. The pigs experimented on exhibited no distinct pathological symptoms characteristic of trichinosis. Cough and irritation of the skin, loss of appetite, and wasting, were noted, but after a time disappeared. The same symptoms were noted in a calf. Experiments with tainted food made on rats, mice, foxes, etc., all gave positive result. But in no case was paresis or paralysis observed. Trichinæ subjected to gastric fluid were destroyed; but the encapsulated trichinæ resisted destruction. Muscular trichinæ exhibited great tenacity of life in decomposed muscle; they were still capable of infecting after being kept eighty days in putrid flesh.

Dr. Jurányi has been nominated Professor of Botany at Pesth, says *Wiener Med. Wochen.*, although a Protestant. His opponent, Dr. Linzbauer, who knew nothing of botany, and was supported by the clerical party, has addressed a protest to the Emperor against the election of a Protestant.

M. Dumas has been nominated Honorary Professor of the Paris Faculty of Medicine.

IRISH REGISTRAR-GENERAL'S REPORT. The return just issued records 18,751 deaths in Ireland in the third quarter of the present year, being at the rate of 13.4 to every person living. About thirty registrars reported cases of cholera; many are stated to have been imported from England by the reapers. In Mallow, twenty-six deaths from cholera took place, the greater number of them occurring in the vicinity of a well, the water of which was used for domestic purposes by the people residing in its neighbourhood. The water has since been analysed, and found to contain a very large amount of organic matter derived from animal sources. The same thing occurred at Arklow, in Rathdrum, where twenty-one deaths were occasioned by Asiatic cholera, out of a total of fifty-eight for the quarter.

## Association Intelligence.

### REPORT OF MEETING OF COMMITTEE OF COUNCIL:

*Held at Birmingham, November 22nd, 1866.*

PRESENT—Dr. Sibson, F.R.S. (in the Chair); Mr. Bartleet; Mr. T. H. Bartleet; Dr. Bryan; Mr. Clayton; Dr. Falconer; Mr. Husband; Dr. Richardson; Dr. Simpson; Mr. Southam; Dr. Stewart; Dr. A. T. H. Waters; Dr. Edward Waters; Dr. Wilkinson; and Mr. T. Watkin Williams (General Secretary).

#### Resolved—

1. That Professor R. W. Smith, of Dublin, be appointed to deliver the Address in Surgery at the Annual Meeting in 1867.

2. That a JOURNAL Reference Committee be appointed: to consist of the President of the Association; the Vice-President; the President of the Council; Dr. Markham; and Dr. Stewart.

3. That Ernest A. Hart, Esq., be appointed Editor of the BRITISH MEDICAL JOURNAL.

4. That the Committee of Council be appointed a deputation, with power to add to their number, to wait upon the Home Secretary when considered desirable.

T. WATKIN WILLIAMS, *General Secretary.*

Birmingham, November 26th, 1866.

### BATH AND BRISTOL BRANCH.

THE second ordinary meeting of the above Branch will be held at the York House, Bath, on Thursday evening, December 13th, at 7.15 p.m.

The following papers are expected:—A Case of Gonorrhœal Rheumatism. By A. Prichard, Esq. An Extraordinary Case of Carcinoma in a Child. By W. B. Herapath, M.D. On the Internal Use of Tartar Emetic in Sudden Acute Inflammations. By J. K. Spender, M.B. An Unusual Case of Valvular Disease of the Heart. By Ezra Hunt, Esq. Clinical Temperature in Acute Disease. By H. W. Freeman, L.R.C.P.L.

R. S. FOWLER, *Honorary Secretary.*

### SOUTH EASTERN BRANCH: EAST SURREY DISTRICT MEDICAL MEETINGS.

THE next meeting of the above Branch will be held at Longton's Hotel, Sydenham, on Thursday, December 13th. The chair will be taken by Dr. Ray, of Dulwich, at 4 p.m.

Papers, etc., will be read by Dr. Horace Jeaffreson, of Wandsworth; Dr. J. M. Bright, of Forest Hill; Mr. Roper, of Croydon; and by other gentlemen.

Dinner will be provided at 6 p.m.

HENRY T. LANCHESTER, M.D., *Hon. Sec.*

Croydon, November 28th, 1866.

QUEKETT MICROSCOPICAL CLUB. The monthly meeting was held at University College on the 23rd ult., Ernest Hart, Esq., President, in the chair. Mr. M. C. Cooke read a short paper "On the Best Method of Transmitting Slides by Post." Mr. S. J. McIntire read a paper "On the Different Kinds of Podura." Mr. N. E. Green read a paper "On Melicerta." Nineteen members were elected, and the proceedings terminated with a *conversazione*.



## Reports of Societies.

### WESTERN MEDICAL AND SURGICAL SOCIETY.

FRIDAY, OCT. 19TH, 1866.

H. W. FULLER, M.D., President, in the Chair.

AFTER a few words in connection with the Society, the PRESIDENT made some observations

*On Certain Points in connection with Cholera.* He began by expressing his belief, that the outbreak of cholera which had occurred this year was only the prelude to a more severe and general epidemic of the disease next year. He grounded his opinion on the facts that, in former epidemics, the force of the malady had not been felt until the second year, and that, although its influence had this time been chiefly localised to certain districts, still sporadic cases have occurred over the whole metropolis; and, notwithstanding the cold weather, it has spread over the whole kingdom, with great malignancy in some parts. Hence, Dr. Fuller drew the inference, that the seeds of a virulent form of cholera are widely sown, and only require a certain atmospheric condition to develop it into an epidemic.

Concerning the various theories of cholera, Dr. Fuller believed that the existence of a distinct *materies morbi*, a cholera-germ, probably of fungoid origin, was alone capable of explaining the facts of cholera; such as its occasional sudden outbreaks, at times over a vast extent, at others over a small area; its predilection for low and unhealthy localities; the immunity of certain localities above a certain level; the difference in its period of incubation; its uniformity of duration as an epidemic in any locality; its spread, at times with, at times in the teeth of, the wind; and lastly, its apparent communicability by times, by contagion at one time and not at another. He showed, also, how forcibly the experiments of Dr. Salisbury and others pointed to the fungoid origin of the ague and other endemic and epidemic diseases; which researches rendered it probable that all so-called zymotic epidemics had a fungoid origin.

Dr. Fuller then argued the question of the contagion of, and quarantine for, cholera. Experience showed that, in the vast majority of cases, cholera did not evince a contagious character. The admitted failure of quarantine to arrest its progress, was to the point; the sudden way in which a town might be affected without the disease being traceable to any human agency of contact, and the way in which ships might be attacked which have not touched land for weeks, showed how the atmosphere might be the means; also how one town might be full of cholera, very near another which had none, notwithstanding hourly communication of people between them. Quarantine would not, therefore, stop cholera, when due to an epidemic state of the air; nor when not due to the state of the air, for cholera had no tendency to spread when proper sanitary measures were observed.

Dr. Fuller then proceeded to discuss the influence of sanitary arrangements in the case of cholera, and chiefly dwelt upon the agency of water. It was impossible to doubt the influence of defective drainage, of the emanation from sewers, gaseous exhalation from all kinds of decomposing filth, of impure water, of overcrowding, bad ventilation, and all other agencies of that kind in promoting the spread of the disease; nor could one doubt that intemperate habits,

deficiency of food, depressing passions, etc., did so likewise; partly by lowering nervous power, and so lessening the resistance of the system to its poison; and partly by giving rise to a congenial nidus for the development of the cholera-germ. Great praise was, therefore, due to all those who had exerted themselves in promoting sanitary measures during this epidemic, such as removing nuisances, procuring a free supply of pure water, good ventilation, etc. All these measures would diminish the spread and the severity of the disease, but would not always attack the true cause of the cholera. According to some people, cholera was alone due to defective drainage; to others, alone due to the water-supply; but trustworthy cases had shown how some people had cholera, never having drunk of the accused water. According to Dr. Fuller's experience, foul water acted, not by introducing the excreta of cholera-patients (which it was not proved would, when swallowed, produce the disease), but as a vehicle for taking into the system the *materies morbi* it had received from the air; and also by lowering the system through its power to derange the stomach, etc. A purer water-supply, as also other preventive sanitary measures, did good in some way; but, however good, they had little, if any, influence in checking the progress and duration of the disease. The decline of cholera was often attributed to these so-called preventive measures; rather than, as it ought to be, to the natural decline of the disorder. The natural history of cholera showed that, as an epidemic, its duration was usually limited to three or four months; nor had "stamping out" diminished this period. The essential cause of cholera must be sought for elsewhere than in neglect of hygienic measures.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, NOVEMBER 13TH, 1866.

JAMES ALDERSON, M.D., F.R.S., President, in the Chair.

A CASE IN WHICH OVARIOCTOMY WAS TWICE SUCCESSFULLY PERFORMED ON THE SAME PATIENT.

BY T. SPENCER WELLS, F.R.C.S.

THE author commenced by alluding to three cases in which ovariectomy had been performed twice on the same patient. The first was by Dr. Atlee, of Philadelphia, sixteen years after the previous operation by Dr. Clay, of Manchester. The second was by the author, nine months after an operation by another surgeon. The third was by Dr. F. Bird, fourteen years after one of his own operations. The first case was successful. The second and third were not. The case now related was believed to be the first in which ovariectomy had been performed successfully twice on one patient by the same surgeon. In this case the author removed the left ovary of an unmarried woman, 24 years of age, in February 1865. The tumour weighed twenty-nine pounds. The right ovary was then healthy. The patient recovered, and remained well more than a year. But, in about fifteen months, disease began in the right ovary, and advanced so rapidly that ovariectomy was performed for the second time eighteen months and a half after the first operation, and a tumour, weighing eighteen pounds, was removed with complete success. A full account of both operations was given, with a description of the tumours removed; and some remarks were added upon the comparative frequency of disease in one or both ovaries, and upon the appearance of disease in one ovary after the other had



been removed. The author showed that the right and left ovaries are found diseased with equal frequency; and that in from one-third to a half of the cases where the disease has gone on to its termination in death, both ovaries are diseased. But he asserted that both ovaries are affected in much smaller proportion in the earlier stages of the disease. In the first hundred and fifty cases in which he performed ovariectomy he only removed both ovaries in seven, and in only three others was disease in an early stage suspected in the ovary not removed. In three the ovary not removed, but examined and found healthy, had become diseased afterwards. In two of these cases disease was malignant. The rule appeared to be established that after a successful ovariectomy the patient was restored to good health; and although there were occasional exceptions to this rule, it was satisfactory to know that, if the remaining ovary should become diseased, the first operation need not add much to the difficulty of the second; and that, of four cases in which a second ovariectomy had been performed, two had proved successful.

## Correspondence.

### RESIGNATION OF DR. RICHARDSON.

LETTER FROM BENJAMIN W. RICHARDSON, M.D.

SIR,—Circumstances having forced me to the painful necessity of forwarding my resignation of membership of the British Medical Association, I feel it my duty to lay before the members, through the JOURNAL, a statement of my position in regard to certain offices and affairs of the Association with which I have been up to this time intimately connected. By this step I shall save the Executive and others the trouble of applying to me personally; I shall speak at once and for good to all the members of the Association; and, on my own part, I shall feel relieved of every anxiety.

*The Charter of the Association.* The business of the proposed Charter of the Association has been conducted by Dr. Stewart and myself, advised by Mr. Robert Upton, of the eminent legal firm of Uptons, Johnson, and Upton.\* The Charter has received from us the most thoughtful study; and the draft has been framed with the utmost care. Previously to the meeting at Chester, however, the Committee of Council thought it wise to alter one of the clauses of the draft Charter, in order to give a vote in Council and in Executive Committee to the General Secretary of the Association. I ventured to oppose this; because, without reference to any particular man, this clause, if carried, would put the whole power of the Association into the hands of an officer who, of all others, should exert none but ministerial functions. I felt this so strongly, that at Chester I was compelled, despite the labour to which the Committee had been subjected in preparing the draft, to second Mr. Steele in proposing the postponement of the question until the Dublin meeting next year. Mr. Steele's motion was carried; and the Charter remains still in abeyance. In leaving it, I offer no opinion as to the propriety of its adoption; but have merely to state, apart from the clause respecting the General Secretary, that it is sufficiently elastic in its provisions to give the Association easy progression, and sufficiently firm to keep the Association steady in its course. Indeed, should the

Charter be given up, the proposed rules embodied in it would be found a great improvement on some of the present rules of the Association, simpler and more practical. It is important for me to add that, in the matter of the Charter, the Association has been subjected, up to the present moment, to no other expenses than those arising from the communications of Dr. Stewart and myself with Mr. Upton. The affairs of the Committee now remain with Dr. Stewart solely, in whose hands they are most safe.

*The Medico-Legal Committee.* This Committee, of which Dr. Tuke is Honorary Secretary and I was Chairman, remains in action, having been re-elected without change at the Chester meeting. It requires only a new Chairman. I handed over all the letters and papers then in my possession to Dr. Tuke at the last meeting of the Committee. I may perhaps venture to say, in respect to the labours of this Committee, that, if the programme laid down by Dr. Symonds were in the main followed, the time has come when the Committee could forcibly influence the Government on many points of legal medicine which urgently require amendment by the legislature. In observing the decisions of the Committee, I was led to fear that the differences of opinion among the members on points that were most vital stood in the way of combination. For all that, had I remained in the Committee, I should have asked Dr. Tuke to summon it in London prior to the ensuing session of Parliament, and should have tried to effect a common understanding in relation to some important changes of law, on which all classes of the profession feel alike, and which might be moved for with fair chance of success. Regarding the future of this Committee, I would respectfully suggest that its labours would be greatly lightened if it were to connect itself in work with the Parliamentary Committee of the Metropolitan Counties Branch, which Committee Dr. Gibbon so ably superintends. The two bodies might remain as distinct Committees, and yet combine for special discussion of particular subjects.

*The Hastings Medal.* It has been proposed to change the character of the Hastings Prize, by substituting money for the present gold medal. On this matter I ought to say thus much: that, as it was my happiness and privilege to be the first to suggest the prize, I took the opinion of Sir Charles Hastings on the subject of the character of the prize. Of the prizes suggested, the gold medal pleased him best by far; and he came himself to my house to see the Fothergillian Gold Medal as a model. Also, after presenting the first medal at Cambridge to Dr. Thudichum, he was so good as to say to me that he could not thank me adequately for having given him the pleasure of the presentation; and that he hoped "I should live many years to see the Hastings Medal an established honour in physic—an honour which men would treasure as of more real worth than the money it represented." It may be that, in his later years, Sir Charles changed his mind; but, unless he expressed such a change to Mr. Hastings, or to some one whose word could be relied upon, I do not think the members of the Association would be following out the wishes of their beloved and honoured master, if they made any other change in the prize beyond that of supplementing the medal by a money grant. There are yet, perchance, a few friends of Sir Charles Hastings who will sympathise with me on this point, and who will try to keep the Hastings Medal still intact.

*The Medical Provident Society.* The position in which the Medical Provident Society was left by the Chester meeting is well known. As a matter of simple history, the Association, from which the So-

\* Our friend Dr. Westall was originally elected with us, but could not act.



ciety emanated, discarded it, giving it merely the ensuing twelve months to wind up its affairs and close, or to set itself up on an independent basis. From the experience I have had of the Society—experience gained by very hard work, long continued—I feel that the decision of the meeting was correct; and that Mr. Steele was also correct in his original view, that such a Society, requiring to exist by legal tenure, cannot live as a part of the Association. I name this, because it may prevent other men from trying an useless experiment. The Association is, in fact, too fluctuating to form the groundwork of what is virtually an inheritance. Members die, members change; members of one opinion are present at this meeting, and members of an exactly opposite opinion form the majority of the next meeting. Thus, the basis of rock-to-day is sand to-morrow. I have requested Dr. Henry, the Secretary, to call a meeting of the Directors of the Medical Provident Society. The Directors can then agree, if it be desirable, to call a general meeting of the subscribers, to determine whether to go on or to close. Whatever they do, and I am sure they will act for the best, I may state, that as up to this day, November 26th, no subscriber has made a demand on the funds, the money which the subscribers have paid can all, in the event of the Society being broken up, be returned; and that, as the working expenses of the Society have been moderate, the Auxiliary or Donation Fund, minus such expenses, would still remain, to be dealt with, I presume, by an equitable re-distribution amongst those who so handsomely produced it.

And now it only remains for me, as a member of the British Medical Association, to add, "Good bye." The word is hard to say, but must be said. The associational bond has been long, earnest, I trust worthy of some passing remembrance, and by my initiative would never have been broken. As it is, working on in the art of curing disease—the only work on which, whether combinedly or individually, we can progress—I shall hope still to retain the good esteem of the best and truest of those who have been my fellows; beyond this, I have no ambition.

I am, etc., B. W. RICHARDSON.

12, Hinde Street, W., Nov. 20th, 1866.

## POISONING BY THE EXTERNAL APPLICATION OF BELLADONNA.

LETTER FROM WILLIAM F. MORGAN, ESQ.

SIR,—The last number of the JOURNAL contained an account, condensed from the London Hospital Reports, of two cases of poisoning by the external application of belladonna. I am reminded by of it similar instances occurring in my own practice, a brief recital of which may not be uninteresting to your readers.

I was sent for in haste a few years ago to see a gentleman who was supposed to have impending some serious affection of the brain. I found him in a state of mental confusion bordering on delirium, with his lower extremities semiparalysed, his pupils widely dilated, and vision much impaired; the pulse was very frequent, the skin hot and dry, and covered with a scarlet rash, which occasioned intolerable itching. The rash extended throughout the fauces and throat, accompanied with a feeling of great dryness and constriction, and intense thirst.

I was told he had been suffering from lumbago, and had of his own accord applied a large belladonna plaster to his loins. This being removed (it was at least a foot square) he speedily recovered.

The other case was the mother of a medical friend,

who had some painful affection of her leg, for which he strapped it with belladonna plaster. He came to me soon afterwards in much alarm, requesting me to see his mother immediately, as he feared she was threatened with apoplexy. Her symptoms were those of belladonna poisoning, in a less degree than in the former case, and without the characteristic scarlet rash; and on removing the plaster she was soon all right.

We may derive from these and similar examples a lesson of caution when prescribing belladonna externally.

I am, etc.,

W. F. MORGAN.

Bristol, November 26th, 1866.

## RESECTION OF THE KNEE-JOINT.

LETTER FROM HOLMES COOTE, ESQ.

SIR,—In the number of your JOURNAL, November 24th, Mr. William Paul Swain has thought fit to comment on some remarks of mine, on "Resection of the Knee-Joint," published in the St. Bartholomew's Hospital Reports of this year.

I rarely notice criticisms, as I consider every published statement in the light of public property, to be treated as those who read it may fancy; but the subject of resection of joints is one so important as to induce me to break through this rule, and to repeat that in my opinion the operation of resection of the knee has been very often heedlessly and recklessly done, and that it has yielded unsatisfactory results, especially in the young.

Had Mr. William Paul Swain taken the trouble to inquire, he would have found that my "practice is in accordance with my preaching;" and that I have long been known to refrain from an operation, which, as frequently performed, justly merits the appellation of "barbarous," as he well expresses it.

I have seen more cases of joint disease than falls to the lot of most surgeons. They present themselves in endless succession at St. Bartholomew's and the different orthopædic hospitals; and I cannot recall during a long experience any single occasion in which I have had to amputate the thigh of an infant for disease of the knee. What am I to think of the judgment of that surgeon who would resect the knee-joint of a child of three years?

In the case of adults the death-rate is very high unless all the internal organs are sound; but when a person is in such a state of perfect health, he is very rarely the subject of joint disease.

I operated on the two cases referred to by Mr. William Paul Swain, partly at the request of the patients, partly on the suggestion of some of my colleagues, partly because the cases were in my own opinion peculiarly well suited for a trial of resection. The results were satisfactory as regards the operation, i.e., the patients did not die, and the wounds closed. The limbs were similar to those depicted in so many woodcuts, namely, short, withered and weak. One of the two patients requested me afterwards to amputate the limb.

Next to those who have worked to prove how much may be done by rest and gentle measures, in the treatment of joint disease, I respect those who made the first brave attempts to avert amputation by resection; but I cannot equally admire the opinions of those who close their eyes to the shortcomings of this serious operation; and I am sure that if Mr. William Paul Swain will read over his remarks on me, he will regret some of his remarks, which I am confident must have crept into his communication by accident.

I am, etc.,

HOLMES COOTE.



## Medical News.

UNIVERSITY OF LONDON. The following is a list of candidates who passed the recent Second M.B. Examination.

### First Division.

Bateman, Francis, St. Bartholomew's Hospital  
Buckell, Francis John, University College  
Bushell, Stephen Wootton, E.Sc., Guy's Hospital  
Clothier, Henry, University College  
Cole, Thomas, St. Bartholomew's Hospital  
Eastes, George, Guy's Hospital  
Ferris, John Spencer, King's College  
Gooding, Ralph, B.A., King's College  
Howse, Henry Greenway, Guy's Hospital  
Hughes, John Pearson, University College  
Kelly, Charles, King's College  
Nunneley, Frederic Barham, University College  
Philpot, Charles William, B.Sc., King's College  
Shaw, Thomas Claye, B.A., King's College  
Spencer, George Outhwaite, University College  
Spender, John Kent, King's College  
Tayler, George Christopher, St. Bartholomew's Hospital  
Taylor, Arthur, Guy's Hospital  
Thorne, Richard Thorne, St. Bartholomew's Hospital  
Welch, John Burges, King's College  
Williams, John, University College

### Second Division.

Ball, John Augustus, Guy's Hospital  
Barter, Clement Smith, St. Bartholomew's Hospital  
Evans, John Augustus Michael, University College  
Grimes, John, B.Sc., King's College

### Examination for Honours.

#### First Class.

#### Medicine.

Kelly, C., (Scholarship and Gold Medal), King's College  
Philpot, C. W. (Gold Medal), King's College  
Bushell, S. W., Guy's Hospital  
Howse, H. G., Guy's Hospital  
Nunneley, F. B., University College  
Shaw, T. C., King's College  
Thorne, R. T., St. Bartholomew's Hospital  
Cole, T., St. Bartholomew's Hospital  
Williams, J., University College  
Clothier, H., University College  
Gooding, R., King's College  
Tayler, G. C., St. Bartholomew's Hospital

} equal

} equal

#### Second Class.

Taylor, A., Guy's Hospital  
Welch, J. B., King's College  
Ferris, J. S., King's College

#### First Class.

#### Midwifery.

Kelly, C. (Scholarship and Gold Medal), King's College  
\*Howse, H. G. (Gold Medal), Guy's Hospital  
\*Bushell, S. W., Guy's Hospital  
\*Shaw, T. C., King's College  
\*Philpot, C. W., King's College  
Welch, J. B., King's College  
Thorne, R. T., St. Bartholomew's Hospital  
Ferris, J. S., King's College  
Nunneley, F. B., University College  
Williams, J., University College  
Gooding, R., King's College

} equal

#### Second Class.

Spencer, G. O., University College  
Tayler, G. C., St. Bartholomew's Hospital  
Taylor, A., Guy's Hospital

} equal

#### First Class.

#### Forensic Medicine.

Spencer, G. O. (Scholarship and Gold Medal), Univ. Coll.  
Bushell, S. W. (Gold Medal), Guy's Hospital  
Philpot, C. W., King's College  
Shaw, T. C., King's College  
Nunneley, F. B., University College

} equal

#### Second Class.

Gooding, R., King's College  
Tayler, G. C., St. Bartholomew's Hospital

} equal

#### Third Class.

Howse, H. G., Guy's Hospital

\* Obtained number of marks qualifying for scholarships.

APOTHECARIES' HALL. On November 22nd, 1866, the following Licentiates were admitted:—

Nowell, Richard Bottomley, Guy's Hospital  
Rix, Richard Avery, Beccles  
Willan, Thomas Henry, Littlehampton, Sussex  
Young, Frederick William, Salisbury

At the same Court, the following passed the first examination:—

Colson, Edward, Guy's Hospital  
Harvey, James D'Arcy, University College Hospital  
Jenkins, Robert Thomas, Charing Cross Hospital  
Pratt, John Wyatt, St. Mary's Hospital  
Roberts, Thomas Andrew, St. Mary's Hospital

### APPOINTMENTS.

EASTLAKE, Henry E., F.R.C.S. & Q.C.P. (Irel., etc.), elected Consulting Physician-Accoucheur to the Western Dispensary, Westminster, vice Dr. Mark Tanner, resigned.  
FOX, Charles James, Esq., elected Assistant Dental Surgeon to the Dental Hospital of London, vice J. Walker, Esq.

### ARMY.

DEEBLE, Surgeon W., 56th Foot, to be Surgeon-Major, having completed twenty years' full-pay service.  
EATON, Staff-Assistant-Surgeon R. C., to be Assistant-Surgeon 16th Foot, vice J. R. Kehoe.  
FLEMING, Surgeon J. W., 4th Dragoon Guards, to be Surgeon-Major, having completed twenty years' full-pay service.  
KEHOE, Assistant-Surgeon J. R., 16th Foot, to be Staff-Assistant-Surgeon, vice R. C. Eaton.

### VOLUNTEERS, (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

CANNELL, J., M.D., to be Honorary Assistant-Surgeon 7th Lancashire R.V.  
WILLEY, H., M.D., to be Assistant-Surgeon 1st Hampshire R.V.

### BIRTHS.

ASHDOWN. On November 23rd, at Northampton, the wife of \*George Ashdown, Esq., of a son.  
CUFAUDE. On November 24th, at Acle, Norfolk, the wife of W. H. Cufaude, Esq., Surgeon, of a daughter.  
DANIELL. On November 20th, at Blandford, the wife of George W. Daniell, Esq., Surgeon, of a son.  
GERVIS. On November 27th, at 33, Adelaide Road, Haverstock Hill, the wife of F. H. Gervis, Esq., Surgeon, of a son.  
HOLMAN. On November 20th, at the Dockyard, Chatham, the wife of John R. Holman, M.D., of a daughter.  
MARSHALL. On November 25th, at Mere, Wilts, the wife of W. N. Marshall, Esq., Surgeon, of a son.  
PICKTHORN. On November 19th, at Aberdeen, the wife of T. R. Pickthorne, Esq., Staff-Surgeon H.M.S. *Saturn*, of a daughter.  
SEQUEIRA. On November 23rd, at Jewry Street, the wife of H. L. Sequeira, Esq., Surgeon, of a son.

### MARRIAGE.

TURNER, James Smith, Esq., Surgeon, to Annie, eldest daughter of Richard WHITSOURN, Esq., of Godalming, on November 25.

### DEATHS.

BARNES. On November 12th, at Tottenham, aged 56, Elizabeth, wife of Christopher H. Barnes, Esq., Surgeon.  
COLLINGWOOD. On November 12th, at Amphyll, Mary, wife of \*W. Collingwood, Esq., Surgeon.  
FALLS. On November 20th, at Bournemouth, Annie, wife of \*Wm. S. Falls, M.D.  
HAMILTON. On November 20th, at Mitcham, Surrey, Anna, wife of Thomas W. Hamilton, M.D.  
JONES, Charles, Esq., L.R.C.P.Ed. (of Tenby), at Susa, near Turin, aged 28, on September 17th.

A HOSPITAL FOR BRITISH SEAMEN will be opened next spring at Cronstadt.

MR. DARWIN, the author of the *Origin of Species*, has sent a subscription of £10 to the Eyre Defence Fund.

MORTALITY IN LONDON. The amount of mortality in the city of London during the past week was considerably below the average of the last five years.

CHOLERA. One death from cholera was reported on Sunday and Monday, and three from diarrhoea. The deaths from all causes were 173 less than the calculated average.

DESTRUCTION OF RATS. The *Presse*, of Vienna, states that the rats in the sewers of that city have been so effectually destroyed by means of green vitriol, or sulphate of iron, that Professor Hyrtl, requiring some for experiment, was scarcely able to obtain them at any price.



**THE TYNE.** The healthy persons on board the *Tyne* were put on board the *Eolus*, at the Mother-bank, on Tuesday morning, and received pratique on Thursday morning.

**NORTH RIDING PAUPER LUNATIC ASYLUM.** Dr. Christie, medical superintendent of Pembroke House, Hackney, has been appointed to the same post in the North Yorkshire Pauper Lunatic Asylum, in the place of Mr. Samuel Hill, compelled to resign through ill health.

**SUBJECTS FOR DISSECTION.** Some difficulty having been experienced at Queen's College, Birmingham, in procuring subjects for dissection, an application was made by the Professor of Anatomy to the guardians of the West Bromwich Union for the unclaimed bodies from the infirmary. The application was negatived by a majority of nine to five.

**THE GILBERT BLANE MEDALS.** These prizes, founded by the late Sir Gilbert Blane, for competition amongst naval medical officers for the best reports of medical cases, have been adjudged by Sir Thomas Watson, Mr. Partridge, and Dr. Bryson, to Dr. Stephen Bowden, of H.M.S. *Prince Consort*, and Staff-Surgeon W. H. Sloggett, of H.M.S. *Edgar*.

**FOUNDLING HOSPITAL AT MOSCOW.** The Prince of Wales has visited the foundling hospital at Moscow. This institution admits 12,000 children a year, one-sixth of which are born within its walls. If healthy, the infants, when four weeks old, are handed over to young mothers in the country, who are well paid; but 50 per cent. of the children die within the first year.

**DRYING SUCCULENT PLANTS.** "I have succeeded in drying succulent plants and orchids in a very satisfactory manner, by plunging them first into boiling water, which arrests any further growth; and I have never been disappointed by finding the leaves fall off when dried, as is the case with specimens not treated in this manner; and, moreover, the colour remains unimpaired for years." (*Hardwicke's Science Gossip*.)

**DISINFECTANTS AND DEODORISERS.** The Lords of the Admiralty have ordered that the use of Burnett's disinfecting fluid shall be discontinued in the Royal Navy, in consequence of several fatal cases of poisoning having occurred, from its having been accidentally swallowed by seamen. Moreover, it has been discovered that the Burnett's fluid is not a disinfectant, but only a deodoriser. Carbolic acid is now to be used throughout the fleet.

**ALKALINE TREATMENT OF ACUTE RHEUMATISM.** In commenting on four cases, Dr. Lyons observed that they were too few in number to admit of any absolute deductions being drawn from them. Having, however, in many other instances employed like means with like results in the treatment of this disease, he confidently recommends it as one well worthy of consideration. The patients were in all cases carefully fed on farinaceous aliment with milk. Wine was occasionally allowed when the symptoms of the case demanded it. Much ease is experienced from the application of the poultices of camomile and poppy heads to the affected joints, the great secret being that they require to be applied hot and hot about every third hour, any chill to the joints being very injurious. In the combination of the salts of potash referred to will be found the alkali requisite to neutralise any excess of uric or other acid in the system, and in the diuretic salts is provided a stimulus to free elimination through the kidneys. The entire freedom from cardiac complication in the four cases cited is worthy of note. (*Medical Press and Circular*.)

**ACCOUNTS FROM INDIA** show that sanitary regulations for the army are but ill carried out. Jubbulpore, in the upper valley of the Nerbudda, is in the vicinity of jungle, and its water is of questionable quality. From letters dated Sept. 24th, 1866, it appears that a bad kind of jungle fever is prevalent in the 23rd (Royal Welsh) Regiment. At that date, an assistant-surgeon and six men had died in one week, and 128 men were in hospital, out of a complement of 12 officers and 500 men. Later dates (Oct. 24th) report 150 men in hospital, and as many more sick, but unable to obtain admission from want of room. Ten men had died.

**WATER SUPPLY.** At the last meeting of the Metropolitan Board of Works, a memorial was presented, complaining of the quantity and quality of the water supplied by the East London Water Company, which is polluted with sewage to an alarming extent; and it was stated that, wherever this water was supplied, there was an increase in the cholera death-rate. The memorial proposed that a bill should be presented to Parliament to compel the East London Water Company to improve the purity of their supply, and prayed the board to use its influence to effect the passing of such a bill through Parliament. It was moved that the memorial be referred to the Works Committee.

**INFANTICIDE IN FRANCE.** Notice has lately been called to the decrease of the population in several districts of France owing to the fearful mortality among infants. The children who thus die off by thousands are those sent out to nurse by parents who cannot attend to them, or who wish to rid themselves of illegitimate offspring. Some communes are celebrated for never rearing children. The following table will give an idea of the scale on which this massacre of the innocents is carried on. The figures appended refer to 1860, when Government ordered an inquiry into the matter, but since that date the evil has become worse. The rate at which infants aged from one day to one year die is, in Loire-Inférieure, 90.50 per cent.; Seine-Inférieure, 87.36; Eure, 78.12; Calvados, 78.09; Aube, 70.27; Seine-et-Oise, 69.23; Côte-d'Or, 66.46; Indre-et-Loire, 62.16; Manche, 56.66. During 25 years, while the population of Rouen has increased 31,856, Havre 47,169, and Dieppe 1,567, the augmentation in the department Seine Inférieure was only 69,463 inhabitants. (*Pall Mall Gazette*.)

**DISEASED DUTCH MEAT.** At the weekly meeting of the Commissioners of Sewers of the City of London, held on Tuesday, Dr. Letheby reported that 2,297 lbs. weight of meat, unfit for human food, had been seized at the different markets. He also made a special report with regard to a large quantity of meat imported from Erlangen and Rotterdam, which has been seized at Newgate Market, as quite unfit for human food on account of disease. This meat had escaped the inspection at Blackwall, and had been sent up to the London markets to be disposed of for human food. A large seizure of the same description of meat was also made at Newgate Market on November 23rd. The whole of this meat was in such a condition that it ought to have been seized at Blackwall, and Dr. Letheby suggested that a communication should be made to the Custom House authorities, in order that a more strict inspection should be made of the foreign meat that was landed at Blackwall.

**PARALYSIS OF THE PNEUMOGASTRIC NERVE.** To his careful and most interesting narrative—too long to be rendered here—of a fatal case of defective innervation of the heart, Professor Wolff of Berlin subjoins the following. General von S., a friend of



the deceased, aged 68, otherwise robust, had for about a year complained of an annoying pain in the occiput, periodically recurring, and which required the head to be supported; when, on a sudden, he was seized with symptoms which could only be accounted for by the assumption of a beginning paralysis of the par vagum. The three functions over which these nerves preside were simultaneously and equally affected; the appetite gave way entirely, and, during the two weeks that the illness lasted, could not by any means whatever be restored. With great reluctance, the patient contrived, in submission to medical order, to swallow a small quantity of food or beverage. The respiration slackened more and more; and on one of his last days, there were counted forty-four seconds between two respirations. *Pari passu* declined the movements of the heart. As its impulse and sounds grew feebler, so the pulse vanished in the extremities, and at length could no more be felt in the crural and radial arteries. During the two last days of life, it was by the stethoscope only that a faint vibration of the heart could be perceived. Along with the pulse went also the warmth of the extremities. "However, gangrene of the feet did not ensue; the occurrence of which I had occasion to observe (together with Drs. Romberg and Riese) about the same time in a patient who succumbed to fatty disease of the heart, and in whose case the pulse and temperature had likewise fallen off in the lower extremities during the last days of life." Death, which ensued at the commencement of the third week of illness, while the patient remained conscious to his last breath, was in the true sense of the word an "extinction" of life. The cranial cavity was not allowed to be opened. (*Deutsche Klinik*, Oct. 23rd, 1866.)

### OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.

THURSDAY.... St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.

FRIDAY. .... Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

SATURDAY.... St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

### MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Epidemiological Society, 8 P.M. Dr. Ed. Goodeve, "On the Proceedings of the International Sanitary Conference, and the protection of Europe from Cholera."

TUESDAY. Pathological Society of London, 8 P.M.—Anthropological Society of London, 8 P.M.

WEDNESDAY. Obstetrical Society of London, 7 P.M., Council Meeting, 8 P.M., Dr. Fairbank, "On a Case of Fracture of the Pelvis, with Injury to the Uterus during Pregnancy"; Dr. Tausner, "On Excision of the Clitoris as a Cure for Hysteria"; Dr. Newman, "On a Case of Caesarean Section"; and other papers by Drs. Madge and Short.

THURSDAY. Harveian Society of London, 8 P.M. Dr. Broadbent, "On Cases illustrating Prognosis in Heart-Disease."

FRIDAY. Western Medical and Surgical Society of London, 8 P.M. Dr. Maroet, "A Case of Empyema treated by Tapping and Injection"; Mr. C. Hunter, "A Case of Paralysis treated by Strychnine injected Hypodermically."

### TO CORRESPONDENTS.

\* \* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

THE Publisher begs to intimate that orders for JOURNALS sent by post must be accompanied by stamps for the amount. Price of each number is, by post, sixpence.

DR. MUSHET.—We regret that we cannot comply with our correspondent's request.

MR. NUNN.—We are requested to state that an announcement which appeared in the *Lancet* to the effect that Mr. Nunn has withdrawn from his position as Surgeon to St. Peter's Hospital, is incorrect.

SUBPENA QUERE.—In law cases are we obliged to attend and give evidence because we have received a summons? I once went to the court contrary to my expressed wish, and afterwards found that our senior practitioner had coolly stayed at home, though he was served with a subpoena. B. B.

THE CASE OF MR. STATHAM.—SIR: I must beg to be allowed to correct the report, given in last week's number of the JOURNAL, of the few remarks I made at the meeting called to consider the case of Mr. Statham. I did not say that Mrs. Absolon "was so excitable that it was difficult, almost impossible, to treat her at all." I stated that in however wild and excited a state the patient presented herself, she could always behave quietly and rationally, and perfectly control herself, on my requiring her to do so as a condition of my prescribing for her. She was for some time under treatment and observation, and I at last dismissed the case as one of exaggerated hysteria. I am, etc., Nov. 27th, 1866. WM. CHOLMELEY, M.D.

A QUESTION FOR THE LAWYERS.—A subscriber puts the following case, and asks for an answer. "In 18—, Mr. A. was a surgeon in practice in England, and Mr. C. was a medical student, and had attended all the lectures, hospital practice, etc., required by the Hall and College, but had no money to pay for the College Diploma; consequently, Mr. A. lent his diploma to C., to go out as surgeon on board ship. In about six months afterwards, C. returns, passes the College of Surgeons, and takes the M.D. of Edinburgh. Now, both these gentlemen are registered, etc., and behaving themselves as gentlemen, and an honour to their profession; now, can the Medical Council erase the names of these gentlemen from the *Medical Register* for the above offence, which occurred before the Medical Council came into act? Would there be any chance in law of these surgeons being erased from the College and Hall list?"

COMMUNICATIONS have been received from:—Dr. WILLIAM NEWMAN; Dr. A. T. H. WATERS; Mr. A. B. STEELE; Dr. TILBURY FOX; THE HONORARY SECRETARIES OF THE WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON; Mr. MORGAN; Mr. HOLMES COOTE; Dr. W. B. MUSHET; Mr. R. S. FOWLER; THE HONORARY SECRETARY OF THE EPIDEMIOLOGICAL SOCIETY; Mr. HILL; THE HONORARY SECRETARY OF THE HARVEIAN SOCIETY OF LONDON; Dr. JEAFFRESON; CHIRURGICUS; THE HONORARY SECRETARIES OF THE OBSTETRICAL SOCIETY OF LONDON; Mr. T. M. STONE; Mr. J. BIRCHENALL; Dr. H. JONES; Mr. BARWELL; Mr. JONATHAN HUTCHINSON; Mr. G. ASHDOWN; Dr. CHOLMELEY; PROFESSOR RODGERS; Dr. EASTLAKE; Mr. BLOWER; Mr. SWAIN; Mr. WALTER COULSON; Mr. DAYMAN; Dr. LANCHESTER; Mr. F. H. GERVIS; Mr. W. H. AEROWSMITH; Dr. SKINNER; and Mr. T. M. EVANS.

### BOOKS RECEIVED.

1. The Nervous System. Part I. By Ludovic Hirschfeld. Edited by A. M. Macdougall. London: 1866.
2. Club-Foot: its Causes, etc. Being the Jacksonian Prize Essay. By W. Adams. London: 1866.
3. On Exuberant Growths of the Tonsils. By J. Yearsley, M.D. London: 1866.
4. A System of Medicine. Edited by J. R. Reynolds, M.D. London: 1866.
5. Abscess and Tumours of the Orbit. By Spencer Watson. London: 1866.
6. Fecundity, Fertility, Sterility, and Allied Topics. By J. M. Duncan, A.M., M.D. Edinburgh: 1866.
7. On Diseases of the Stomach; the Varieties of Dyspepsia, their Diagnosis and Treatment. By S. O. Habershon, M.D. London: 1866.
8. Homœopathy and Hydropathy impartially appreciated. By Edwin Lee, M.D. Fourth Edition. 1866.



## Notes from Lectures

ON

## THE PRACTICE OF MEDICINE.

*Delivered at the Middlesex Hospital.*

BY

CHARLES MURCHISON, M.D., F.R.S.,

PHYSICIAN TO THE MIDDLESEX AND LONDON  
FEVER HOSPITALS.

### NO. I.—ON THE ETIOLOGICAL RELATIONS OF YELLOW FEVER.

GENTLEMEN,—The recent appearance in this country of yellow fever, which, under ordinary circumstances, is restricted to certain parts of the tropics, and particularly to South America, the West Indies, and the West Coast of Africa, has invested it for the time with unusual interest to English practitioners of medicine.

Yellow fever, which has also been designated *Typhus icterodes* or *Hæmagastic Pestilence*, may be defined as a contagious fever, peculiar to warm climates, and characterised by jaundice, hæmorrhages, and the “typhoid state.”

No subject in medicine has been a more fertile cause of discussion during the last sixty years than the precise nature of yellow fever, and even still opinions are divided upon it. On the one hand, it has been contended that it is a non-contagious malarious remittent fever; on the other, that it is a specific contagious fever like British typhus. The following considerations suggest the idea that the truth may possibly lie midway between these two opinions.

1. Jaundice and black vomit, although prominent, are not pathognomonic symptoms of yellow fever. They are met with in many other acute specific diseases. For example, they have been frequently observed in the relapsing fever of Great Britain and Ireland. Indeed, the frequency with which relapsing fever is complicated with jaundice, and even with black vomit, has often caused it to be mistaken for true yellow fever. In 1826, Drs. Graves and Stokes published an account of the yellow fever of Dublin; and the twenty-first chapter of the first volume of Graves's unrivalled *Lectures* is entitled, “Yellow Fever of the British Islands.” It is now generally admitted, that the cases described by these writers were instances of the so-called relapsing or famine fever, complicated with jaundice and cerebral symptoms; and the fact that they differed from true yellow fever was pointed out at the time by O'Brien. The Scotch epidemic of 1843 was likewise regarded as closely allied to, if not identical with, yellow fever, by Cormack of Edinburgh, Arrott of Dundee, by several physicians at Glasgow, and by Dr. Graves of Dublin. In Glasgow, it was even fancied that the disease had been imported by merchant vessels from the West Indies, although, in truth, it had been prevailing on the east coast of Scotland for some time before it appeared at Glasgow. There is, no doubt, a strong resemblance between the more severe forms of relapsing fever complicated with

jaundice and cerebral symptoms and true yellow fever. But we have here another illustration of the mistakes which are apt to result from founding analogies or differences between acute specific diseases on symptoms alone, and from neglecting the circumstances under which they appear, or, in other words, their causes. As I have already endeavoured to point out to you, the “typhoid state”, seen in its typical form in true typhus, is not peculiar to that disease, but is liable to be developed in the course of many others. So it is with jaundice, which may appear, independently of any mechanical obstruction of the bile-ducts, as the result of many other poisons besides that of true yellow fever. The occurrence of jaundice, and even of black vomit, in the malarious remittent fevers of India, where true yellow fever is believed to be unknown, has been repeatedly noted. Twelve years ago, I met with these symptoms in the malarious fevers of Burmah; and Morehead, one of the latest and best writers on Indian diseases, observed jaundice in twenty-eight out of one hundred and fourteen cases of remittent fever. It may be added that jaundice and black vomit are not only not peculiar to yellow fever, but that they are not essential to it. True yellow fever may occur without them.

2. It has been argued, that in yellow fever there is no periodicity like that exhibited by remittent fever; but severe malarious fevers, such as I have witnessed in Burmah, have no more periodicity than is often observed in the so-called continued fevers of this country, and may, indeed, present all the phenomena of typhus, excepting the eruption.

3. Hæmorrhages are said to be common in yellow fever, very rare in remittent fever; but in severe remittents, hæmorrhages are far from uncommon, and it is only severe remittents, complicated with jaundice and the typhoid state, that present any analogy to yellow fever.

4. Of late, the urine has been thought to furnish a distinction between yellow fever and remittent fever. Albuminuria, which is the rule in the former, is said to be exceptional in the latter. The alleged absence, however, of albuminuria in severe remittents requires confirmation. My own observations in Burmah, which have been specially referred to in support of the statement, were far too few for the purpose to which they have been adapted, and are more than counterbalanced by the well known fact that, in intermittent fevers, which may be regarded as a milder manifestation of the same poison that causes remittents, albumen and even blood in the urine, are far from uncommon.

5. Rapid convalescence is said to be the rule in yellow fever, the reverse in remittent fever; but, curiously enough, the extensive evidence on this matter collected by Bartlett makes the convalescence from yellow fever in America very slow. Lastly,

6. Quinine is said to be an all-powerful remedy in remittent fever, but to be useless in yellow fever. This is quite true, as a rule; but in the so-called “malignant jungle (remittent) fever”, quinine is often quite as powerless as in yellow fever.

A careful study of the whole matter makes it clear that, so far as the symptoms and clinical history are concerned, no specific distinction can be drawn between true yellow fever and severe malarious remittents. Their etiology furnishes much stronger grounds for separating them.



1. Yellow fever is unquestionably a contagious disease; malarious remittent fever is non-contagious. Notwithstanding all that has been written to prove the contrary, the facts showing the contagious character of yellow fever appear to me to be as conclusive as in the case of typhus. There are numberless instances in which the disease has been imported into fresh localities by the persons or clothes of infected persons. It is true that healthy persons are more liable to contract the disease by visiting infected localities, such as ships; but this is only an illustration of what is also observed in the case of typhus, which only spreads under favourable circumstances. No one doubts that typhus fever is contagious. Yet Dr. Christison remarks that, during a period of twenty-two years, he and two of his colleagues had attended 280 medical students at their own houses, who had contracted typhus by visiting infected localities; that 1,200 persons must have been more or less exposed in attending on them; and that in only one instance had there been any propagation of the disease.

2. Yellow fever differs from malarious fevers in the localities where it mainly prevails. Like typhus, it is a disease of cities, rather than of the open plains where remittent fevers are so common. When it occurs on board ship, it has been usually restricted to the occupants of the worst quarters, and to those whose duties bring them into contact with the sick. For instance, in the West Indian steamers, the passengers have for the most part escaped, while the disease has attacked the crew, the surgeon, and the purser. Many writers have dwelt on the intimate relation between yellow fever and those causes which are known to favour the origin and spread of the continued fevers of this country, and particularly overcrowding of human beings, with defective ventilation.

3. Although a high temperature favours the generation of malaria, malarious fevers are known to prevail and prove destructive at temperatures which seem fatal to the existence of yellow fever. A temperature of 70° is generally believed to be necessary for the existence of the yellow fever poison; and, notwithstanding the constant communication with countries where yellow fever prevails, almost the only instance in which true yellow fever has been known to have been imported and to have spread in Britain occurred in the autumn of 1865, during the prevalence of a tropical heat.

4. According to the evidence collected by Bartlett and other writers, one attack of yellow fever confers an immunity from second attacks; whereas it is well known that no such immunity, but rather the reverse, is observed after one attack of remittent fever.

From an etiological point of view, then, yellow fever and remittent fever appear to be sufficiently distinct. But here a curious question arises; and that is, whether a remittent fever may, under any circumstances, become contagious. Dr. Morehead, than whom there can be no greater authority, is inclined to think that it may, and that it does so "in consequence of overcrowding and neglect". Of late years, a contagious and very fatal fever has been described as prevailing in the prisons of the North-Western Provinces of India, remittent at first, but afterwards continued in its character. Jaundice was present in one-fifth of the cases; and the course

of the disease was so rapid that, of 229 fatal cases, 9 died within twenty-four hours, 105 within five days, and 176 within ten days. It is important to add, that this fever has been described as identical with English typhus.\* So also the fatal Indian malady known as *Pali Disease* or *Mahamurree*, which is characterised by glandular swellings, the typhoid state, and often by black vomit, is regarded as an adynamic remittent fever, which, under unfavourable hygienic circumstances, becomes contagious. Like typhus fever, it "has prevailed chiefly amongst the poor, in filthy, badly ventilated houses and villages; and has been preceded by seasons of famine."<†

The above considerations suggest—1. That, although remittent fever and yellow fever are distinct diseases, they may possibly be more nearly related in their origin than some modern writers are inclined to believe; and 2. That, in its etiological relations, yellow fever also approaches to British typhus; the same causes which in Britain favour the origin and spread of typhus, when combined with malaria and a tropical heat, favouring the appearance of yellow fever. It is not irrelevant to add, that most writers on yellow fever refer to the frequent presence of petechiæ on the skin; and some even describe an eruption bearing a close resemblance to that of typhus. Dr. Archibald Smith, for instance, in his account of the yellow fever of the Peruvian Andes, remarks that the cases are almost constantly accompanied, from the third or fourth day, with mulberry-coloured spots varying from the size of a flea-bite to that of a pea.‡ The etiological relations, however, of yellow fever and British typhus can only be cleared up by a more accurate knowledge than we yet possess of the hygienic conditions under which outbreaks of yellow fever commence.

\* On an Epidemic of Typhus in the North-West Provinces of India. By William Walker, M.D. (*Edin. Med. Journ.*, May 1861.)

† Morehead, "Clinical Researches on Disease in India." Second edition, 1860, p. 155.

‡ On the Spotted Hemorrhagic Yellow Fever of the Peruvian Andes in 1853-57. (*Trans. Epidem. Soc.*, vol. 1, 1863.)

**QUARANTINE.** A committee of the Lords of the Privy Council sat on Saturday, at Whitehall, on the subject of quarantine.

**EMPLOYMENTS FOR YOUNG MEDICAL MEN.** In the course of the evidence taken before the Committee upon the rank, pay, and position of the medical officers of the army and navy, several of the witnesses noticed the many new openings offered of late years to the medical profession. The English contractors for the construction of continental railroads usually employ one or two surgeons, whom they pay well, and who like the service. The larger mines in England have also a surgeon attached. Such services as those of the Peninsular and Oriental Company, or Cunard's, or the emigrant ships, are very attractive, as a temporary occupation to young surgeons. The surgeon of an emigrant ship, besides provisions and wine, gets in a tolerably large ship about £150 for the first voyage, rising eventually to £350, and if he is very industrious he can make nearly three voyages in two years. When the ship reaches her destination he may find it worth his while to settle there. Dr. Smart mentions that eight Hong merchants who had stations at Foochow offered to guarantee £800 a year to a young surgeon who had just come from England and had been one trip up the coast in one of the Peninsular and Oriental Company's vessels; he accepted the offer, and settled at Foochow.



THE

## Jacksonian Prize Essay

FOR 1865.

ON DISEASED CONDITIONS OF THE  
KNEE-JOINT.

BY

WILLIAM PAUL SWAIN, M.R.C.S.,

SURGEON TO THE ROYAL ALBERT HOSPITAL, DEVONPORT, ETC.

## SECTION III.—OPERATIVE INTERFERENCE.

(Continued.)

*The Diseased Conditions requiring Amputation of the Thigh.*

THESE conditions I have designedly retained for consideration until the last, because amputation is the final procedure to which the surgeon can have recourse. I have already, as a matter of necessity, referred to many conditions of disease in which the operation of excision of the joint is not admissible, and where it becomes necessary to remove the limb by amputation through the thigh, in order to save the patient's life. Now, it becomes a question of serious import, whether the surgeon is justified in resorting to amputation of the limb in disease of the knee-joint for any other reason but to save life. Amputation of the thigh is a very serious proceeding, fraught with great danger to the patient, and resulting, under the most favourable circumstances of recovery, in the loss of "a perfect foot, a nearly perfect leg, a considerable portion of a nearly healthy thigh." (*Lectures on Progress of Anatomy and Surgery during the Present Century*, by Professor Ferguson. Lecture v.) The surgeon may well pause ere he performs so serious an operation upon his patient; and as long as any chance remains of saving the limb, the patient's life not being risked by the delay, the operation should be put off.

Still it must fall to the lot of every practical surgeon sometimes, however much he may endeavour to avoid it, to be obliged to amputate the limb for disease of the knee-joint; and I now propose to consider those cases which absolutely require this interference. But, before doing so, I shall refer, as in the case of excision of the knee, to the operation itself.

For reasons which I shall mention afterwards, the operation should always, if possible, be confined to the lower third of the thigh. It is seldom that the femur is so far implicated as to require section above this point; and, if the plan of exploration to which I have referred be carried out, the amputation may easily be completed, the soft parts being divided and dissected up from the bone with the same bistoury with which the knee-joint was laid open. This may seem a trivial point; but I have always been taught that simplicity is one of the great rules of surgery, and I never like to change an instrument during an operation, if it can possibly be avoided. It must be remembered that, in amputating the thigh in the lower third, there is a very great tendency for the femur to project forward through the wound, on account of the dragging of the hamstring muscles

on the posterior flap. This defect might be remedied by making Teale's rectangular flap; but I do not think that his plan is applicable here, as it necessitates the division of the bone too high up. It is proved by calculation that, if the transverse incision be made just above the patella, it would be necessary to divide the bone eleven inches above that point, to obtain the right proportion in the flaps. The plan adopted by Mr. Spence of Edinburgh, with a slight modification, is a good form of amputation; provided, of course, that the skin and surrounding soft tissues are healthy. A large anterior flap is made, the base being the original incision into the knee-joint, including as much muscle as possible. A very short posterior flap is then cut, the integument being dissected from the muscles, to free it from the contractions. The bone may then be divided very low down; and, the flaps being brought together, an excellent pad will be formed for the end of the bone, and the cicatrix of the wound will be sufficiently posterior to avoid pressure. Mr. Carden of Worcester has published a paper in the *BRITISH MEDICAL JOURNAL* (April 16th, 1864), in which he describes an operation very similar to this, and gives numerous woodcuts, showing admirable results. If the disease of the bone or soft parts necessitates an amputation higher up, Teale's, or the ordinary anterior and posterior flap operations, will be serviceable. Pus burrowing high up amongst the muscles is no indication for a high operation, as the removal of the cause of the abscess will very soon cure it. I have already referred to the necessity for extreme "conservatism" in amputation of the thigh; and I have done so because it has been proved that, in proportion to the advance of the section up the thigh, is the rate of mortality following the operation. The following is a table extracted from Macleod's *Notes on the Crimean War*, showing the rate of mortality following amputation of the thigh in various parts.

	Per cent.
At the upper third.....	87.0
„ middle third .....	60.0
„ lower third .....	56.6
„ knee-joint .....	55.5

Thus it will be seen that saving a few inches of femur materially lessens the chances against the patient.

It is possible that, in some exceptional cases, where disease is not much advanced, but the constitutional condition of the patient demands amputation, the operation may be performed through the knee-joint, the diseased articular surfaces being sawn off, and the posterior flap obtained from the calf of the leg. This amputation has been performed for disease of the knee-joint with the best results, and, when it can be practised, must conduce to the safety of the patient. I have had the care of cases of amputation through the knee for disease below the joint, and can testify to the admirable stump which is thus formed.

I have given up the use of wire sutures in such cases, as there is no benefit derived from them, and their removal is a source of great pain to the patient. Moreover, the ends are apt to catch in everything with which they come into contact, and so give rise to a great deal of needless distress and irritation. (See Humphry's *Address in Surgery*, *BRITISH MEDICAL JOURNAL*, August 13th, 1864, p. 179.)



Three silk sutures are all that are generally required, and they may be removed at the end of the third day.

The after-treatment should be of the simplest. In the majority of cases, there is not the slightest necessity for the application of any dressing whatever—at any rate, for some days. The less the stump is meddled with, the less pain inflicted on the patient, and the better chance of rapid recovery. One application only I find very useful, especially when the flaps are rather large and heavy; and that is a back splint of gutta percha, moulded to the posterior surface of the stump, and retained in its place by a turn or two of bandage. In the ordinary run of cases, the wound is healed in about a month or six weeks; but, at the end of that period, it frequently happens that sinuses still remain open, which require a long period of time for perfect cure. Even when the stump is perfectly healed, and the case pronounced “cured”, it is still a considerable period before the patient can bear the application of any apparatus on which to walk. Taking an ordinary case of excision of the knee and an ordinary case of amputation of the thigh, I believe that the one will walk on his foot pretty nearly as soon as the other on his wooden leg.

The after-results of amputation of the thigh are not always as satisfactory as we could wish, and present as many drawbacks to the operation as exist to excision of the knee. The most frequent bad result is conical stump, even after an apparently good pad of soft tissue has been provided. Mr. Hancock has referred, in the *Lancet* of July 23rd, 1859, to a condition of “painful cicatrix and irritable stump”. In the former, the skin is in close contact with the periosteum; and, instead of dissecting out the cicatrix, which is the usual mode of treatment, Mr. Hancock is in the habit of performing “subcutaneous separation of it from the periosteum”, and preventing adhesion again taking place by constantly moving the skin backwards and forwards. In irritable stump, Mr. Hancock pursues the same method, thinking that the pain arises more from the adhesion of the skin to the bone and periosteum, than from the implication of the nerve or its bulb. Barwell quotes a case of Mr. Hancock’s where amputation of the thigh was twice performed for this condition, and lastly, that of the hip, after which the patient died. Necrosis of the end of the femur is another troublesome condition, which much delays the cure. If the periosteum be stripped back from the bone during the operation, a ring of bone will, in all probability, exfoliate. I saw, not long since, a stump removed just below the *trochanter major*, in which the remaining shaft of the femur had died, and was inclosed in new bone. Thus, like the operation for excision, the recovery from amputation of the thigh is not always rapid or free from after-complications. It has, however, escaped the severe criticism to which its sister operation has been subjected, and is often allowed to bear off the palm for rapidity of convalescence and decreased danger to the patient.

The statistics as to the mortality following amputation of the thigh are, like those of excision of the knee, not very reliable. Certainly, in this respect, our country hospitals are in advance of those situated in large cities—a fact which, of course, we are not surprised to learn. Thus, at the Exeter Hospital,

out of 119 cases of amputation of the thigh, only ten died; and at the Plymouth Hospital, out of about forty cases, only three have died.

Against these figures, I must place the figures of excision of the knee-joint in these two institutions. In the Exeter Hospital, eighteen cases have been operated on, and sixteen have recovered with good limbs. In the Plymouth Hospital, eight cases of excision have been performed; five have recovered with good limbs, and one is still under treatment and going on very well.

I place these results side by side in order to show that the same causes which influence the success of amputation in all probability will equally affect excision.

But to return to the statistics of the mortality after amputation of the thigh.

From various sources, Price has collected a number of cases, which I tabulate.

	Cases.	Deaths.
Jäger.....	23.....	10
Benedikt.....	36.....	11
Chelius.....	10.....	1
Roux.....	16.....	9
Dupuytren.....	11.....	9
St. Thomas’s Hospital, from 1835 to 1840.....	13.....	4
University College Hospital.....	46.....	9
	145	53

This list shows a very high rate of mortality; higher, no doubt, than the average. Teale shows the rate of death to be about one in four or five; whilst Bryant places the mortality from amputation for disease of joints at one in seven (*Medico-Chirurgical Transactions*, 1860)—although I think this a very low average.

Mr. Sansom, in a paper read before the Medical Society of King’s College, gives fifty-four amputations of the thigh for diseased knee; of which nine died, or one in six. In the year 1855, he gives sixty-nine cases; of which sixteen died, or about one in four.

The average of deaths following amputation of the thigh after injury is of course very much higher.

During the Crimean war, the percentage of deaths after amputation of the thigh in the lower third was 56.6.

The usual causes of deaths are pyæmia, shock, exhaustion, and secondary hæmorrhage. Of the fifty-four cases quoted above, five died of pyæmia, two of shock, one from exhaustion, and one from tetanus. Pyæmia is, as this table indicates, the most fertile source of death after amputation of the thigh.

In Price’s table of the causes of death, which occurred in the 238 cases of excision he collected, he gives ten deaths only from pyæmia. Thus, in the amputations of the thigh, the deaths were about one in eleven, whilst in the excisions they were only one in twenty-four.

This fact is well worthy of notice, because the occurrence of pyæmia has been held up as one of the chief objections to excision of the knee; and the fact that in that operation the cancellous structure of the bones is so freely exposed, was thought to be the chief cause. Now it appears, that pyæmia is more than twice as frequent after amputation



as after excision. Dr. Wilks, in his *Pathological Anatomy*, p. 454, makes the following pertinent remarks on this subject.

"There are particular sorts of wounds and injuries which favour the absorption of matter into the blood, and, above all, those where the bone is exposed; thus, after amputation and injuries to any part of the skeleton they are most common. Mr. Bryant informs me that half of the deaths from amputation arise from pyæmia, and my own experience confirms this..... It remains a question whether the putrid elements are conveyed through the medulla rather than by the solid or cancellous structure of bone; and in relation to this matter, whether pyæmia is less frequent after excision of a joint than after amputation."

I believe the figures quoted above to be an answer to this query; and that absorption takes place more readily from the medullary canal than from the cancellous structure of the bones.

Death from shock, although not so frequent as from pyæmia, stands next on the list. It arises from the severance of large vessels and nerves, and from the great loss of blood which frequently attends the operation. The removal of so large a portion of the body, with the blood contained in the limb, is in itself a great shock to the patient. Death usually takes place in from twenty-four to thirty-six hours after the operation.

Exhaustion is but a sort of prolonged shock, the patient never recovering from the immediate effects of the operation, but lingering on for days, or even weeks, and at last sinking, with all the powers of Nature thoroughly worn out.

Secondary hæmorrhage may occur at various periods, either soon after the operation from the open mouth of some vessel undetected at the time of operation, or from imperfect closure of the orifice at the time of the separation of the ligature, or from sloughing of the wound laying open vessels.

These are the principal sources of death after amputation of the thigh. I have shown that pyæmia is less prevalent after excision of the knee; and I am quite certain that the same may be said of shock. As a matter of personal experience, I am sure that the shock after excision of the knee is very much less than after amputation of the thigh. It stands to reason that it should be so. In excision, nearly all the causes of shock are avoided. No large vessels or nerves are divided, little or no blood is lost, and the limb still remains attached to the body. I do not deny that in some cases, especially if the limb be ill adjusted, the patient suffers more severe pain after excision than after amputation; but pain and shock are two very different matters—in fact, the entire absence of the former not unfrequently indicates the presence of the latter.

I have already shown that secondary hæmorrhage after excision may be avoided; at any rate, it is of far less importance than when occurring from a large vessel in a stump after amputation.

[To be continued.]

## Addresses and Papers

READ AT

### THE THIRTY-FOURTH ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

[Held in CHESTER, AUGUST 7th, 8th, 9th, and 10th, 1866.]

#### ON THE ORIGIN OF PYÆMIA.

By ALFRED BAKER, Esq., Birmingham.

THE term Pyæmia implies pus in the blood; and it has been applied to certain morbid conditions of the system in which the circulating fluid has its constituents altered, and its distribution disturbed, whether these results follow its admixture with pus or with any other morbid agent.

Notwithstanding Piorry's statement that the blood itself is subject to inflammation, in which disorder pus-corpuscles were supposed to be intermixed in large proportion with the true blood-globules; Gulliver's imaginary discovery of pus-globules in the blood of persons suffering under typhoid diseases; and the subsequent declaration by Mayo, that pus-globules existed in the blood of every one; it is now believed that pus cannot be recognised in the blood by any known distinctive characters, and that the cells observed by these gentlemen, and mistaken for pus-cells, were really white blood-globules.

During the course of wasting diseases, especially if the lymphatic glands be affected, these white globules are often met with in considerable excess; and they are not infrequently too numerous in the subjects of pyæmia, although there is no necessary connection between their presence and the occurrence of that malady.

Dr. Hughes Bennett drew attention to this condition of blood in a paper on Leucocythemia, and confessed that at first he mistook the white blood-cells for pus-corpuscles. Both he and Virchow agree as to the two classes of cells being precisely similar, and the latter author declares it to be impossible to distinguish them excepting by their mode of origin; he says: "If this prove to be external to the blood, you may safely conclude that it is pus; but if this is not the case, you have to do with blood-cells."

Piorry's supposition of a purulent condition of the mass of blood being thus disproved, it was suggested by Arnott, in explanation of the origin of Pyæmia, that it sprang from suppurative phlebitis; that the pus formed in the inflamed veins was carried into the circulation; and that the pus-globules, being larger than the blood-globules, became arrested in the minute capillaries, and gave rise to secondary abscesses.

To some extent John Hunter's views as to the identity of the anatomical structure, and inferentially of the pathological changes in veins, with those which are seen in serous membranes, gave colour to this theory. Regarding the veins as peculiarly liable to adhesive and to suppurative inflammation, he considered that discoloration of the lining membrane, a deposit of lymph on the surface, and the presence of a clot in the vein, which, whilst dark coloured externally, was frequently creamy and diffuent within, were unquestionable proofs of phlebitis. It is now known that these premises are erroneous; that anatomically the lining of a vein bears no resemblance to serous membrane; that its discoloration is due to

**POLLUTION OF RIVERS.** The Royal Commissioners appointed to inquire into the pollution of rivers are still pursuing the inquiry at Pontefract, in Yorkshire, relative to the Aire and Calder rivers. It is hoped that the commissioners' report will be laid before Parliament shortly after its meeting.



imbibition; that the supposed lymph is really solidified and adherent fibrine; and that the coagulation of the blood in a vein may arise from various causes entirely unconnected with the inflammatory process. With regard to the diffuent clot, upon which much reliance was placed, it has been examined by numerous histologists, and has been described by Gulliver as consisting of white blood-corpuscles shrivelled and altered, the remains of the red corpuscles, and the molecular *débris* of the fibrine-mesh holding them in suspension. The cells in the clot, looking like pus, are not the products of inflammatory action, but are pre-existing elements of the blood. These changes in the clot are retrograde and degenerative, and, as the centre of the clot is furthest removed from the vital force of living tissue, so the retrogression and softening are there most marked. Thus we see that Arnott's views of the production of pus and its conveyance into the circulation by the veins, are answered; whilst that part of them which supposed a mechanical arrest of the pus-globule in the capillaries, is disposed of by the identity of the pus and blood corpuscle as to size and other outward characters. Lastly, it may be added that numerous cases of plugging of the femoral vein by clot, with a puriform looking centre, are on record, which were unaccompanied by pyæmic symptoms.

It is now generally—though not universally—believed that the lining membrane of veins is rarely inflamed; that, when inflammation does attack it, the pathological changes are discovered in the coats, and not in the contents of the vessel; and that the evidences of its presence are to be found in a cloudy opacity of the epithelial layer, and a fine elementary growth in the connective tissue; appearances utterly unlike those which are met with in serous textures after inflammation.

The doctrine of suppurative phlebitis and the consequent introduction of pus into the blood, is still, however, supported by men of acknowledged eminence. Dr. G. Budd and Mr. Holmes adopt it; and Dr. Bristowe considers phlebitis, idiopathic and traumatic, as a frequent cause of pyæmia. He declares that it has followed phlebotomy, operations on varicose veins, on piles, and the deligation of veins in other surgical proceedings; and he mentions the fact of pyæmia following the tying of the umbilical cord in a new-born child, presumably from phlebitis.

The 49th case related by Mr. Hodgson in his work *On the Diseases of Arteries and Veins*, supports this theory of the phlebotic origin of pyæmia.

"A soldier, aged 36, was bled in the arm for ophthalmia, which was considerably relieved by the operation;" but fever came on, with pain and swelling of the arm; the fever assumed the typhoid form; glandular swellings arose above the clavicle, and beneath the angle of the jaw; dyspnoea ensued, with delirium and death in the seventh week after the bleeding. On examination, "the cephalic vein, where it was punctured, resembled an artery in the thickness of its coats, and in retaining the circular form when cut across. Below the punctured part it was healthy. About one inch above, it was obliterated, and the obliteration extended to the shoulder. The external jugular vein was less in size than the corresponding vein on the opposite side. The internal jugular vein was much enlarged, thickened and indurated; the effects of inflammation were apparent throughout its whole course; it had the external appearance of an artery, though larger than any artery except the aorta. The subclavian, axillary, and brachial veins to the bend of the arm, exhibited similar appearances. The external jugular and the subclavian veins were filled with pus; when slit open they were found to be much thickened, and

lined with lymph; many of the smaller veins were in a similar condition; the lungs contained some small abscesses."

In this case, allowing for the altered pathological views of the present day, we have ample evidence of inflammation of the punctured vein, preceding, and apparently inducing pyæmia. In Mr. Hodgson's book, the record is followed by references to other instances of a like kind, related by Hunter, Abernethy, and Dr. Clarke. One source of doubt exists in the case quoted: it is this, whether the phlebitis was simple, or whether it was complicated by the introduction of some septic element into the blood through the medium of the lancet used in bleeding, to which, rather than to the mere puncture, the subsequent symptoms, local and general, may be attributed.

It is right to add that, whilst admitting that Gulliver's description of disintegrated blood-clot is in the main accurate, Dr. Bristowe maintains that *true pus* is occasionally met with in the clots of veins and arteries, and that pus is also sometimes discovered *in transitu* in the blood, not in the form of scattered pus-cells, but in that of soft pellets consisting of pus-cells aggregated.

Before quitting the subject of the relation of the veins to pyæmia, let me object to the use of the term "absorption of pus by the veins," which has become general. It is opposed to all the teachings of physiology, which assigns no such functions to those vessels. The offices of absorption and renewal of the blood, in so far as these processes are independent of the lymphatics, reside in the capillary vessels, which appear to have the power of absorbing by their porous coats any gaseous, liquid, or minutely divided solid material that can pass through their walls. The operations of this system of vessels afford to my mind a much more satisfactory explanation of the production of some contagious diseases than the theory which attributed them to inflammation of the veins, or to the absorption by the veins of diseased secretions.

Take, for instance, the forms of puerperal affection, which are so intimately connected with erysipelas as to justify their being viewed as convertible diseases; and it appears to me that the majority of them are dependent upon the absorption of contagious matter by the uterine or vaginal capillaries. At first view, the unclosed orifices of the uterine veins and sinuses favour the idea of absorption through them; but though the orifices may be patulous, the vessels must be plugged within, or blood could not fail to flow from them; and the same barrier that wards off hæmorrhage, must surely form an adequate defence against any introduction into the blood by their canals of contagious material. These affections are still attributed by many high authorities, including Sir J. Y. Simpson, to the absorption of some poisonous material by the veins of the uterus; but it is more probable that in many instances the uterus and its vessels are unconcerned in the process, and that it is due to inoculation of poisonous matter, through some abrasion in the vagina, by the finger of the attendant.

Mr. Athol Johnson published a case of pyæmia after amputation, in 1857, in which certain veins that had been tied were free from inflammation, and contained no pus; whilst those not included in ligatures were full of pus, and were much inflamed. This case is an argument against the opinions generally held as to the dangers of phlebitis after the tying of a vein; but, with respect to its value as supporting such a practice in order to lessen the risks of pyæmia, our estimate of it must perforce be small, since numerous cases of pyæmia are said to have occurred, in which every visible vein impinging upon



the diseased or suppurating surface has been found closed.

In addition to the veins and capillaries, other blood-vessels may contribute to the production of pyæmia. It is established that atheroma or fatty degeneration of the arteries of the body may lead to arterial embolism, either by the escape of the fatty deposit itself into the blood, through a tear in the lining membrane; or by the detachment of the fibrinous deposit which so often covers these cracks of the inner coat, and the transmission of particles of it into the current of circulation. The emboli resulting from these substances have long been known to give rise to curious and grave disorders; but they are believed also to occasion pyæmia. Dr. Bristowe has observed that the ultimate arterial twigs in lung and other textures (in cases of pyæmia) are distended by a soft pulpy yellow clot, which is composed of disintegrated fibrine and the *débris* of pus- or blood-cells: and from the fact that the changes observed in this fibrine required time for their production, he infers that arterial embolism was the first step towards the changes in the distribution of the blood, which ended in purulent deposits. His view is supported by analogous evidence, and by experiments made by Wharton Jones, Cruveilhier, Sédillot, and Mr. H. Lee.

An occasional, although infrequent, circumstance, in which pus and blood may be brought into admixture, is, when a vein or artery ulcerates under the pressure of an abscess. Cases of this rare kind are recorded by Pearson, Liston, and Miller. In an instance referred to by Miller, the ulceration was incomplete; the two outer coats of the aorta being thoroughly eroded, so as to leave only the inner coat entire, and in contact with an unopened abscess. These cases usually end fatally when the abscess bursts, by hæmorrhage into the sac of the abscess: but it is possible, as Mr. Liston argued, that a false aneurism may be the result. In any case it is not probable that a pyæmic state would be thus established; and no instance of such an occurrence has fallen under my notice.

It follows, from what I have stated, that pyæmia may result from phlebitis of a suppurative kind, although such a source of blood-disorder is believed to be of infrequent occurrence; and that the same effects may be produced by embolism in the minute ultimate arteries, from chronic disease invading arteries of larger size. Of the relative prevalence of either cause we have no means of judging, but they constitute the only modes in which pyæmia can be produced by materials generated within the vascular canals themselves. In the introduction of foreign matters, whether hurtful or otherwise, into the blood, the capillaries have by far the most active powers of the whole system of blood-vessels.

There are other vessels, however, (the lymphatics) through which it has been thought that pus might enter the blood. We know that collections of pus, and of other fluids, disappear by a process which we call absorption; but it is uncertain whether the lymphatics or the capillaries are most active in their removal. It is certain, from the experiments of Tiedemann, Panizza, Magendie, and others, that the visceral lymphatics, or lacteals, exercise a selection or choice in the materials absorbed by them, and that they take up injurious substances slowly, and as it were unwillingly. The peripheral lymphatics, on the other hand, will absorb poisons readily, and carry them into the blood. Even with them, proof of the absorption of pus is wanting; and, granting them this power, it is very improbable that the pus absorbed reaches the blood in the same form. The structure of the lymphatic glands, according to Kölliker, is such as

leads to an interruption of the current of lymph brought by the afferent vessel; to its filtration in the parenchyma of the gland, and the separation of corpuscular and other elements from it, before the digested and purified lymph is sent on towards the blood. When anything received by the gland cannot be digested by it, inflammation and suppuration are said to be established in the effort to extrude it. Ricord's description of syphilitic bubo is an admirable illustration of this process. He states that suppuration occurs in the inguinal glands in two situations: in the centre of the gland where the matter is syphilitic and inoculable, and on the exterior where the pus has no specific properties.

From the changes in character and composition effected in every particle of matter, during its passage through the lymphatic vessels and glands, it almost necessarily follows that pus loses its peculiar characters before being received into the blood, and that, in the shape of pus, it cannot enter into the circulation by the agency of the lymphatics.

Having thus glanced at the channels through which pus may possibly enter the blood, the next inquiry is whether pus, having gained entrance into the blood, can be recognised in that fluid, or can lead to the development of those formidable symptoms, grouped together under the term pyæmia.

It has been asserted, on the strength of the absorption of collections of pus being frequently unattended by serious constitutional disturbance, and on other inadequate grounds, that pus is not poisonous; whilst, on the other hand, cases of pyæmia are recorded, which are traceable to no other discoverable cause than absorption of pus. Lebert, Sédillot, Dr. Hughes Bennett, Mr. J. S. Gamgee, and others, have proved by experiment that pus may be injected into the veins of the lower animals, that it mixes readily with the blood, and becomes so incorporated with it as to be indistinguishable. In one of Dr. Bennett's experiments, in which he had exposed six inches of the jugular vein of an ass, before injecting the pus, "owing to the transparency of the vein, the yellow opaque fluid was seen to join the blood, to continue for a few moments running side by side with the crimson current, until at length the vein became full of pus. On removing the syringe to obtain a fresh supply, the blood above could be seen to join the pus, to continue side by side with that fluid, presenting a streaked red and white appearance, without any coagulation, until all the pus was carried forwards and downwards towards the heart, and the vein was again full of blood." A second syringeful of pus was then injected with similar results. No local or constitutional disturbance followed, and when the animal was killed four days afterwards, the vein was found pervious.

So many writers have proved the facility with which pus is injected into the veins of living animals, without inducing any signs of coagulation in the blood, that we are compelled to infer the existence of something unusual in those experiments performed by Mr. H. Lee, from which he was led to believe that pus introduced into a vein coagulated the blood and arrested the circulation in it so that the pus became encapsuled, and was thus prevented from entering the moving current. This effect may have been due to the qualities of the pus employed by him, or to the condition of the animal subjected to the experiment. With reference to the power of pus thus introduced into the blood of living animals, to produce pyæmia, we find testimony of a discordant kind from the same observer; thus Lebert, Sédillot, Polli, and others, have sometimes succeeded in inducing pyæmia by injections of pus into the veins; at other times they have failed. Indeed, the trials made



by the same operator with pus believed to possess the same qualities, have led to results so dissimilar, as to render it impossible as yet to arrive at a positive conclusion. It has been proved that fresh pus may circulate in the living blood of the lower animals without appearing to excite any important symptoms of disordered health; but this does not disprove the existence of local mischief, and, from the reports which are published, I am led to the conclusion that, in the majority of cases, when the animals were killed after pus had been injected into the blood, circumscribed congestions were found in the lungs, and other organs, which corresponded with those that are known to constitute the earlier stages of the secondary abscesses, so characteristic of pyæmia; whilst in some of them, and especially in those instances in which the animal had been subjected to repeated injections, puriform collections were actually found after death.

Whether human beings would bear the introduction of pus, however fresh, into the blood without severe, if not fatal constitutional disturbance, is an open question; but the cases which are on record do not indicate such a tolerance. In his medical report on contagious and septic diseases, made to the Privy Council, Mr. Holmes says "there is no valid reason for doubting that purulent infection of the blood, accidentally arising, in human beings, is the essential cause of pyæmia," and he mentions a most curious and interesting case, bearing on this question. He states that fatal pyæmia was induced by the bursting of a small mesenteric abscess into the thoracic duct, and the direct transmission of pus to the right side of the heart. This case appears to possess every essential point for the settlement of the question; since the abscess, being internal, and shut off from communication with atmospheric air, would probably contain fresh untainted pus.

Mr. Holmes also refers to another remarkable case, published by Mr. Bowman in his *Lectures on the Eye*. A young gentleman died from pyæmia, following ulceration of the mitral valve of the heart, where, perhaps, there had been a small primary abscess. This case, however, is less conclusive than its predecessor, because the existence of abscess is assumed, and the pyæmia may be accounted for on Virchow's mechanical theory, by the detachment of a small mass of fibrine, with which the valve was covered, and the obstruction by it of the capillaries, as an embolic body. The case was one of amaurosis, accompanied by old standing rheumatic peri- and endocarditis; a condition with which the so-called idiopathic cases of pyæmia are not infrequently associated or confounded.

There is ample ground in the statements which have been made, for the suspicion that the entrance of pus into the blood of human beings is one of the causes of pyæmia. At present we cannot estimate the frequency of this cause, nor can we determine dogmatically the modes in which pus gains entrance to the blood, or the process, zymotic or otherwise, by which it induces the symptoms and pathological changes which attend that disorder. With regard to the latter point, it has been suggested that the pus-globules may disorder the blood in some subtle manner, causing its fibrine to separate here and there in the capillaries, thus inducing that obstruction to circulation which precedes textural disintegration and secondary abscess.

Whilst admitting the facts already adduced, there can be little doubt that other causes are brought into operation in the production of a disease so variable in its course: and we may now profitably revert to those thrombi or coagula in the veins of which I have already spoken, and which

Hunter and Arnott regarded as the products and proofs of phlebitis. The tendency of the blood to coagulate in these vessels appears to be traceable to mechanical injury of a vein, to irritation of its lining membrane, or to a morbid condition of the blood itself. Upon the changes which take place in these clots of blood, Virchow has attempted to reduce the heterogeneous evidence on the causes of pyæmia to order: he has offered and ably argued an ingenious explanation of the constitutional disturbance, and of the pathological effects which attend pyæmia. He starts with the assertion that thrombosis in the larger vessels is the first step towards the formation of the secondary deposits; that these thrombi after a time disintegrate and crumble down; and that the separated portions are carried by the current of blood into the capillaries, where they become wedged, and form what he calls "embolia," around which congestion and stasis of blood is established, followed by capillary phlebitis and abscess. He also expresses an opinion that the character of the secondary deposits depends upon the changes which take place in the original thrombus. Thus, if the softening of the thrombus be of a gangrenous nature, so will the secondary deposits be gangrenous also; whilst, if the original thrombus contract, and be converted into connective tissue and pigment, the secondary embolia will waste and disappear. In the latter case it is known, from the effect of various agents which have been found to induce local coagulation of the blood, such as solid molecules of blood, disintegrated fibrine, or fatty matters arising out of the conversion of pus-cells, that the embolism is frequently unattended by pyæmic symptoms.

Thus far Virchow supplies us with an intelligible and probably accurate history of certain forms of pyæmia, arising from the degeneration of a thrombus or blood-clot; but many cases of pyæmia that we witness pursue a course so rapid and fatal, and display evidences of such severe shock, and nervous depression from their commencement, that they resemble the worst cases of typhus, scarlatina, erysipelas, and other asthenic fevers. To the production of these cases, the tardy retrogressive changes in a blood-clot would appear to be *per se* quite inadequate. Another agent must be assumed, capable of disordering the mass of blood; and in explanation of these severer forms, Virchow asserts that certain putrescent fluids, having no necessary or direct relation to pus, and which differ in their nature and origin, are absorbed through the agency of the lymphatics, and induce a dyscrasia, under which influence their effects are acutely exerted on organs which have a predilection for them. He calls this form of malady "Ichorrhæmia or ichorous absorption," and states that the blood-mass is rapidly contaminated by the poison; that the congestions and inflammations which follow are diffuse, instead of circumscribed, as in pyæmia; and that they are almost uniformly fatal.

To Virchow's ingenious theory of simple embolism as the immediate cause of pyæmia it has been objected, that uncomplicated embolism is followed by fewer centres of congestion and stasis than we see in pyæmia; that the area of each spot is wider; and that the stasis which results from simple embolism is less likely to be followed by degenerative softenings; Dr. Bristowe asserts also, that this embolic theory is only partial in its applicability, since it does not explain cases starting from some part of the systemic venous system, in which the lungs escape, whilst secondary deposits abound in other organs.

Dr. Wilks, who is a staunch advocate of the origin of pyæmia in pus, upon the ground that "like produces like," entertains an opinion similar to that



of Dr. Bristowe. He says: "When a few lobules of the lungs are inflamed, the fatal results cannot be accounted for, either from the amount of disease in them, or from the constitutional disturbance resulting therefrom; and we must have recourse to the blood-disease itself, and its effects on the system and nerves, to account for the event. If it be true that death may occur independently of the local disease and its effects, it is not difficult to understand how the same result may be brought about without any visceral affection whatever, and we have no doubt that this is very often the case."

As bearing upon the doctrine of thrombosis and secondary embolia, Mr. Lister and Dr. Mackenzie have advanced the opinion that anything which irritates without inflaming the lining membrane of a vein, favours coagulation of the blood in it; and Dr. Mackenzie has experimentally induced obstruction of large primary venous trunks, by irritant injections (allowed to escape before the blood was re-admitted), after which the secondary circulation became obstructed. Whilst these experiments of Dr. Mackenzie support Virchow's theory of thrombosis and consequent embolism, they can scarcely be accepted as proofs of coagulation of the blood in a vein, through simple irritation of its internal coat, inasmuch as minute portions of the chemical agents employed (lactic acid and oxide of zinc) may have remained upon the lining membrane, and have produced coagulation by their presence.

We have now briefly reviewed the more prominent facts and theories concerning the origin of pyæmia, and I have attempted to lay clearly before you the causes which may operate directly in its production as a disease uncomplicated by any special septic agency. The records of cases which have occurred, afford sufficient ground for Bennett's and Virchow's opinion that this disease is, under certain circumstances, associated with septic or putrescent contamination of the blood; and this may be admitted without hesitation, since our latest authorities declare that pyæmia, in common with erysipelas, phagedæna, and gangrene, is apt to occur when the surface of a wound is foul; when dead particles are in course of separation from it; and when effused blood is putrefying under the influence of atmospheric air.

There can be little doubt, from experimental researches, that the variance in the pathological changes found after death in animals, has been influenced largely by the agent injected, and by its degree of putrescence; thus Dr. Weber and Professor Panum declare that filtered putrid fluids and sulphuretted hydrogen never cause infarctus, or metastatic abscesses: these only occur when morphological bodies, of small size, but sufficiently large to obstruct the capillaries, pass into the circulation. They infer that the disease usually called pyæmia is septic poisoning; *plus* some element capable of leading to embolism.

Concerning the nature of the special agent of putrid poisoning, we are uncertain. Professor Panum declares it to be fixed, not volatile, indestructible by boiling and subsequent evaporation to dryness; soluble in water, insoluble in alcohol, and so intense as to be comparable only with the poison of serpents, curare, and the vegetable alkaloids: whilst Dr. Richardson, at a recent meeting of the Epidemiological Society, announced that he had found the poisonous matter of pyæmia to be an alkaloid, which was derived from the decomposition of albuminoid substances. He calls it "septine," and says that it has the power of transforming albuminous secretion into matter like itself.

From what has been already said it is scarcely necessary to state that the secondary, or metastatic ab-

scences, which occur in pyæmia, have been repeatedly and jealously examined; and that they are found to consist of the elements of the blood more or less modified, granular matter, exudation-corpuscles, granule-cells, and not infrequently true pus-cells. Sometimes they have a gangrenous odour, and contain shreddy particles, which are infiltrated with a dirty looking fetid puriform fluid. It has been thought that the presence of these abscesses might be viewed as a crucial test of pyæmia; and it is true that in most cases they exist; but they are not constant. Their occasional absence may be explained by a theory which Dr. Williams has proposed to account for rapidly fatal fevers, that have presented few pathological changes; viz., that a fatal result is brought about, from the intensity of the poison, in too short a time for the usual series of pathological actions to develop themselves; and Mr. Lee declares that in several instances of fatal pyæmia he has "been unable to trace either blood-clots, or metastatic abscesses."

Whatever may have been accepted at various periods, as the ultimate cause of pyæmia, the frequent occurrence of its symptoms after local injuries and surgical operations, has led somewhat naturally to the supposition that a wound of some kind was an essential precursor. Admitting that injury involving local suppuration is a very frequent preliminary, it is certainly not an universal one. Numerous cases have been published which presented unquestionable symptoms and *post mortem* appearances of pyæmia, in which no local disease or injury was traceable. Jenner relates cases of typhus terminating in "pyogenic fever." Tessier speaks of instances of "acute purulent diathesis," which were developed spontaneously; and Bennett, Gamgee, and others, have published cases of this malady succeeding upon what appeared to be acute rheumatism.

In explanation of these spontaneous occurrences of pyæmia, it has been assumed by many surgeons, that some intermediary disease, such as necrosis, may be established, as a consequence of the primary affection, and that by the absorption of noxious materials from the diseased part, the blood may become poisoned. Allowing to this suggestion its due weight and value, there can be no question that, whilst pyæmia occasionally shows itself as an idiopathic affection, it is far more frequent in surgical than in medical practice; and that it is more prevalent after certain wounds and injuries than after others of a different description, and involving different textures. Diffuse asthenic inflammation of the cellular membrane, phlegmonous erysipelas, and their allies, carbuncle and dissection wounds, are extremely liable to be followed by pyæmia. Unhealthy inflammation, situated in the deep cellular tissue around a bone, or in its interior, diseases which are calculated to induce necrosis, may be accounted as very frequent precursors. Mr. Holmes says that the risk is greater when such inflammation attacks cancellous bone; and this remark applies not only to injuries, but to operations, such as amputation, and the excision of joints. In this opinion he is at variance with Mr. Syme, who has strongly recommended amputation through the cancellous ends of long bones, on the ground of its being attended with less risk of pyæmia than when the bone is divided in the denser part so as to lay open its medullary cavity, and has supported this position by numerous published cases.

It may be remarked here, whilst speaking of amputations, that the relative frequency of pyæmia is greater after primary operations, than after those performed for chronic disease; and this has been attributed to the frequent occurrence of inflammation of the veins in these cases. Phlebitis is held to



be an occasional cause of pyæmia by all pathologists, and by some it is considered to be a frequent and chief cause. A remark made by Dr. Bristowe on this point, will show how strongly this view is entertained by him. He says: "If the presence of phlebitis is to be denied in all cases where there is an absence of thickening and congestion of the venous walls, it may with equal justice be denied that bronchitis has been present, when the bronchial mucous membrane is found after death neither congested nor thickened; but in many cases of fatal bronchitis the mucous membrane itself looks quite or nearly healthy."

Suppurations in the eye and ear, and in various parts of the genito-urinary organs of both sexes, are also considered to be a common cause of pyæmia: but no injury, from a simple contusion to the most severe crush by which the component textures of the part are at once devitalised, can be said to enjoy an immunity from its possible invasion. From observation it appears that, in recent wounds, some deviation from the healthy reparative action must precede its attack; the surface must become sloughy and foul, with a tendency to putrefactive destruction of fibrinous matters and blood-clot; a condition in which fermenting and septic matters are formed quickly and abundantly, and, unless these be frequently removed, they must become a source of extreme danger.

It has long been supposed that certain atmospheric conditions have exerted considerable influence in the production and spread of pyæmia and other contagious diseases. It is probable, however, that in most of these surgical maladies a direct conveyance of contagious or poisonous matter is the real mode by which they spread: and that air vitiated by the respiration of many human beings, by exhalations from their bodies, and by effluvia from discharges and excretions, merely renders the patients, by depressing their vital power, more prone to the attacks of zymotic disorders, and less able to resist their ravages.

It is known by actual experiment, that the quantity of organic matter floating in the atmosphere, and adhering to the walls and furniture of sick wards, is immense; that much of this is putrescible; and that it may, therefore, form a medium of contagion. In the Foundling Hospital at Répy, an epidemic of ophthalmia was traced to particles of pus floating in the air. Recent investigations by Chalvert, Moscati, Dundas Thomson, and others, have led to the discovery of countless living germs of vegetables and infusoria—mycodermis, mucidines, torulæ, vibrios, and bacteria—in atmospheric air, capable, when supplied with a suitable menstruum, of establishing the processes of fermentation and putrefaction. Some of these germs, inappreciable to our unaided senses, find their most appropriate nourishment in the secretions of wounds, or in pus. Schroeder and Pasteur have asserted that different chemical changes are wrought by different germs. They say that "the bacteria may enter the blood, absorb its oxygen, hinder the combustion of effete substances which should be eliminated, and work deadly changes in the circulating fluid." Dr. Lionel Beale, in his researches into the sources of the cattle-plague, appears to have arrived at conclusions in accordance with those just mentioned. He is of opinion that the *materies morbi* of contagious diseases consists of minute living germs, which may be conveyed by air, are intercommunicable between man and animals, and are not readily destructible.

If these views be confirmed by additional inquiries and experiments, they will form the basis of a new and animalcular theory, explanatory of the pro-

pagation of many diseases. At present, however, our knowledge is insufficient for the deduction of any laws governing their production and their increase; so that we cannot yet suggest any useful precautionary measures as a special defence against these invisible plagues, and we must trust to those well known hygienic rules which are essential to the health of all of us, and which are most stringently required to be carried out in the construction, superintendence, and arrangements of large buildings designed for the occupation of the sick.

Before concluding this imperfect sketch of the known and probable sources of pyæmia, I must say a few words in reference to those causes which have been said to predispose to its establishment. It has been repeatedly affirmed that the impure air of hospitals, in which many patients with wounds are treated, and which has been recently termed a "traumatic atmosphere", acts as a predisposing cause; and the mortality from traumatic pyæmia exhibited in Mr. Bryant's statistical tables is a very strong argument in support of this opinion. It has also been declared that morbid conditions of health engendered by injurious occupations, by dietetic excesses, and by bad habits of life, dispose the blood to decomposition from trivial causes, whilst they lessen the resisting and reparative powers of the body. What the changes in the blood are, chemistry fails to discover; but histologists tell us that its fibrine is deficient in quantity and in contractility; and that there is a relative increase in the albuminous and fatty matters contained in it. Dr. Chevers, especially, is disposed to attribute the access of pyæmia after surgical injuries to morbid conditions of the organs of assimilation and excretion within the abdominal cavity; and he has stated that, in the absence of injury or operation to form the starting-point of pyæmia, many of these persons would have been cut off by fatal cerebral, thoracic, or abdominal disease. We cannot help acknowledging the force of such opinions, because they are consistent with the approved doctrines of hygiene and physiology; but, whilst admitting this, we must not attach undue weight to them. So many facts can be advanced against them as to materially diminish their seeming importance. It is known that a considerable number of cases of pyæmia originate in large towns, in the close and crowded dwellings of the poor, and are thence imported into the hospitals; whilst the more airy and well-constructed dwellings of the wealthy do not escape this scourge. Dr. Bristowe is entirely opposed to the opinion of Dr. Chevers, and "asserts confidently that the vast majority of pyæmic patients have not been suffering from chronic visceral diseases, few from acute; and that very many victims of pyæmia have enjoyed excellent health up to the moment of the injury, operation, or disease which has exposed them to its risks." Mr. Quain also relates four cases which shew forcibly how open Dr. Chevers' opinions are to objection. They were patients upon whom amputations had been performed; they were placed in wards with good ventilation, not overcrowded, and which had been recently cleaned. Two healthy males died of pyæmia, and two unhealthy females recovered. One healthy male took food well even after rigors set in, yet died. One unhealthy woman vomited all food for three weeks, and yet finally got well. Mr. Quain also refers to a boy admitted into hospital with pyæmia following a bruise on the knee, who died in two days; and says he was brought in from a healthy district, from good and well-ventilated lodgings, was well fed, and had been quite well up to the time of the accident.



# Original Communications.

## ON THE DIAGNOSTIC VALUE OF THE RETRACTED NIPPLE AS A SYMPTOM OF DISEASE OF THE BREAST.

By THOMAS BRYANT, Esq., Assistant-Surgeon, Guy's Hospital.\*

To overestimate the importance of a symptom, and to accord it a value which is belied by clinical experience, is an error to which we are all prone, and against which it is well that we should always guard; for by so doing we are led too frequently into faults of diagnosis and treatment which might have been avoided, as well as to a subsequent underestimate of the true significance and even the rejection of a sign which, if correctly interpreted, may be of considerable importance.

The retracted nipple, as found in a diseased breast, may be readily advanced to illustrate the truth of these remarks; for it may be asserted with some confidence that, as a sign of carcinoma of the mamma, it has been assigned a value to which it is not entitled, and that, even at the present day, its true significance is not generally understood. It is too true that it is even now regarded by many men as a symptom of special value, and that, when present, it is looked upon as pathognomonic of a cancerous affection; whilst, on the other hand, we find men mistaking a cancerous tumour for a benign one simply on account of the absence of this so-called pathognomonic symptom. To illustrate this, I will quote from a high authority and a living one—Professor Nélaton—who, in his *Clinical Surgery*, published a few years since, when discussing the diagnosis of a tumour of the breast, asks—“Was this tumour benignant, or was it scirrhus? if the latter, it would most certainly have determined the retraction of the nipple; the projection of the nipple would be rather replaced by a depression”; for he adds, “the surgeon should know that this is one of the very first signs of scirrhus.” Again, when considering another case, the nature of which was doubtful, in a woman aged 45, he says—“The first idea in regard to this tumour was that it was cancerous”; and yet he adds, “the usual circumstances did not exist, and the retraction of the nipple was wanting.” Nevertheless, the tumour turned out to have been of a cancerous nature.

It is needless to make further quotations, or to draw from other authors to prove that the presence of the retracted nipple is still taken by many for more than its true worth; the authority from which I have quoted being amply sufficient for my present purpose; and I propose now to pass on to prove that this retraction of the nipple is to be found under many different conditions. In the simple disease of the mamma as well as in the malignant—in the inflammatory affections as in others of a more morbid nature.

To the congenital, or naturally retracted nipple, I shall not allude, further than to state that it is well on examining a diseased breast with this condition of nipple, to bear this fact in mind, that the retraction of the part may have been a natural one.

The first series of cases to which I shall draw your

attention, in which this condition of nipple was present, will be the inflammatory.

**CASE I. Chronic Inflammation and Suppuration of the Breast, with Retracted Nipple.** Mary R., aged 41, a married woman, the mother of nine children, all of whom she had easily suckled, came under my care on August 25th, 1864, with an affection of her right breast.

She had been confined nine months previously, and had been able to suckle for a few weeks with the affected breast, but had not done so for some months when coming under observation. The disease had commenced with an inflammation of the gland, accompanied by great swelling, heat, and redness. By treatment, this had gradually subsided; but the parts were left hard, and somewhat tender. In about three weeks from its first appearance, the nipple began to disappear, and in about one month it had completely retracted. When seen, the breast appeared as a large globular tumour, of a firm consistence and semifluctuating feel. It was not very moveable, although it was not fixed; but the integuments over it were evidently “glued” by inflammatory effusion to the parts beneath; the nipple was completely out of sight; the axillary glands were unaffected.

Manipulation caused the patient some pain, and a dull aching of the part was also present. The woman's powers were very low. Tonics and good living were prescribed, with fomentations to the breast. On September 1st, indications of the presence of pus were tolerably clear; some thinning of the integuments and parts beneath showing themselves near the nipple. The abscess was accordingly opened, and a large quantity of healthy pus evacuated. In three weeks, this abscess had contracted, and had completely healed; but the nipple remained retracted and the gland indurated; this latter, however, had much diminished. On July 13th, 1865, nine months after treatment, the breast was natural, but the nipple was still out of sight.

**CASE II. Chronic Abscess in the Centre of the Breast. Retracted Nipple from the appearance of the Disease.** Sarah M., aged 20, came under my care on December 31st, 1863. She was a married woman, but had no children. She had enjoyed good health till eight months previously, when she received a blow upon the left breast. It was accompanied by severe pain, and was followed by swelling; this swelling gradually increasing.

When seen, the breast was much larger than natural, and to the hand felt hard and fluctuating; a globular tumour evidently existing in the centre of the gland. The nipple also was completely retracted; this retraction having come on gradually since the receipt of the blow. An incision was then made into the tumour at its lower part, and several ounces of pus evacuated. Convalescence rapidly followed. The condition of the nipple, however, remained unchanged.

**CASE III. Chronic Abscess in both Breasts; Retraction of the Nipple.** Rachel B., a childless married woman, aged 28, applied to me at Guy's Hospital on November 10th, 1864, with an affection of the right breast. It had existed for one week, and had come on without any recognised cause. It began by pain and swelling; and appeared as a globular, tense, fluctuating tumour, in the centre of the mammary gland. The nipple, which had been quite natural, was completely retracted. An abscess was diagnosed; and a poultice ordered, with quinine. In two weeks, the abscess was opened, and three ounces of healthy pus evacuated; and, in another week, the breast had healed. The gland, however, remained indurated; and the nipple retracted on December 7th.

\* Read at the Hunterian Society, October 24th, 1866.



On February 1st, 1865, this same patient reappeared before me with a similar disease, running the same course in the left breast. The inflammation came on without any known cause. An abscess formed in the centre of the mammary gland, which required opening, and the nipple also retracted in the same way. On May 21st, 1865, the report states that the nipples were still retracted.

CASE IV. *Retracted Nipple, the Result of a Chronic Inflammation of the Mammary Gland.* Emma W., aged 35, a married woman, the mother of two children. The first eight years since, applied to me at Guy's Hospital, January 19th, 1865, with an inflamed and thickened right breast. It came on after her first confinement, eight years previously, with suppuration, and had become worse three years ago after her second; a sinus had existed behind the breast since that date, but the nipple had been retracted since the first attack. Her general health was good.

A drainage-tube was introduced into the sinus through its most dependent opening, and tonics given. In two months, the sinus had healed, and the woman left cured. The nipple, however, was still retracted.

REMARKS. In the cases I have already quoted, it will have been observed that the retracted nipples are the result of a chronic inflammatory affection of the mammary gland; and it is to be remarked that the retracted nipple was left as a result of the disease.

The next case I propose to read will illustrate the fact, that an acute inflammation of the gland may produce a similar condition.

CASE V. *Abscess in both Breasts of an Infant; Retracted Nipples.* A female infant, aged two weeks, was brought to me at Guy's Hospital on December 22nd, 1864, with abscesses in both breasts, brought on by the foolish attempt of an old nurse to express the secretion from the glands which always exists after birth. It had been present for ten days, and the inflammation was very severe. The glands were much swollen, and as large as half a walnut. The nipples were also completely retracted. The breasts discharged freely for some days, and then recovered. The contracted nipples, however, remained.

REMARKS. In the cases already quoted of inflammation and suppuration of the breast—a few only of the many which could be extracted from my notebook—the retraction of the nipple was a marked symptom; and they are amply sufficient to prove the truth of the remark, that such a condition is by no means unfrequent in connection with inflammation or suppuration of the mammary gland. It may occur during the progress of an acute or chronic inflammation in either an infant or an adult; and, as it has been already shewn, may be an early accompaniment and result of a chronic abscess.

I will now pass on to show that the same condition of nipple may exist in another simple disease of the mammary gland, the cystic disease, and to demonstrate the fact by the quotation of cases.

CASE VI. *Retracted Nipple associated with the true Cystic Disease of the Right Breast, for which Excision was successfully performed.* Anne C., aged 49, a married woman, the mother of five children, all of whom she suckled, came under my care on April 17th, 1865, with a disease of the right breast of four and a half years' duration. It began by a swelling on the outer side of the gland, and this has gradually increased. The nipple, which had been quite natural, soon disappeared, its position being indicated by a deep depression. The tumour had also been tapped at least six times, a brown glairy fluid having been drawn off at each operation. On her coming under observation, the breast and tumour were very large,

measuring about a foot from axilla to sternum. The disease was evidently cystic; for its outline was smooth, globular, tense, and fluctuating. The skin was much stretched over the growth beneath, and adherent in several spots from the frequent tapplings, but not in any way diseased. Firm pressure upon the tumour was also followed by a copious discharge from the nipple of a glairy, blood-stained, mucoid fluid; or rather from the depression representing its position. This discharge had been present at times during the whole life of the new growth. The patient's general health was good, and there was no disease of the axillary glands. I tapped the cyst, and drew off several ounces of the same glairy blood-stained fluid which had been drawn off on previous occasions; and, finding much solid growth beneath, advised excision. This was done on May 30th, and a rapid recovery took place.

The disease turned out to be a fine specimen of the true cystic disease of the breast-gland; that is, a disease of the gland itself, developed within its ducts, the cysts containing intracystic growths and more or less glairy fluid.

CASE VII. *Cystic Disease of the Breast: Retracted Nipple.* S. M., aged 67, a married but childless woman, applied to me on June 13th, 1864, with a disease of her right breast of two years' standing. It had appeared as a gradual enlargement, and had been unaccompanied by pain. Her general health was also good. When coming under care, the tumour was evidently situated in the breast itself, and with it formed one mass; it was of about the size of a large fist, and very pendulous, hanging down from the thorax. It was quite moveable, and the integuments covering it in were healthy and uninvolved. The tumour was evidently made up of solid growth, as well as of cysts; these latter being of various sizes. The nipple was thoroughly retracted, and had been so for one year. There was no discharge from it, or any enlargement of the axillary glands. An operation was advised for this patient, but her consent was not obtained. She remained under observation for one month, when she left town.

*Retracted Nipple in Cancer of the Breast.* The value of a retracted nipple as a sign of cancer will now occupy our attention; and I have placed it last on our list, as I thought it well to demonstrate first of all the fact that such a symptom is by no means an uncommon associate of the inflammatory and cystic diseases of the breast; and that, as a consequence, it cannot with any certainty be regarded as pathognomonic of the cancerous affections. That it does occur in connexion with a cancerous tumour of the breast, is not to be disputed; but that it is a frequent accompaniment of such a disease, is open to doubt; for, on looking over my notes of 222 examples of cancer of the mamma, I find that a retracted nipple existed in only 32 cases, or in about 14.4 per cent. Should the surgeon expect, therefore, to find it in all cases of cancer, he will be disappointed; and should its absence in certain cases lead him to regard a tumour as innocent, he will, in the majority of cases, be found wrong. This symptom may be found in the infiltrating form of cancer of the breast, whether partial or complete; that is, when the disease has involved the whole gland, or only a lobe. It may also exist in some examples of the tuberculous cancer, in those instances in which the tuber is developed between the ducts, and by its growth separates them—thus acting mechanically upon the nipple, and causing its retraction; the retraction, under such circumstances, taking place towards the diseased part (Case IX). In the generally infiltrating form of cancer, the nipple simply retracts; and, at a later stage of the disease, it may reappear (Case



viii), this reappearance being due to the increase of the disease and the mechanical pressure of the nipple forwards by the tumour beneath. These facts will be well illustrated in the following cases.

**CASE VIII. Infiltrating Carcinoma of both Breasts: Retraction of the Nipple in both during the Early Stage of the Disease: its subsequent Projection in one, in the Later Stage.** Mary W., aged 58, a married woman, the mother of four children, all of whom she had suckled without difficulty, came under my care at Guy's Hospital on August 22nd, 1864, with cancer of both breasts. The disease had existed in the left side for two years, and had appeared as a general induration of the mammary gland. The nipple, also, soon began to retract, and the skin to become involved by infiltration. In about one year after its first appearance, the nipple reappeared; and when coming under observation, it was as prominent as it is usually found. The whole breast was very large, and generally infiltrated. The skin over it was adherent, and covered with cancerous tubercular infiltrations. The axillary glands on that side were also diseased.

On the right side, the breast was similarly affected, although not to such an extent as the left. The disease had commenced in the right gland one month previously, by a general induration of the gland, and retraction of the nipple, the nipple having entirely disappeared. The skin was also slightly puckered. In about one month, tubercles appeared in the integument, and the axillary glands began to enlarge—the woman's health rapidly failing; the last notice in the report being on October 13th, that the patient was sinking.

**CASE IX. Tuberosus Carcinoma of the Right Breast, and Retracted Nipple.** Eliza Lee, a childless married woman, aged 54, came under my care at Guy's Hospital on July 28th, 1864, with a disease of the right breast of one year's standing. It had commenced by a swelling situated on the outer side of the right mamma, of a hard and stony character, this swelling gradually increasing. After six months, a change appeared in the nipple, a slight dragging of the part towards the tumour being very manifest. This retraction steadily progressed; the nipple, when coming under observation, being drawn completely in. The axillary glands also soon began to enlarge, and the integument in the tumour to be infiltrated. When coming under my care, the tumour was of about the size of an orange, globular in outline, and very hard; it was evidently situated in the outer or axillary border of the mammary gland. The nipple was retracted almost out of sight, and drawn towards the diseased part. The tumour was fixed to the parts beneath, being quite immovable; and the skin over it was also infiltrated. The axillary glands were likewise enlarged. In about one month, the skin began to ulcerate, and the powers of the patient to fail; the last report, made on November 24th, being, that the breaking up of the cancer was progressing rapidly, and the development of tubercles in the integument increasing. The patient's powers were fast failing.

**REMARKS.** We have thus shown that a retracted nipple is an occasional symptom in acute and chronic inflammation of the breast; that it is found in the cystic disease of the gland, as well as in the cancerous; in fact, that it is met with in *all the diseases of the true gland, whether simple or malignant*. It is absent in the ordinary chronic mammary or adenoid tumours, simply because these tumours are not of the gland itself; and, as a consequence, the nipple, with the gland-ducts, are not interfered with. In what way, then, it may be asked, is this retraction of the nipple generally brought about? It must depend on some general or simple cause, as it is

found under so many different conditions; "for," as I have stated in another place (*Clinical Surgery*, Part v, p. 429), "a retracted nipple may be described as an accidental symptom in the development of a tumour; it is the product of mechanical causes, and its presence is determined by the manner in which the gland is involved in the disease, rather than in the nature of the affection itself. Should any tumour, simple or malignant—should any abscess, chronic or acute—attack the centre of the mammary gland, a retracted nipple, in all probability, will be produced; for, as the disease so placed will necessarily cause material separation of the gland-ducts, their extremities—terminating in the nipple—must be drawn upon, and, as a consequence, a retracted nipple will be the result."

In an early stage of an infiltrating cancer of the organ, this symptom is one of *occasional* occurrence; the nipple being drawn towards the side of the gland, which may be involved. At a later stage of the disease, however, when the infiltration is more complete, the nipple may again project. In a central chronic abscess of the breast, the retracted nipple is equally common; and, in the true cystic adenocoeles, it may be also present. The explanation of the cause of this symptom in all of these cases is alike, being purely mechanical, and in a measure accidental.

## CASE OF CHOLERA.

By JOHN BIRCHENALL, Esq., Macclesfield.

EVERY peculiarity in the history of cholera is interesting to us as the members of a liberal profession. The essential nature of the disease, the mysterious laws which influence its migrations, as indicated by the erratic course it took upwards of thirty years ago, when it swept over the entire surface of the civilised world, are questions which have not as yet received their solution. The following case of ordinary bilious diarrhoea, progressively assuming the distinctive characteristics of Asiatic cholera, prior by many months to its first visitation in this locality, is worthy of note, simply because it touches the marginal region of these problematical inquiries. It occurred in the month of June, 1833.

Mrs. H., aged 57, was a short corpulent woman, of bilious lymphatic temperament and swarthy complexion, strictly temperate, and of active habits, though of loose flabby texture. She had had occasional bilious purgings previously. From the Tuesday on which the last seizure occurred up to the Friday following, although the complaint did not yield to the usual remedies, there was nothing to awaken the slightest apprehension. The pulse, though a little lacking in force, was soft and regular; the tongue whitish, but moist and free from coating. There were the usual loathing of food, occasional nausea, but no vomiting; an entire absence of pain; no disturbance in the organs of special sense; no thirst; the urine was small in quantity; and the discharges from the bowels, which occurred on the average some half-a-dozen times in the twenty-four hours, were scanty also, and semiliquid, yellow at first, but gradually passing into a greenish hue; a transient sense of faintness being expressed after each evacuation, when this change in their aspect obtained.

In the course of the day last named, I found the pulse quickened; the countenance anxious, and expressive of exhaustion. The alvine discharges were still small in quantity, but oily-looking; and there was a prolonged sense of faintness on each occasion. As the treatment, which now consisted of an alkaline



mixture, with compound spirit of ammonia, and a pill containing a grain of calomel and half a grain of opium, repeated every three hours, together with injections of starch and laudanum, did not effect any change for the better, I took the opinion of the late Dr. Swanwick on the case; intimating that I should have regarded it as one of incipient Asiatic cholera, if that disease had appeared anywhere in the immediate neighbourhood; although the symptoms, even on that day, were not, in the judgment of Dr. Swanwick, sufficiently characteristic to warrant the presumption. In the evening, however, the temperature of the skin suddenly lowered; the voice, which had been getting fainter, had become husky; the pulse small and accelerated; a cold clammy perspiration was exuding; cramps supervened, increasing in violence; the countenance assumed a somewhat leaden aspect; the hands became mottled and purple, the tips of the fingers sodden; there was thirst, whiteness and coldness of the tongue, and a complete suspension of the renal secretion. In spite of the administration of full doses of opium and ether, with regular supplies of brandy, injections of port wine and laudanum, frictions, the application of hot bottles, etc., my patient passed a night of extreme suffering; and, when Dr. Swanwick saw her again early on the following morning, the discharges from the bowels—which had now the complexion of finely shredded portions of boiled salmon in a copious watery-looking menstruum—pointing, with the associate symptoms, to the specific character of the disease, he then recognised it as one precisely similar to cases he had witnessed in Manchester some time previously. Our patient expired in the course of the morning.

This was the first cholera case in this district, and no other occurred in the town until twelve months afterwards. The nearest point to which the disease had approximated at the time was Stockport, a distance of twelve miles; and there had been no conceivable intercommunication.

There was one feature which served to distinguish it from every subsequent case of cholera or choleraic diarrhoea that has come under my notice, at the adult period at least; namely, the scantiness of the alvine dejections. Until within the last twelve hours, the quantity in each instance could not have exceeded an ounce and a half or two ounces by measure.

## Reviews and Notices.

TRANSACTIONS OF THE PATHOLOGICAL SOCIETY OF LONDON. Volume Seventeenth. Comprising the Report of the Proceedings for the Session 1865-66. Pp. 482. London: 1866.

THAT the Pathological Society of London should be enabled to issue, as the record of its proceedings during a session, a volume of nearly five hundred pages—a larger volume, indeed, than has appeared in any previous year—is a plain sign that the condition of the Society is very different from that implied in its name; that, in a word, the Society is in a healthy and vigorous, not in a morbid and decrepid state. Not only the size, but the variety and value of the contents of the volume, indicate that the members of the Society have been diligent in availing themselves of the opportunities afforded by the meetings, of contributing to the constantly increasing mass of facts in pathology. A brief outline of the contents will bear out this statement.

Under the head of Diseases of the Nervous System, 15 specimens are described. Dr. W. Cayley gives a case of abscess of the cerebellum, with caries of the internal ear. Dr. J. W. Ogle describes an instance of calcareous deposit in the brain, containing sixty per cent. of phosphate of lime and magnesia, with albuminous matter; a case in which false membranes were found covering both cerebral hemispheres; and one in which bodies, apparently enlarged *quasi-varicose* veins or their remains, were found attached to the arachnoid and pia mater. He also furnishes three instances of softening of the brain and of the spinal cord; and a case in which the anterior cerebral hemispheres contained a hard fibrous growth in which were embedded calcareous masses. Mr. Nunn describes the case of a boy in whom the ulnar nerve was divided by an accident in August 1861. In October, the hand was wasted, and the temperature was 10° Fahr. below that of the other hand; in July 1865, the difference was only half a degree, and the muscles of the hand had recovered their bulk. Dr. Peacock gives an instance of abscess in the right hemisphere of the brain in a boy aged 4; although the abscess was evidently of old date, intelligence was retained nearly until death. Mr. Jonathan Hutchinson describes a specimen of encephalocoele of the cerebellum, in a child which lived three weeks. Dr. W. H. O. Sankey gives an interesting description (accompanied with a plate) of the appearance presented by the capillaries of the brain in certain states attended with motor paralysis. "The vessels were variously contorted from their original course. In some, the vessel exhibited nearly a sigmoid curvature; in others, the contortion formed kinks and knots of considerable complexity." This condition Dr. Sankey has always found in "general paresis"; but also in another case attended with general paralytic symptoms. Dr. Conway Evans describes an instance of *contre-coup*, in which the left cerebral hemisphere, nearly opposite the ear, was found to be lacerated as if by a sharp knife, as far as the descending cornu of the lateral ventricle. There was much intracranial sanguineous effusion, and a fracture extended from the internal occipital protuberance through the petrous portion of the temporal bone. Dr. Dickinson gives a case of meningeal apoplexy in a patient suffering from purpura; the case being remarkable for the apparent connection of the apoplexy with blood-disease, there having been no external violence, and the vessels being, as far as could be seen, healthy. Mr. Lockhart Clarke describes the case of a patient of Mr. Gore of Bath, in whom, on his death three and a half years after a railway collision, the posterior columns of the cord were exclusively found diseased. They contained a large amount of compound granular corpuscles and isolated granules; also corpora amylacea. The principal symptoms during life had been pains in the back and head; gradually increasing loss of power to walk; and loss of control over the bladder.

Of Diseases of the Organs of Respiration, there are 13 examples. Dr. Gibb and Dr. Morell Mackenzie give instances of the removal of laryngeal tumours by the aid of the laryngoscope. Dr. Greenhow describes, with comments, cases of stone-workers' pulmonary disease, of colliers' lung-deposit, and potters' lung-disease. The other specimens under this head are derived from the larynx and trachea,



and are described by Dr. Crisp, Mr. Spencer Watson, Dr. Cayley, Dr. Cholmeley, and Dr. Gibb.

Under the head of Diseases of the Organs of Circulation, there are 34 contributions. Dr. Peacock describes an instance of contracted outlet of the right ventricle, with deficient ventricular septum. Dr. Andrew gives a case in which there were only two segments in the aortic valve; and one of embolism of the pulmonary artery. Two cases of rupture of the left ventricle are given; one by Dr. Ramskill, the other by Dr. Moxon. Dr. Dickinson relates three cases of angina pectoris depending on occlusion of the mouths of the coronary arteries. Dr. Hilton Fagge describes three cases of pyæmia in which recent endocarditis was found after death; and Dr. Dickinson gives two instances of pyæmic deposits in the valves of the heart. There are a number of cases of aneurysm recorded. In one, related by Dr. H. Weber, there was aneurysmal dilatation of the sinuses of Valsalva, with rupture of one of the left semilunar valves, in a patient suffering from albuminuria, anasarca, and old heart-disease. Dr. Peacock describes an instance of dissecting aneurysm originating at the descending portion of the arch of the aorta—an unusual situation. Other remarkable features were, the escape of blood into the posterior mediastinum and behind the left pleura, while the pleural and pericardial cavities were free; and the prolongation of life for seven days after the symptoms of rupture had appeared. Mr. Leggatt also describes a dissecting aneurysm of the aortic arch. Dr. H. Weber relates a case of rupture of the aorta at the origin, occurring in a patient in the German Hospital with Bright's disease, who fell out of bed. The heart was hypertrophied, but of healthy structure; and there was very little disease of the arterial coats. Cases of aneurysm of the thoracic aorta are also described by Mr. H. Leach, Dr. Moxon, Dr. J. W. Ogle, Dr. B. W. Foster, and Dr. Quain. In Dr. Moxon's case, the aneurysm, which was seated in the ascending aorta just above the valves, burst into the left auricle. This occurrence is very rare. The symptoms were, faintness, cold sweat, great restlessness, pallor, and exhaustion; no orthopnea or lividity. Dr. Ogle relates eight cases; 3 being aneurysms of the ascending portion of the arch of the aorta, 3 of the descending part, 1 of the convexity, and 1 of the aorta below the arch. In four of the cases, the aneurysm burst into the left bronchus; into the right in one. In two others, the left bronchus was pressed on by the tumour; and in another it was absorbed. Dr. Quain's case is a well marked example of aneurysm opening into the œsophagus. In Dr. Foster's case, there was extensive atheroma of the large vessels, the patient being only 28 years of age. Dr. Conway Evans relates at some length a case of aneurysm of the innominate artery, of supposed traumatic origin (fracture of the clavicle), which attained a large size, producing comparatively little suffering, and at last burst externally. Dr. Conway Evans also relates a case of atheromatous disease of the pulmonary artery, with great congenital contraction of the left auriculo-ventricular orifice and hypertrophy of the right ventricle; there being no atheroma of the aorta. *Apròpos* of this case, Dr. Evans makes some observations on the causation of arterial atheroma. He considers the order of sequence to have been: first, congenital narrowing of the auriculo-ventricular orifice; second,

dilatation and hypertrophy of the right cardiac cavities from impeded pulmonary circulation; and lastly, dilatation and thickening of the coats of the pulmonary artery, and consequent change in nutrition giving rise to atheroma. Dr. Ogle gives a case of aneurysm of the abdominal aorta which burst into the peritoneal cavity; the diagnosis during life was difficult, and the increase of the tumour before bursting was attended with an unusual amount of pain. He also relates a case, believed to be of rare occurrence, of an aneurysm of the (? common) iliac artery which burst into the abdomen. Dr. Duckworth finishes the series with a description of a heart in which there were four pulmonary valves. The adventitious valve had no corpus Arantii; and Dr. Duckworth believes that there was probably an arrest of development of foetal life.

Of Diseases of the Organs of Digestion—comprising the tongue, digestive canal, and liver—there are 35 specimens, among which the following are some of the most interesting. Drs. Murchison and Morell Mackenzie give several instances of sloughing and perforation of the intestine in enteric fever. Dr. Murchison describes two cases of small multiple abscesses of the liver secondary to simple ulcer of the stomach. Dr. Hermann Weber reports a case (illustrated with coloured plates) of syphilitic disease of the liver, lungs, bronchial glands, dura mater, cranium, and sternum. Dr. Wilks records a specimen of syphilitic cirrhosis of the liver from an infant; this being the first example he had found of the disease as described by Gubler. Dr. Cayley gives an instance in which, the thoracic duct being obstructed, the receptacula chyli was ruptured, producing peritonitis. Mr. Bryant relates a case of hydatid of the liver, in which exfoliation and expulsion of the parent cyst took place after tapping. No bandage or strapping had been employed.

In the section on Diseases of the Genito-Urinary Organs, there are 24 contributions. Among them are the following. Dr. Hilton Fagge describes a left kidney in which the ureter lay in front of the blood-vessels at the hilus; and where also the posterior surface was not flattened—so that it could not have been determined with certainty whether the kidney, if removed, was a right or a left one. Dr. Murchison describes the kidneys of a patient who died of convulsions during typhus fever; the specimen bears out the opinion that the kidneys are diseased in this fever, and that the convulsions in it, and in scarlatina, have an uræmic origin. Mr. A. Bruce describes a case in which the left kidney and the ureter of the same side were entirely wanting. Dr. T. Duka describes a case of emasculation as practised among the Mahomedans in India. The mutilation is effected by removing, by a clean sweep of the knife, the whole of the scrotum and its contents with the penis. Among the cases of disease of the female organs, are, an instance, by Mr. Holmes, in which an uterine tumour was removed by mistake for a tumour of the ovary; five cases of ovariectomy by Mr. Nunneley (in one of which, however, the tumour is believed by Dr. Graily Hewitt and Mr. Spencer Wells to be uterine); a case, by Dr. Hickman, in which there was cystic disease of both ovaries; etc.

Thirty-two contributions are recorded under the head of Diseases, etc., of the Osseous System. Among them is an account by Dr. Murchison of a case of peculiar disease of the cranial bones, hyoid



bone, and fibula. The specimens were sent by Mr. E. R. Bickersteth of Liverpool.

The patient died in Liverpool in 1857, at the age of 34. His face began to enlarge at the age of 14; and, thirteen years afterwards, a hard swelling appeared on the left fibula. There was no evidence of constitutional disease; but one brother had a similar enlargement of the upper jaw on one side. There was never any suppuration, nor implication of the integuments and soft parts. On examination by Dr. Murchison, all the cranial bones, except the occipital, were found to be greatly thickened and indurated, principally by "growth from the outer surface of numerous closely aggregated, smooth, dense, botryoidal excrescences, varying in size from a hemp-seed to a small cherry, and causing the bone to resemble somewhat a mass of malachite." A full description is given of the aspect presented by the several diseased bones; and a further report on the case, by Mr. De Morgan, Mr. Hulke, and Dr. Murchison, states that there are two somewhat similar specimens of disease of the bones of the head in the Hunterian Museum, and gives a description of the structure of the diseased fibula. The cranial bones were not examined, in order that the specimen might be preserved.

"The shaft of the fibula is much expanded; it presents, on its anterior and outer surface, a thin shell enclosing a very open cancellous structure. The shell is highly vascular. From the posterior and internal surface springs, by a narrow neck, the general mass of the bony tumour. The greater portion of this is made up of dense ivory-like bone, with here and there an extremely delicate cancellous structure. About half an inch posterior and internal to the shaft, is a large vascular canal, nearly  $\frac{1}{4}$ th of an inch in diameter; and throughout the general mass smaller canals are seen in great number, the average diameter of which is  $\frac{1}{15}$ th of an inch.

"The dense bone is very tough, and to the naked eye appears compact at first view, but, on closer examination, it is seen to be studded with numerous minute openings.

"The compact structure is traversed in every direction by large branching and communicating vascular canals, forming in some places a close net-work. At the point of confluence of these canals, there is often a sort of ampulla. From the sides of the larger canals finer ones are given off, which form communications with those coming off from the neighbouring, or even from distant, larger ones.

"In many places, a large canal terminates in a bulbous extremity, from which is given off a pencil of small tubes radiating in various directions. The general arrangement of these tubes is in fact not unlike what is seen in the framework of some sponges.

"The spaces between the canals are filled up by bone-tissue of ordinary character. There is an indistinct lamination for the most part parallel to the walls of the canals, around the walls of which the laminae are very closely packed, so as to give a dark colour to the bone. The laminae are in general very numerous, but they are small, and for the most part elongated. The majority are furnished with very delicate canaliculi. In some places, however, stellated laminae, with numerous large canaliculi, are found; very few traces of true Haversian systems are to be seen.

"The cancellated bone presents, for the most part, the ordinary characters; but even here are found many of the large canals running into the cancelli."

An analysis, made by Mr. Hewitt, showed the bone to consist of: Earthy phosphates, 55.65; carbonate of lime, 8.44; organic matter, 35.91—the

latter being slightly in excess of the normal amount (about 33.3 per cent.)

Mr. Jonathan Hutchinson relates a case of circular fracture of the base of the skull, in a man who died with erysipelas of the face and pyæmia nine days after the injury, which was produced by a fall on the top of the head.

On his admission, there were partial loss of consciousness, and paralysis; but these symptoms disappeared, leaving, however, total deafness. There was no hæmorrhage from the ear. On *post mortem* examination, there was found an extensive fracture of the base of the skull, symmetrical on the two sides. "Passing in a curved direction outwards and forwards from the foramen magnum, the lines crossed the base of the petrous portion of each temporal bone, and then passed forwards through the sphenoidal fossa to meet in the body of the sphenoid. On the right side, also, there was a line of fracture extending from the body of the sphenoid upwards through the wing of the sphenoid into the temporal bone. The tympanic cavity on each side was filled with blood; and the membrana tympani on both sides was entire; thus explaining the symptom of deafness without hæmorrhage from the ear."

Under the head of Organs of Special Sense, there are 12 contributions; 4 relating to the eye, and 8 to the ear.

Eleven cases are reported under the head of Tumours.

In the section on Diseases of the Ductless Glands are 10 contributions, mostly referring to disease of the suprarenal capsules. One of the contributions—the longest article by far in the volume—is an elaborate report on this disease by Dr. Headlam Greenhow. Dr. Greenhow has collected and tabulated the principal points in the history of 196 cases, which he arranges as follows: *a.* Bronzed skin without disease of the suprarenal capsules (10 cases); *b.* Cancerous disease of the suprarenal capsules (24 cases); *c.* Miscellaneous affections of the suprarenal capsules (10 cases); *d.* Cases imperfectly described, or of doubtful nature (24 cases); *e.* Addison's disease of the suprarenal capsules quite uncomplicated (24 cases); *f.* Addison's disease almost uncomplicated—lesions of other organs unimportant (17 cases); *g.* Addison's disease apparently uncomplicated—state of other organs not reported (5 cases); *h.* Addison's disease, complicated with vertebral disease or lumbar abscess (15 cases); *i.* Addison's disease, complicated with tubercle in lungs only (25 cases); *l.* Addison's disease complicated with tubercle in lungs and other organs (19 cases); *m.* Addison's disease complicated with phthisis (13 cases); *n.* Addison's disease with non-tubercular complications (10 cases). The first four of these classes consist of 68 cases which Dr. Greenhow does not regard as genuine and reliable instances of Addison's disease. Besides commenting on the various classes in the tables, Dr. Greenhow offers remarks on the nature of the disease, its extent, pigmentary deposits, the state of the blood, the duration, progress, and termination of illness, etc. On all these he treats fully; and, in regard to the influence of sex, age, and occupation, he says:

"Males appear to suffer much more frequently than females from Addison's disease; 92 of the true cases having belonged to the former, and only 36 to the latter sex. The disease seems not to occur in childhood, the earliest age at death having been 11



years in a boy, and 13 in a girl, one of my own cases; and it appears to be equally rare in advanced life, only 7 males and 4 females having died above the age of 50, and of these only 2 males and 1 female were beyond the age of 60 years. But, whilst among males the mortality is pretty evenly distributed over the hardworking years of life, among females the greater proportion of deaths take place between the ages of 15 and 25, and, again, between those of 35 and 50. The occurrence of Addison's disease seems to be in a great measure limited to the classes engaged in active manual labour; only 8 males and 3 females, so far as can be gathered from the reports, having belonged to the middle or higher classes of society. The facts thus brought out are, the almost exclusive occurrence of this disease among the classes most liable to local injuries from accidents or over-exertion; its much greater comparative prevalence among persons of that sex which is most exposed to these causes of injury; and the pretty equal distribution of the mortality caused by it over the active period of life, to which it is almost entirely confined."

Six examples of Skin-Disease are described; and there are accounts of 13 "Miscellaneous Specimens", several of which illustrate the pathology of Cattle-plague.

We have of necessity omitted notice of many articles of interest both in their pathological and immediately practical bearing. But the extracts we have given will be sufficient to show that this volume of the *Transactions* of the Pathological Society is rich both in abundance and in value of material, and is one on which the members may well look with satisfaction. We must not omit to mention, in conclusion, that the descriptions given, although clear, are rendered still more intelligible by the addition of seventeen plates—some of them coloured, and thirty-seven woodcuts.

**NOTES ON HEALTH IN CALCUTTA AND BRITISH EMIGRANT SHIPS:** including Ventilation, Diet, and Disease. By W. H. PEARSE, M.D. Edin., Government Emigration Service. Pp. 160. London: 1866.

DR. PEARSE considers that there is a great want of practical knowledge respecting the ventilation, diet, and health of emigrants on board ship; and to supply this deficiency he has issued the little work before us. In it he treats, in nine chapters, of—1. Ventilation; 2. Calcutta Coolie Emigrant Ships; 3. Calcutta Coolie Emigrants' Diet; 4. Calcutta Coolie Emigrants' Water; 5. Varied Types of Disease on Ship-Board; 6. Ship *Adamant*, and first recognised Passage to Fever, etc.; 7. Prophylactic Treatment of Scarletina; 8. Ship *Tarquin*, and Alliances of Fever, Inflammations, Cholera, etc.; 9. Cholera. The author's remarks are founded on personal observation; and his work is one which, we think, will be found instructive to medical men who are undertaking the charge of the health of emigrants on board ship.

**DEMERARA.** Great mortality has lately existed amongst the sailors coming to this port from yellow fever, which has also committed great havoc amongst the 3rd Buffs. The disease is exclusively confined to the shipping and the garrison; there is not a case of fever in the town.

*We are requested to remind members of the Association that the Annual Subscriptions became due on the 1st of January. They can be paid either to the Secretaries of the Branches; or to the General Secretary, T. Watkin Williams, Esq., 13, Newhall Street, Birmingham.*

## British Medical Journal.

SATURDAY, DECEMBER 8TH, 1866.

### THE CASE HUNTER v. "PALL MALL GAZETTE."

THE profession has watched with deep interest all the proceedings in the protracted trial just concluded in the Court of Queen's Bench, in which Dr. Hunter, of advertising notoriety, sought damages against the proprietors of the *Pall Mall Gazette* for imputing to him that he was an impostor, and that he was playing for his benefit upon delusions which he created by his writings. The language of the article was unquestionably of great severity; but it would be difficult to say what condemnation could be too severe for intentional tampering with the sick, and studied exaggeration of their fears, if such conduct could be proved. Written with an honest indignation, which found no words too fiery to brand the offence which it alleged, this article came within the law of libel. The defendants steadily maintained, however, the justice, the propriety of their comments. They had said what they meant; they had warmly expressed an honest indignation, from no private malice, and on no personal grounds; they had denounced what they believed to be an imposture dangerous to the public health, and practices contrary to the honourable rules common to all professions. The jury, enlightened by a protracted examination and cross-examination of medical witnesses of the highest character and ability, and directed by one of the ablest and most clear-headed judges who ever adorned the bench, found that the article went beyond the permissible bounds of comment, and was, in fact, a libel; but that, severe as the libel was, Dr. Hunter was entitled to no more than one farthing damages. Dr. Hunter, "by his allegation of innuendoes, represented that the effect of the passages of which he complained was to impute to him that he was a quack, a scoundrel, and an impostor." The defendant boldly justified; and the jury estimated the injury to his professional and personal character at the smallest coin of the realm.

This is unquestionably a practical triumph for the defendant; and, as members of a liberal profession, we cannot but feel well satisfied that, when transactions such as those which were proved, and



which Mr. Coleridge admitted, are publicly exposed, an English judge and an English jury will consider that the boldest and most unflinching censure is venial, when public interests only are considered; and that the journalist who fearlessly denounces what he holds to be dangerous to the public welfare performs a duty of which the importance is commensurate with the inevitable risk. We say advisedly inevitable, because censure is a weapon which never can and never ought to be wielded without a sense of responsibility and of personal danger. The journalist especially holds a vantage-ground, of which it is inconsistent with the public safety that he should make undue use. It is not that he is strictly anonymous: this (so far as it exists) is a matter of public convenience, more than of private advantage. He has an audience ready for his words, accustomed to accept his views, and more or less disposed to concur in any general argument which he advances, without very narrowly testing the cogency of its separate parts. Unfair partisanship, malicious misrepresentations, wilful detraction, in journalism, are more dangerous than elsewhere; but the fair, open, bold denunciation of acts detrimental to the public, is one of the greatest services which the journalist can render to society.

The proprietors of the *Pall Mall Gazette* have unquestionably, by the courageous and unselfish way in which they have conducted this case, rendered great service to our own and to other professions. We are little interested in the mere exposure of the groundlessness of the pseudo-scientific theories of Hunter. This is a very small matter to us as a profession: errors so flagrant cure themselves. The carbon theory, the oxygen theory, are pure nonsense, which mean no more than a dozen other equally absurd and ignorant theories which are put forward every year, and have a merely ephemeral existence. But what deeply concerns us all is the opinion which the judges on the bench, which jurymen in the exercise of their functions, and which public writers of all professions, entertain on the propriety of the method by which this carbon-oxygen theory were forced upon public notice. Here we refer with infinite pleasure to the summing up of the Lord Chief Justice. It is not the first time that Sir Alexander Cockburn has deserved the thanks of our profession for the dignified, convincing, and manly exposition of the leading principles which should govern its relations with the public. In referring to the circumstances of publication and the method of advertisement pursued, he pointed out that which is with the profession of medicine a primary rule, and which he thus authoritatively endorsed: "The giving or withholding information in its fullest extent of the precise means and manner of cure constitutes the characteristic difference between the honest scientific writer and the quack.

The man who wants to impose on mankind keeps his remedy a secret: the man who desires that it shall benefit not only those who are brought into contact with himself as patients, but mankind generally, by its being placed at the disposal of every medical practitioner throughout the world, gives the fullest particulars as to all those matters which it is essential should be known." This is a canon in medical ethics. We recognise no secrets. We do not permit amongst ourselves any hoarding of a boasted knowledge limited to the one curer of patients. We require that any member of our body, who professes to have acquired knowledge of a means of cure not known or sufficiently appreciated by others, should explicitly say what it is, and how it is best applied—in what doses, and under what restrictions. It is thus that the greatest benefits have been conferred on mankind: it was thus that the prophylaxis of small-pox by vaccination was made known from the first in its minutest details: it is thus that cod-liver oil was introduced and tested in the treatment of this very disease, consumption: it is thus that chloroform was given to the world and to medicine: that local anæsthesia by etherisation has been lately presented as a boon to humanity. On this sole condition can truth prevail and science progress.

So as to advertising. It is a distinct benefit to all professions that the very trenchant criticism of the Lord Chief Justice should have been elicited. "What would be thought of a member of the bar who, having published one of those treatises by which we are all from time to time enlightened and instructed in our professional knowledge, were to take portions of it and from day to day advertise them in the columns of the newspaper, taking care to append this important piece of information, that 'Mr. So-and-so, the author of this very learned and valuable treatise, sits in his chambers from four till six, and will be happy to advise all those who may come to him upon the subject of the treatise?' Why, such an individual, so acting, would be scouted from the profession which he would be thought to have humiliated and disgraced by such conduct. What difference is there between the two professions? They are sister professions, equally guided by the same rules of professional honour and professional propriety." These are words which ought to be written in letters of gold. The ethical rules of the great professions are only the applications of the general laws of morality and social order. They have a general reference to the public good. In the first place, a rule which tends to maintain a decent reserve, and a modest abstinence from self-laudation by advertisement, recommends itself to gentlemen without argument. Once admit the propriety of a professional man seeking publicity by such forms of advertisement, let the long purse and the unblushing cheek become recognised elements in



professional success, and the temptations to exaggeration, to excess in self-laudation, to an estimation of the means at the advertisers' command, will soon undermine the regard for truth. Where modesty and reserve are destroyed, where the judgment of the ignorant is courted and that of the instructed is eluded, the result will not be likely to be favourable to true scientific progress. The principles which the *Pall Mall Gazette* advocated, were those to which our own profession, to which the educated members of all classes and of every profession instinctively adhere. It is a great gain that they have on this occasion been so openly and unflinchingly advocated in court; and that a judge so distinguished as the Lord Chief Justice Cockburn has emphatically and decisively endorsed them with his approval.

### THE BERMUDA BLUNDERS.

THE official papers regarding the epidemic of yellow fever at Bermuda in 1864, in return to an address of the House of Commons, dated July 23rd, 1866, have now been printed. They comprise extracts of a despatch from the Governor of Bermuda to the Secretary of State for the Colonies, forwarding the Report of the Committee appointed to inquire into origin and spread of the yellow fever by which Bermuda was visited in 1864, together with appendices.

Such of our readers as have read the official report of this epidemic by Deputy Inspector-General Barrow, published in the fifth volume of the Statistical, Sanitary, and Medical Reports of the British Army, or the commentary on that document by Professor Maclean, will find in the documents before us ample confirmation of the entire accuracy of Dr. Barrow's account, and a complete justification of Dr. Maclean's strictures on the local authorities.

The covering letter of Colonel Hamley, R.E., Lieutenant-Governor of Bermuda, forwarding this despatch, is, in many respects, a remarkable document. Colonel Hamley admits that the Commissioners have recorded the history of the fever fairly and faithfully; and he bears willing testimony to the fidelity with which the whole sequence of events has been traced in the Report. He goes on to say, "that the satisfaction is denied me of being able to announce that the inquiry has unveiled, even partially, the cause of the fever. Well known sanitary maxims are referred to and repeated, and inattention to them is condemned. But when it is remembered, that the fevers (*sic*) appear at intervals, with many intervening years of great salubrity, it is hard to understand how the state of the buildings, drainage, etc., can be the cause of the pestilence; because they (the buildings, etc.) remain from year to year much in the same condition, and, if they generate and emit

a poisonous influence, that influence must operate constantly, though necessarily, to the extent of producing yellow fever." Now, without dwelling on the fact that the Commissioners nowhere say that the shameful state of the town of St. George and the military barracks therein situated was the sole cause of the yellow fever, the above statement by the Lieutenant-Governor is merely an echo of what is said daily in our vestries and town councils, in reply to sanitary reformers, by the wiseacres whose vocation it is to stand up for the vested rights of British subjects in stinks, bad drainage, and what Colonel Hamley calls "poisonous influences." Yet, in the next paragraph, the Lieutenant-Governor is forced to admit that, after the fever had once begun, "there is every reason to believe that it was fostered and propagated through the absence of sanitary precautions." Quite so. But, then, Colonel Hamley will not admit for an instant that the almost incredibly foul condition of the town of St. George is a "reproach" to anybody concerned; and he expresses his concern that the Commissioners did not, "in justice to Bermuda", do—what do our readers suppose? Why, set forth "that no civil engineer or master builder is to be found in the colony."

Really this beats the British vestryman hollow. Nothing equal to this ever came out of Marylebone. Bermuda, with its 12,000 souls, its dockyard, and British garrison, is to remain in the future, as it has been in the past, a place in which yellow fever is to run riot periodically for want of a civil engineer or even a master builder: the British empire, it is assumed, being unable to supply one or the other.

It will be remembered that one of the things most strongly condemned by Drs. Barrow and Maclean in the arrangements during the epidemic of 1864, was the action of the authorities in leaving certain establishments, with the people attached to them, and even the sick and the hospital establishments, in the centre of the tainted district, in the very focus of the disease. Professor Maclean, arguing from his past experience, sadly gave expression to his fear, that another epidemic of yellow fever would find the authorities in Bermuda not a whit better prepared to deal with it than they were in 1864. The Lieutenant-Governor has justified this fear in a manner for which, we confess, we were quite unprepared, by avowing in the most candid manner that, should another epidemic visit Bermuda, this frightful blunder, which was the cause of a lamentable loss of life, must be repeated. The reasons given are a fit pendant to the civil engineer and master builder excuse just quoted.

We sincerely trust that this Report will be carefully considered by the Secretary for the Colonies and by General Peel, than whom no one is more aware of the necessity of preventing, if possible, a repetition of the terrible blunders of 1864.



Most of the recommendations given by the medical members of the Commission are admirable, and they deserve the serious consideration of all whom they concern.

### THE CAUSATION AND CONTAGIOUSNESS OF YELLOW FEVER.

THE analysis of the causation and contagious character of yellow fever is at this moment a subject of particular interest, since this unwonted and unwelcome visitor from the tropics has now presented itself in three successive passenger-ships on our coast. It will be observed that Dr. Murchison, in the lecture which we print to-day from his pen on this subject, considers that the yellow fever of the tropics—that for which we are now imposing quarantine at Southampton—is in its origin essentially different from the “yellow fever of the British Islands”, described by Graves in 1826, and by Scotch physicians in 1843, which were instances of the so-called relapsing or famine fever complicated with jaundice and cerebral symptoms. The important point in respect to this yellow fever with which we have to deal at Southampton is, undoubtedly, its contagious character. Although this has been strongly contested, yet Dr. Murchison writes: “Notwithstanding all that has been written to prove the contrary, the facts showing the contagious character of yellow fever appear to me to be as conclusive as in the case of typhus. There are numberless instances in which the disease has been imported into fresh localities by the persons or clothes of infected persons. It is true that healthy persons are more liable to contract the disease by visiting infected localities, such as ships; but this is only an illustration of what is also observed in the case of typhus, which only spreads under favourable circumstances. No one doubts that typhus fever is contagious. Yet Dr. Christison remarks that, during a period of twenty-two years, he and two of his colleagues had attended 280 medical students at their own houses, who had contracted typhus by visiting infected localities; that 1200 persons must have been more or less exposed in attending on them; and that in only one instance had there been any propagation of the disease.”

Practically applying this, however, to the present enforcement of quarantine, it must be observed that he agrees with other authorities that yellow fever cannot be propagated at a low temperature—certainly not at the temperature which prevails at this season of the year in this country. The enforcement, therefore, of quarantine, as now carried out, is not justified by science: on this, all medical authorities with whom we are acquainted agree. The only ground on which it is justified is, we believe, the commercial necessity of taking such steps as will pre-

vent the authorities at the Mediterranean and other ports from declaring Southampton to be infected, and subjecting all vessels coming therefrom to prolonged quarantine. Thus these passengers are made to pay a penalty which our knowledge of facts does not warrant, and which science cannot approve, for reasons of a purely commercial character, affecting others than themselves. They are “whipping-posts” in quarantine. An important point to which Dr. Murchison calls attention is the relationship of yellow fever and tropical malarious remittent fever. On this hinged the whole controversy as to the contagious character of yellow fever, which has occupied the attention of the profession for more than half a century. The fact seems to be, that those who, on theoretical and clinical grounds, classed yellow fever as a malarious remittent, were *ipso facto* debarred from accepting evidence of contagion; and to persons thus incredulous, the large number of cases in which no contagious results are observed easily afforded a practical confirmation of their view. So far as symptoms or clinical history are concerned, no specific distinction can be drawn between yellow fever and malignant malarious remittents. But this only affords another illustration of the danger of being misled by a sole attention to the symptoms, and neglecting the study of the causation of disease. Symptoms which bear a close resemblance to each other are produced in disease (as in cases of poisons) by agents and under conditions really essentially different from each other. So far as causes are concerned, no two diseases can be more different than yellow fever and malarious remittents. This essential point has to be borne in mind in dealing with yellow fever—its relation to population. Yellow fever is a disease of cities and crowded places—of bad hygienic arrangements. It is quite worthy of remark on this matter, that in all these three cases, the crew, who are badly lodged, and the purser and surgeon, who are brought in contact with them, are the sole victims. The history of the *Eclair*, the *Bann*, and other ill-fated ships in which the yellow fever has clung to the timbers, and has repeatedly broken out in successive voyages, shows that the most effective disinfection is required for the ship itself; for the fever clings to localities, rather than to persons.

### MEDICINE IN THE ARMY AND NAVY.

THE questions most interesting to our army and naval brethren, and, by relationship, to every medical man, are unfortunately still in dispute between the authorities and the profession.

The recommendations of the Committee, at which the Colleges were represented, were at the time commented on as insufficient to the desired end. The Navy Circular which followed fell notoriously short



of the recommendations; and the Army Circular which was drawn up has been only recently issued.

Doubtless a reactionary policy on the part of the Government offices was determined on, and has proved a lamentable failure, as sufficient candidates of the right calibre are not forthcoming for the public services; and those who are, are far from enough to meet the exigencies of either service. Expedients are found inadequate, and yet they are the order of the day, in the hope of still longer staving off questions which increase in weight as they grow by time, until at length every non-executive department takes part with the medical in its claim to equal justice. The latest of these is a production of the pen and scissors of some Admiralty official, striving to delude Scotchmen into the persuasion that all grievances are satisfied, and all questions at rest among medical officers of the navy.

It consists of a pamphlet published for the guidance of medical students and their parents, under a taking title; and, from the ignorance of medical literature and history, betrays at once that it is not the work of any professional man. A very small knowledge of the navy, and of life on the ocean wave, enables one to judge of many varnishings and of some errors, which are but little in character with the seeming tone of candour in which the pamphlet is written.

It is a pity that any reliance should be placed in such pretences; and it would be far better that the authorities should trust to plain and just dealing with the army and navy medical officers, and to a straightforward statement of its intention to remedy the defects in their previous circulars, than to writers who cannot far misdirect the tyros of our class by such small productions as "Everything about them, for the Information of Medical Students of the Scottish Universities, and of Parents, etc."

THE following is the proposed scale of pay in the recommendations forming the basis of the Warrant for the Army Medical Officers, which General Peel has promised to issue at the commencement of next year. The increase of pay, however, will not commence until April next:—Under 5 years' service, 10s. a day; above 5 years, 12s. 6d.; above 10 years, 15s.; above 15 years, assistant-surgeons, 17s. 6d., surgeons, 20s.; surgeons-major above 20 years, 24s.; above 25 years, 27s.; deputy inspector-general of hospitals, above 20 years, 30s.; above 25 years, 32s.; above 30 years, 35s.; above 35 years, 37s.; inspector-general of hospitals, above 20 years, 40s.; above 25 years, 45s.; above 30 years, 47s.; above 35 years, 50s. In addition to this, the Warrant will, of course, give those privileges of relative rank which were conceded by the Warrant of 1858, and has since been most improperly withdrawn.

THE journal which spread the report of the death of M. Trousseau, on which we last week commented, was, we are happy to hear, in error. His illness is not of a serious character; but the news spread great alarm in Paris, and his house was crowded with anxious friends.

We have received a characteristic and charming letter from Professor Trousseau, *à propos* of this widely spread report of his death and of the few appreciative words which we wrote. He says: "The news of my death which I read in the journals astonished me a little; for I was not yet very ill." After describing his temporary disorder, which has entirely passed away, he adds: "Nevertheless, posterity has commenced for me; and I am happy to find, in a journal so esteemed as yours, eulogies which I am far from meriting, but which prove to me at least that I find some feelings of sympathy among my brethren."

CHOLERA has recently broken out in the Isle of Man, which had, up to that time, altogether escaped the infection. Its presence is supposed to be due to importation, but of this there is not, we believe, any conclusive evidence; though, as the first cases appeared among some fishermen who had just returned from the fishing grounds on the East Coast of Ireland, there is good reason for looking upon the supposition as correct. As far as we have been able to ascertain, the number of cases up to the present time has been eight, and the deaths four.

At the annual meeting of the Royal Society on the 30th ult., Lieutenant-General Sabine in the chair, the President delivered the customary address. The subjects of medical interest were this year few. The paragraph relating to meteorology is of considerable interest; and we shall hope to discuss it further. In presenting a royal medal to Mr. William Kitchen Parker, M.R.C.S., the President alluded to his valuable investigations among the Feramifera. The award of the medal was, however, based not so much on his work in this department of zoology, as on his labours in a very different and much more difficult branch of anatomy, vertebrate osteology. In 1860, Mr. Parker published a memoir, "On the Osteology of *Balaniceps Rex*"; and in 1862, another "On the Osteology of the Gallinaceous Birds and Tinamous," in the *Transactions of the Zoological Society*; while a third still more important memoir, "On the Skull of the Ostrich Tribe," was read before the Royal Society in March 1865, and is now published in the *Philosophical Transactions*. General Sabine observed that, in these elaborate and beautifully illustrated memoirs, Mr. Parker has not only displayed an extraordinary acquaintance with the details of osteology, but has shown powers of anatomical investigation of a high order, and has made



important contributions towards the establishment of the true theory of the vertebrate skull. Let us add that Mr. Parker, one of the most highly accomplished osteologists of Europe, pursues this difficult and laborious study amidst all the distractions of general medical practice.

THOUGH the cholera epidemic may now be considered as over, both cholera and diarrhoea still hang about some parts of the country. North Wales especially seems unable to rid itself entirely of the pestilence; for eight fresh cases of diarrhoea are reported as having occurred last week in the Anglesea Union, while from the Ruthin Union twenty-nine cases of either cholera or diarrhoea are returned. Carnarvon, however, seems just now to be suffering most; for during the week before last there were in the Union forty-nine fresh cases and six deaths, and last week 271 cases and eleven deaths.

A STATEMENT has been widely circulated in the press this week, to the effect that the duties hitherto performed by the Meteorological Department of the Board of Trade are to be handed over to the Royal Society, and that the Society has undertaken to perform them. This is altogether a mistake. The Royal Society recommended that the Government should establish several stations in Great Britain and Ireland, as observatories for land meteorology, with Kew as a central station; and that the central direction should be under a scientific body. But the Royal Society never undertook to perform this duty or to carry out this superintendence; indeed, it would be quite out of the question that they should do so. The President and Council undertook to recommend a competent body in whom the Government could repose trust; but not to do the work themselves.

A VERY graceful and generous tribute has been paid to the memory of the late Mr. McCormick, house-surgeon for more than twelve years to the Bucks Infirmary. It was proposed at first by the Rev. C. Erle, that "from the funds of the institution a sum of £50 should be paid to the representatives of the late Mr. McCormick." This was lost by the casting vote of the Chairman, owing to an unwillingness to trespass further on the funds of the charity. But immediately after the meeting a subscription list was opened for the purpose among those present, "who thought something was still due in recognition of the valuable and ill-paid services of this pure minded and unpretending gentleman, who for twelve years and more had superintended this, one of the most beautifully arranged and best conducted hospitals in the kingdom." In a very few minutes, and before they separated, a private subscription to the amount of forty-two pounds was raised; Mr. Erle and Mr.

Ceely heading the list with donations of ten guineas each. The manner of the gift, the delicate kindness of the sentiments which inspired, and the courteous and earnest acknowledgment of valuable service which accompanies it, must make it trebly valuable to the mourners for whose acceptance it is proffered. The high character of the donors will add further to the value of their testimony. To be warmly appreciated and esteemed, to be kindly remembered and praised by those from whom praise is of great worth, is next to the highest meed for duty well done.

CLEAN bills of health are now, we believe, issued to all ships leaving the port of London; the Commissioners of Customs having been authorised by the Privy Council to do so, as the epidemic of cholera in London may now be considered to have ceased. This will be a great benefit to our mercantile marine, as ever since the outbreak of cholera most vessels sailing from London have been subjected to quarantine at their ports of arrival.

NEW directions have recently been issued from the Admiralty for the medical examination of officers, men, and boys, for the royal navy and marines, in lieu of those hitherto in force. A list of fourteen classes of disqualifying affections is given; and, as the document is lengthy, and is only interesting in detail to those actually engaged in the duty, who will be able to obtain copies on application, we refrain from printing it. It is important to observe, however, that the examining medical man is instructed specially that no person is to be reported fit, unless he be likely to continue efficient and serviceable in any climate, and under all the vicissitudes of service, for a period of not less than *ten years*. This is with a view to diminish the great numbers of men who now break down and apply for invalid pensions after short periods of service. No man or boy who has been reported fit for the service by a medical officer of the Royal Navy or of the Royal Marines is to be again subjected to examination, unless he re-enter for continuous service, or there be reason to believe that he is labouring under some disability contracted or sustained since his entry, or on going on foreign service. It is not thought, however, that the new regulations will work so well as could be wished, and we shall not be surprised to hear of their early revision.

WE regret to learn that Dr. Jeaffreson of St. Bartholomew's Hospital is very seriously, but it is hoped only temporarily, indisposed. Professor Hargrave of Dublin, who represents the College of Surgeons of Ireland in the Medical Council, has also, we are sorry to hear, been dangerously ill, and cannot yet be said to be out of danger.



It is rumoured that Government is about to institute a system of gratuities to public vaccinators, according to the degree of success, and that a sum of money has been provided for that purpose. It is known that such a plan was proposed in the Bill which was settled by the Select Committee of the House of Commons last session, but with which, as our readers are aware, the present ministry did not proceed. We have reason to believe that the present rumour is well founded.

FRESH outbreaks of Cattle-plague are occurring in Lancashire, Yorkshire, and Cheshire. There can be no question that this recrudescence of the disease in counties from which it had been effectually stamped out is of grave importance, and more especially at this period of the year. The farmers are now gathering the cattle into their sheds. Whilst cattle are in the fields, the means for preserving them from the plague are greatly facilitated by the ease with which they are separated. But now that they are being taken for the winter into sheds, previously the seat of this peculiarly insidious and active poison, the danger of infection of the herds is considerable, unless the most careful precautions have been taken for the thorough disinfection of these sheds. The manner of best effecting this is clearly pointed out by Mr. W. Crookes, F.R.S., in his able Report to the Cattle-Plague Commissioners on the subject. He recommends that every shed and all parts of the shed should be first washed, and then washed down with a hot solution of carbolic acid water, to the strength of one per cent. of acid in the water; then that the sheds should be closed, crevices stopped, and the interior fumigated by burning a roll of sulphur upon hot coals in a shovel. The total expense of this need not, he says, exceed a few shillings. The operation is one of the greatest simplicity; and by this we might probably guarantee ourselves against a recurrence of serious disasters. The caution is one which is certainly timely, and, we hope, will not be wasted. Farmers may think that six months' disappearance of the disease, while their cattle have been in the fields, renders a return of the pestilence unlikely in their sheds; but it has, we believe, been proved that the germs of the poison may retain their vitality for six months, and it is highly probable that they may do much longer.

DR. GOODEVE, one of the English Commissioners to the late International Conference on Cholera at Constantinople, summarised in a paper which he read this week at the Epidemiological Society the results and recommendations of the Conference. They were such as to confirm in the minds of all present the opinion which had already gained ground here, that the decisions and recommendations of the Congress

are worse than useless. In the terse but expressive words of Dr. Farr, who spoke few words and to the point, they are "not only unpractical but irrational." The Conference has clearly been one in which the physicians have had to stand behind the diplomatists, except so far as they would serve the end of the policy which the Conference supports. The teachings of science, the past history of quarantine, the investigations and reasoning of previous modern quarantine congresses, have been ignored or contradicted. This Conference of Constantinople would have nothing less than a quarantine of exclusion: ten days in the lazaretto for healthy passengers in ships with a sound bill of health from all the ports of an infected kingdom. This is the mediæval form of error; it always has been utterly impossible to absolutely exclude cholera; it always will be. In these days of active commercial intercourse, the very attempt is absurd. The recommendations to impose a quarantine of obstruction upon all passengers and goods from India is not justified by experience more than by common sense. In the long course of years that the Peninsular and Oriental Company's steamers have been actively passing to and fro, bringing their cargoes of passengers, cholera has never once been introduced by them. The "Suez canal scheme" is singularly mixed up with this attempt to restrict our commercial intercourse with India; and the expressed desire to establish great quarantine establishments, under the charge of two or more nations, at Perim, is more readily translated by the light of diplomatic than of scientific interpretation. Other recommendations of the Conference are equally sweeping. They advise the universal abolition of all sewers, and the adoption of earth-closets. They fear the pollution of the ground by the soakage around drain-barrels. We shall have again to analyse the report at length; but the result of Dr. Goodeve's statement, and of the objections which were urged by Dr. Gavin Milroy, Dr. Jenner, Dr. A. P. Stewart, and Dr. Farr, all excellent authorities, make it sufficiently clear that the recommendations are not such as our Government can safely adopt.

OUR readers will be grieved to hear that Dr. Aitken, of the Army Medical School, Netley, has met with a severe accident. His horse reared and fell upon him. When his groom extricated him from his dangerous position, it was found that he had sustained a fracture (simple) of the right thigh, just below the great trochanter. Professor Longmore and Staff Assistant-Surgeon Moffatt were soon in attendance; and we are happy to say that their patient is doing well. The accident happened on Thursday, at Dr. Aitken's own gate, just as he was starting for Netley to meet his class.



THE tenacity with which yellow fever clings to ships makes the manner of disinfecting them a question of great importance. The following is recommended as a complete and satisfactory procedure. Every compartment of the ship should be well fumigated with chlorine or nitrous acid gas, and then the woodwork, as far as practicable, should be washed with a solution of chloride of soda or of lime. The bilges should especially be treated with some pounds of chloride of lime in water, or some gallons of chloride of iron in solution. All shingle, and such like ballast, should be removed. The cargo should be treated the same as the ship, and, in addition (before it is landed, and part by part as it is moved), be sprinkled with a solution of chloride of lime or of soda. The persons who have been engaged in disinfecting the ship and cargo should have complete baths of soap and water, and their clothes should be disinfected in the same way as the ship.

THE Commissioners on the Pollution of Rivers will immediately proceed to investigate the condition of the River Lea and its tributaries, from which the East London Water Company have drawn the supply which has been suspected of spreading cholera through the East of London. For this purpose they will hold public inquiries at their office, No. 2, Victoria Street, on Monday and Tuesday, the 10th and 11th December, and subsequently at Hertford and other towns on the banks of the river.

THE men accused of "feloniously killing and slaying" Edward Wilmott, by taking part in a prize boxing match, which ended in his receiving fatal injuries, appear to have been acquitted by a decided expression of opinion on rather a doubtful medical question. The judge directed the jury that, "if a prize fight took place, and death ensued, it was manslaughter, because fighting was a thing which did kill; but the medical witness for the prosecution said himself that he did not think such sparring as that which had been described was necessarily dangerous to human life." The jury returned accordingly a verdict of not guilty; and the judge said it would be well if such contests could be stopped *before they become dangerous*. So that killing in a sparring-match is not manslaughter; but in a prize-fight it is either that or murder. This is worth Professor Taylor's notice; to us it is a new point of legal jurisprudence.

THE horrible murder at Sheffield of a boy, aged 18, by a fellow apprentice, aged 16, can hardly fail to attract the attention of alienist physicians. Without any preliminary quarrel, and on no discoverable ground, the murderer attacked his bed-fellow while asleep, beat in his skull with a hammer, and stabbed him several times. The jury returned a verdict of

wilful murder, and regretted they could do no other. It is stated that the prisoner said he always felt that he should murder somebody, but he did not know who it was to be. He was a fatalist; and having accepted as something inevitable the belief that he should come to the ignominious death of a murderer, he made no attempt to resist the temptation that constantly beset him to bring about the realisation of his awful belief. His own account of the manner in which the murder was committed is this. He had contemplated it for a week; and on the night of the murder hid the weapons under the pillow. He sat up the whole night watching the poor lad; and he "repeated the Lord's Prayer, and then struck the blow." It does not appear that he had previously exhibited any signs of insanity, or that he had any difficulty of discerning between right and wrong; so that the case, thus far, does not seem greatly to differ from that of the boy Burton, who murdered a lad in Essex a year or two since, under "ungovernable impulse" and without motive, and was hanged for it.

THE Emperor of the French has conferred the Order of the Legion of Honour on the following members of the late Cholera Conference at Constantinople. Saleh Effendi, Ottoman delegate, and M. le Comte de Lallemand, have been created Commanders of the Order; Dr. Bartolette, second Ottoman delegate, and M. Pinto de Soveral, Portuguese delegate, have been named Officers; and M. Kalergi, Greek delegate, Dr. Muhlig, Prussian delegate, Dr. Naranzi, and Baron Collongues, Secretaries to the Conference, have been made Knights of the Legion of Honour.

M. Tillaux has presented to the Surgical Society of Paris an "unfortunate victim of the illegal practice of surgery by religious bodies". It was a case of aneurism of the brachial artery, caused by the lancet of a *religieuse*.

The *Gazette Médicale* of Lyons notices with pain the disturbances created by the medical students of Paris at the opening of the courses of the Faculty of Medicine, and makes the following comments. "This sort of thing is capable of giving us great annoyance; but the measure of our surprise was filled up long since. 'Children,' says La Bruyère, 'are but men in miniature.' And when children see their fathers applauding *Thérèse*, and spending whole evenings in singing in chorus *Bu qui s'avance*, what is likely to be the tendency of their enthusiasm and their sympathies? Men have retrograded into children. Their children will surely find some ingenious method of still further degenerating. For this evil, the remedy is at hand—immediate and infallible. But it is not a sedative that is needed, nor even a caustic; but a general medication."



The *Pacific Medical and Surgical Journal* makes some strong remarks on the outcry lately raised against the employment of medicines, and the increasing tendency to trust to the curative power of Nature in disease. It observes, that Nature is doubtless competent to the cure of many diseases, acute and chronic; but that the action of drugs may co-operate with the efforts of Nature, and thus produce a more speedy cure. A splinter in the skin will be thrown off by suppuration; but extraction at once relieves the annoyance. A child, having eaten unwholesome food, is seized with convulsions: let it alone, and, in all probability, the convulsion will pass off, and the offensive matter will be discharged from the bowels without interference. But does this result prove that a cathartic might not have procured more speedy relief, without the wear and tear caused by the lengthened pain and distress? It is, indeed, doubtful whether exhaustion caused by protracted pain is not often much more injurious than the operation of active medicines—"drugs" so called.

The *Wien. Med. Wochenschr.* says that there is at the present moment a great hunting after medals on the part of Vienna doctors. Numerous applications have been made for the article to the Minister.

Dr. Cazenave of Bordeaux gives, in *Gazette des Hôpitaux*, a case of death of a man suffering from calculus, through fright immediately before the operation of lithotomy. The patient was a well-known veterinary surgeon, aged 60 years, once a very hale and energetic man. Lithotripsy had failed to relieve him: resort was therefore had to lithotomy. The patient was bandaged up for the operation; and the operator was on the point of introducing the catheter into the bladder, when the patient suddenly became pale and pulseless, and, spite of all attempts to recover him, was dead in ten minutes.

This year, 166 medical students have entered the University of Brussels.

M. Barth, *à propos* of a discussion on the ingestion of blood at the Société d'Emulation, said that a young cachectic female under his care found benefit from the use of blood, of which she took a draught every morning at one of the *abattoirs* in Paris.

Mlle. Marie Bassetti has passed a brilliant examination in the Baccalaureat of Sciences, before the French Faculty. She is the second young lady who has done so.

Dr. Peters of New York has added a little volume—*A Treatise on the Origin, etc., of Asiatic Cholera*—to the modern library of cholera literature. He holds that cholera is portable and communicable, and that infectiousness resides mainly in the vomit and intestinal evacuations. No case, he asserts, of diarrhoea, etc., can be converted into cholera, unless the patient have been exposed to the peculiar infection of this disease.

## Association Intelligence.

### BATH AND BRISTOL BRANCH.

THE second ordinary meeting of the above Branch will be held at the York House, Bath, on Thursday evening, December 13th, at 7.15 p.m.

The following papers are expected:—A Case of Gonorrhoeal Rheumatism. By A. Prichard, Esq. An Extraordinary Case of Carcinoma in a Child. By W. B. Herapath, M.D. On the Internal Use of Tartar Emetic in Sudden Acute Inflammations. By J. K. Spender, M.B. An Unusual Case of Valvular Disease of the Heart. By Ezra Hunt, Esq. Clinical Temperature in Acute Disease. By H. W. Freeman, L.R.C.P.L.

E. S. FOWLER, *Honorary Secretary.*

### SOUTH EASTERN BRANCH: EAST SURREY DISTRICT MEDICAL MEETINGS.

THE next meeting of the above Branch will be held at Longton's Hotel, Sydenham, on Thursday, December 13th. The chair will be taken by Dr. Ray, of Dulwich, at 4 p.m.

Papers, etc., will be read by Dr. Horace Jeaffreson, of Wandsworth; Dr. J. M. Bright, of Forest Hill; Mr. Roper, of Croydon; Mr. Sydney Jones, of London; and Mr. Cresswell, of South Norwood.

Dinner will be provided at 6 p.m.

HENRY T. LANCHESTER, M.D., *Hon. Sec.*

Croydon, November 28th, 1866.

**CHOLERA.** No death from either cholera or diarrhoea has occurred in London since Tuesday week last.

**THE UTILISATION OF SEWAGE.** An influential meeting of gentlemen favourable to the question of the utilisation of the sewage of Liverpool was held last week, to hear an address on the subject from Lord Robert Montagu, M.P. After some general arguments and observations on the importance of keeping rivers pure, and returning all waste products to the land, his lordship quoted from the report of the royal commission certain results of utilisation from experiments made during 1861, 1862, and 1863. These experiments showed that land unsewaged yielded 9, 8, and 4 tons of grass per acre—a decreasing quantity each year; while land irrigated by town sewage yielded from 27 to 37 tons. In Edinburgh, where the utilisation was adopted, land yielded £30 per acre; at Croydon there were four cuttings of grass each year at £10 per acre, yielding £40 per acre in all; at South Norwood Mr. Latham cleared £40 an acre. By adopting the utilisation system at Liverpool Lord Robert Montagu estimated that a revenue of £150,000 a year might be created. With regard to milk, the results of utilisation were most surprising, the calculation of the commissioners being, that 1,000 gallons of milk per acre might be obtained, which, at eightpence per gallon, would afford a revenue of from £30 to £35 per acre. In fact, boundless wealth lay in store for the towns by this plan of returning excreted matters to the soil, while the agricultural advantage was equally great. A company has been established to utilise the sewage of Liverpool in the way proposed. A discussion ensued at the termination of Lord Robert's address, in which Mr. Bateman, C.E., Mr. Neilson, Dr. Trench, medical officer of health, and other gentlemen took part,



## Medical News.

### THE MEDICAL EVIDENCE IN THE HUNTER CASE.

THE medical evidence in the case *Hunter v. Sharpe*, was given by Dr. C. J. B. Williams, Dr. Cotton, Dr. G. Johnson, Dr. W. O. Markham, Dr. Quain, and Dr. Odling. To repeat the evidence and the admirable charge of the judge, would be to fill the JOURNAL with matter which, although of great interest and importance, has for the most part already appeared. The evidence, however, in this case, was remarkable for its cogency, its moderation, and the unimpaired vigour in which it was left by a searching cross-examination. Scientific witnesses have rarely been more severely tested, and still more rarely have the attempts to shake any part of evidence so completely failed.

**CONVALESCENT HOSPITAL.** On Friday week a new Convalescent Hospital was opened at Clewer.

**SCURVY.** The members of the Hunterian Society assembled on Wednesday week to discuss the nature and treatment of scurvy, and the hygienic conditions under which it is produced. A paper was read thereon by Dr. Dickson, R.N., medical officer to her Majesty's Customs, and the meeting was attended by Captain Dawson, R.N., Captain Toynbee, and other non-medical visitors.

**PROMOTION IN THE NAVAL MEDICAL SERVICE.** Sir John Pakington has, in the exercise of his undoubted privilege, promoted Deputy Inspector-General of Hospitals and Fleets Alexander Armstrong to the coveted rank of Inspector-General over the heads of three of his seniors. Of these, however, one is incapacitated from a painful disorder from giving further service to his country, while another has but a scanty claim for further advancement. The remaining one, however, has served long and faithfully, and, many will think, was fully entitled to promotion before Dr. Armstrong. We allude to Dr. James Salmon, whose seniority dates as far back as 1855, while that of Dr. Armstrong only goes to 1858. Under other circumstances we should have heartily congratulated Dr. Armstrong on his good fortune. He has worked hard and faithfully for the prize of his profession, but such a preference at this moment is likely to act prejudicially on the Naval Medical corps, which has loudly expressed its grievance before the committee on the narrowness of the prospect of rising by talent or service to the upper grades, when it sees that even that limited prospect is still further closed by Court influence, as it does not require a man to be a sear to guess at the exact character of "the special service recorded at the Admiralty," for which Dr. Armstrong is indebted for his sudden removal from Melville Hospital by promotion. We do not suppose that Dr. Salmon, if he lives, will have long to wait for his next step; but in the meantime he is compelled to submit to the annoyance of seeing a junior promoted to be his senior officer, with the full conviction in his own mind, and in the minds of others that he was fairly entitled to advancement, and that he should not have been passed over. Sir John Pakington has been admitted by the naval medical officers to be their staunch and consistent friend; and we feel convinced, as the service generally feels, that the feelings of a meritorious man have been deeply injured, some step will be taken in order that the bad impression which has been created will be speedily removed.

### OPERATION DAYS AT THE HOSPITALS.

**MONDAY.....** Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.  
**TUESDAY....** Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.  
**WEDNESDAY...** St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.  
**THURSDAY....** St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.  
**FRIDAY.....** Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.  
**SATURDAY....** St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

### MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

**MONDAY.** Medical Society of London, 8 P.M. Mr. W. F. Teevan, "On the Diagnosis and Treatment of Diseases of the Urethra with the aid of the Endoscope."  
**TUESDAY.** Royal Medical and Chirurgical Society. 8 P.M., Ballot. 8.30 P.M., Mr. Christopher Heath's Case of Aneurism of the Arteria Innominate successfully treated by Ligature of the Subclavian and Carotid Arteries.  
**WEDNESDAY.** British Archaeological Association, 8.30 P.M.

### TO CORRESPONDENTS.

\* \* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

**COMMUNICATIONS.**—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

**CORRESPONDENTS**, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

THE Publisher begs to intimate that orders for JOURNALS sent by post must be accompanied by stamps for the amount. Price of each number is, by post, sixpence.

**ERRATUM.**—The word "nitric", at the head of Professor Bennett's note (JOURNAL, Nov. 24, p. 593), should have been *acetic*.

F. S. wishes to know what is the best way of administering chloroform internally. He has lately seen milk recommended as the best vehicle; but he does not think it perfectly satisfactory.

**AN ASSOCIATE, Cardiff.**—Griffin & Co., Long Acre; Elliott Brothers, Charing Cross; W. Ladd, Beak Street; Jackson and Townson, wholesale dealers, 89, Bishopsgate Street Within.

**A GUARDIAN, Manchester.**—If your pupil passed the ensuing examination in arts, etc., at the College of Surgeons, he could enter on his professional studies at once, and thus save half a session. Write to the Secretary.

**THE MEDICAL BENEVOLENT FUND.**—Mr. A. B. Steele, of Liverpool, asks how it has come to pass that the Medical Benevolent Fund, originated by the late Mr. Newnham, in connection with this Association, has been, to all appearance, separated from the parent stem. He has for some time observed, with regret, that the support which the Fund receives from the members of the Association is by no means general; and he attributes this partly to the annual meeting for the election of officers being held apart from that of the Association, and from the arrangements not being such as to keep the Fund before the minds of the members in connection with the Association. He can imagine no better machinery for the extension of such an institution than would be afforded by the Association and its Branches, nor any object more worthy of its application. We commend this subject to the consideration of the managers of the Fund.



A HOSPITAL PHYSICIAN writes:—I wish you would ask your readers, holding similar appointments to myself, whether they consider the addition of an egg, a rice-pudding, half-a-pint of beef-tea, or other extras, to the ordinary diet, necessary for a large proportion of convalescent hospital patients. I do; but our secretary and some of the governors differ from me on this point.

Mr. ERICHSEN's letter shall appear next week.

CHOLERINE AND CHARCOAL.—Dr. Farr, F.R.S., of the General Register Office, has communicated to us an interesting explanation of the sense in which he intends the statement to be understood that Dr. Frankland has shown "that cholera-stuff passes through filtering-paper, and that water containing one-five-hundredth part of the matter is not entirely purified by transmission through animal charcoal." This is in answer to the question which we put last week in the "Notes of the Week". From the documents forwarded, including the supplement to the weekly Report of the Registrar-General, Nov. 17th, we learn that "cholera-stuff" is used as descriptive of "rice-water evacuations", which is "neither a good nor an agreeable name for public use." In the Registrar-General's Report, Dr. Farr has called the zymotic matter of small-pox "varioline"; of cholera, "cholerine", etc. This word is not, Dr. Farr thinks, used by English writers for choleraic diarrhoea (here he is not accurate in his memory); but it is so used by the French. He has dropped, therefore, the *c*, and writes *cholerine*, to avoid ambiguity. This latter he commends to all who accept the hypothesis that there is some stuff that, taken into the system, does, in a certain proportion of cases, produce what is called "cholera". We shall take further opportunity of referring to the interesting letter of Dr. Frankland, and the rather inconclusive but highly important experiments referred to.

Dr. EDWIN HEARNE forwards us a letter, which he has addressed also to the *Southampton Times*, strongly denouncing the adoption by the Privy Council of the strict system of quarantine imposed upon the *Atrato*.

Dr. KIDD's letter shall meet with due consideration.

THE CASE OF HUNTER V. SHARPE.—There is one feature in the case of Hunter v. Sharpe on which an evident misconception prevails. The full and pointed reference to Mrs. Merrick's case, in the middle of the article, was not declared upon by plaintiff as libellous; and when the defendants pleaded a general justification, they were called upon by motion in the Court of Queen's Bench, on the 12th January last, as careful newspaper readers will remember, to furnish particulars of their justification. The Lord Chief Justice Cockburn then intimated that any other matter than that justifying the alleged libel charging professional malpractice or quackery would be excluded. How, after this published decision of the Court, any question concerning the Merrick case came to be submitted to the jury by the plaintiff's counsel, it is difficult to understand; but it may not have influenced the result. Leave was given to move for a new trial; but the defendants were probably well satisfied with the result.

Mr. R. L. BOWLES.—The paper is one of considerable interest, and shall have early insertion.

NEURALGIA AFTER SHINGLES.—Sir: Would you or some of your numerous readers kindly inform me whether there is any remedy for the very severe neuralgic pains which often attend "shingles", even after they have got well. I have now under my care three cases; in one of which they have lasted for twelve months, coming on more particularly with damp weather; and in the other two cases, the pain renders the patients unable to sleep at night. If you can suggest any remedy, you will greatly oblige.

Dec. 4, 1866.

I am, etc., A. C.

[We hope some of our readers may be able to reply to this question. We have known division of the frontal branch of the fifth nerve proposed by an eminent London surgeon in a severe and persevering case of neuralgia following upon herpes of the forehead. EDITOR.]

A PAPER by Dr. R. Liebreich on Strabotomy is in type, and will appear in the next number of the JOURNAL.

THE INDIAN ARMY MEDICAL SERVICE.—Sir: Will you kindly inform me in your next issue, whether the new Army Medical Warrant will in any way affect those entering the Indian service; or whether any new Warrant is likely to be issued for that service also. Apologising for so troubling you.

I am, etc.,

CHIRURGUS.

F.R.C.P. asks why pigs, whose flesh is swarming with live trichinae, do not die of irritative fever, etc., while men, who eat their flesh, do. We believe, however, that it is not correct to state that pigs do not, or rather do never, die under these circumstances. In America, it is believed that death from this cause is frequently classed as what is known as hog-cholera. The danger from trichinae is probably proportionate in animals, as in man, to the number of them which infest the body. We should be glad to hear what Dr. Cobbold, our greatest English authority on this subject, has to say about it.

TREATMENT OF CANCER, ETC., BY INJECTIONS.—Sir: Whatever might have been Sir James Simpson's object in operating, I have nowhere stated that "sphacelus" was ever produced. For the production of sphacelus, I should have thought that the free access of oxygen was necessary—a very likely thing, indeed, to take place through an opening in healthy skin no larger than would be made by the introduction of a common drawing-needle.

I am, etc.,

THO. SKINNER, M.D.

Liverpool, November 28th, 1866.

Mr. R. MOORE writes concerning the case of a gentleman in practice before 1815, and duly registered as such; but who commenced practice by going into partnership with his father a few months before he was of age. "He is most anxious to ascertain whether that fact can affect his legal status now, after being in the profession more than fifty years." The fact mentioned may affect the validity of the partnership and of any acts done as partner. This is a legal question; but it cannot affect his present status as a registered practitioner.

MEDICAL STUDENTS.—Sir: From the remarks made in your JOURNAL last week, respecting the letter of "Medical Tutor" in the *Times* newspaper, it appears that all who are concerned in medical tuition are called upon to express their sentiments. I therefore beg to inform you that I consider the letter of "Medical Tutor" to be a most false and malicious libel, both upon students and their professional teachers.

I am, etc.,

JOHN SEAGALL, M.D.

2, Southampton Street, Bloomsbury Square, Dec. 3, 1866.

[Communications have been addressed to us, on the part of nearly every medical tutor in London, disclaiming participation in the sentiments expressed by "Medical Tutor" in the *Times*.]

DISINFECTANTS AND DEODORISERS.—Sir: I see it announced in your last number, that the Lords of the Admiralty have ordered the use of Burnett's Fluid to be discontinued in the navy, because it has been "discovered" that chloride of zinc is not a disinfectant, but only a deodoriser, and moreover a frequent cause of fatal accidents. This compound having been in use in the navy twenty-five years, it would appear that it takes the Medical Department of the Admiralty exactly a quarter of a century to "discover" what a few simple experiments might have sufficed to make clear in the course of a day or two.

Carbolic acid, it seems, is to be substituted for the discarded preparation. It will be curious to note how many years will be required by the Admiralty to discover that this substance is neither a disinfectant nor a deodoriser, but merely an antiseptic. If the "tar acids", as the phrase now is (see the *Chemical News*), be really good for anything in place of disinfectants, would it not give rise to a considerable saving to the national exchequer, to let "the fleet" know that they can readily make their own, by the old plan of thrusting a hot poker into a bucket of tar.

London, Dec. 3, 1866.

I am, etc., JACK TAR.

COMMUNICATIONS, LETTERS, etc., have been received from:—Dr. ACLAND, Oxford; Dr. BURROWS; Mr. W. BOWMAN; Dr. THOMAS SHAPTE; Dr. GIBSON; Dr. A. W. BARCLAY; Dr. WARBURTON BEGGIE, Edinburgh; Dr. A. W. BARCLAY; Mr. FRY; Dr. LIONEL BEALE; Mr. CLARKE; Dr. COTTON; Dr. CYRUS O. DANIELL; Dr. FULLER; Dr. FOX; Dr. GREENHOW; Mr. HARRISON, Leeds; Dr. HILLIER; Dr. HABERSHON; Mr. HOLMES; Mr. HOLT; Professor HUMPHRY; Dr. LYON; Dr. LIEBREICH; Mr. HARRY LEACH; Dr. MERTON; Dr. MAUDSLEY; Mr. CHARLES H. MOORE; Mr. PRICHARD; Dr. PAGET; Mr. POLLOCK; Dr. ROLLESTONE; Dr. RADCLIFFE; Sir JOHN FIFE; Dr. DAUBENY; Dr. LETHBY; Mr. BARWELL; Mr. LYDE; Dr. JAMES RUSSELL; Dr. HEARNE; Dr. LANCASTER; Mr. J. T. MOORE; Mr. R. L. BOWLES; Mr. T. M. STONE; Dr. HANDFIELD JONES; F. S.; F.R.C.P.; A HOSPITAL PHYSICIAN; AN ASSOCIATE, Cardiff; Mr. ERICHSEN; Dr. JAMES MITCHELL; Mr. R. MOORE; Mr. TEEVAN; Mr. I. B. BROWN; THE REGISTRAR OF THE MEDICAL SOCIETY OF LONDON; Mr. A. COX; Mr. ERICHSEN; Dr. LIEF; THE HONORARY SECRETARY OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY; Mr. THOS. BRYANT; Dr. ROBERT FINCH; Mr. JOHN LIDDLE; Dr. DUCKWORTH; Dr. BAZIRE; Mr. PAGET; Mr. HOLMES COOTE; Mr. TEALE; Mr. HEY; Dr. CHARLTON; Dr. HALDANE; Mr. HERKELEY HILL; Dr. FALCONER; Professor LISTER; Dr. ANDREW CLARK; Dr. KIDD; Mr. CRITCHETT; Dr. W. FARR; Dr. GREENHALGH; Dr. MEADOWS; Mr. W. CROOKES; Dr. CRUISE; Dr. SIEVEKING; Professor LAYCOCK; and Dr. BRODIE.



# PRIZE OF THE BRITISH MEDICAL ASSOCIATION.

The Subject selected by the Committee of Council for competition in 1867 is for "Original Research on some Therapeutic Agent."

The Prize consists of a Gold Medal, value twenty Guineas, called the **HASTINGS MEDAL**.

The Essay must not be in the handwriting of the Author, nor exceed in length twenty-four pages of the **BRITISH MEDICAL JOURNAL**.

It must be forwarded to the General Secretary on, or before, the 1st of July, 1867, under cover, together with a sealed envelope bearing the motto of the Essay, and containing the Author's name and address.

The successful Essay is to be considered the property of the Association, and will be published in the Journal.

T. WATKIN WILLIAMS, *General Secretary*.

13, Newhall Street, Birmingham, Nov. 2nd, 1866.

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# Description

OF

## A MODIFICATION OF THE OPERATION FOR STRABISMUS.

BY

RICHARD LIEBREICH, M.D.,

PROFESSOR OF OPHTHALMOLOGY, PARIS.

It is well known that, if the internal rectus muscle be divided in the manner now generally practised, it is possible to correct a squint of from 2 to 2½ lines in adults, and from 2½ to 3 lines in children. But, if the deviation exceed this extent, it will be necessary to perform two, three, or even more, successive operations.

Whilst the division of the effect between two operations, one on each eye, offers certain advantages with regard to the symmetry and uniformity of the movements of the eyes, the performance of a third or fourth operation—i.e., its repetition upon a muscle which has been already divided—is attended by great disadvantages. In fact, by such a repetition of the tenotomy, anything like an approximative calculation of the result is rendered impossible. In some cases the effect will be *nil*, in others excessive; so that, as was once said by a well known ophthalmic surgeon, when a third tenotomy has once been made, it is impossible to predict how many more it may be necessary to perform upon the same individual.

This is probably owing to the cicatricial adhesions which are formed after the first operation, as they prevent the performance of the usual simple tenotomy. For, if we be not careful to divide these adhesions completely, it may easily occur that a small band, which has escaped our notice, will mar the effect; or if, in order to ensure their complete division, we have been obliged to incise the parts freely, a divergent squint (in division of the internal rectus) not unfrequently results, with considerable loss of mobility inwards, sinking of the caruncle, etc.; in short, all the disadvantages of the old and now abandoned operation.

About a year and a half ago, I felt anxious to remedy, if possible, these defects by an alteration in the mode of operating; and I then determined to investigate with greater accuracy: (1) the anatomical relations of the muscles, with regard to the capsule of Tenon, the sclerotic, conjunctiva, caruncle, etc.; and (2) the mechanical effect of the operation for strabismus.

The capsule of Tenon, which encloses the whole eyeball with the exception of the cornea, consists of two very different portions. The posterior half, with its smooth, firm inner surface, forms a cup in which the eyeball moves freely, as the head of a joint in the socket. This cup is pierced by the four recti muscles, and forms, at the point of perforation, a sharply defined ring, which enters into so close a connexion with the muscles, as to render any displacement between the two impossible. This close adhesion between the muscles and the posterior half of the capsule is, moreover, increased by sheath-like processes, which run backward from the outer surface of the capsule towards the orbit, and which are, for a certain distance, firmly connected with the muscles. But, towards the eyeball, no sheath-like processes extend from the posterior capsule; the latter terminates abruptly in the form of a ring, which en-

closes the spot where the muscles penetrate, and whence, for a very short distance, the muscles are quite free from any adhesion. But before the tendon is inserted into the sclerotic, it penetrates between the sclerotic and the anterior half of the capsule, and becomes united with the latter.

This anterior half of the capsule, which may be considered as standing towards the posterior portion in the relation of a semicircular lid to a semicircular cup, is much thinner than it, and is difficult to dissect, more especially on the dead body; for, like the conjunctiva, it rapidly diminishes in thickness and firmness after death.

If we trace the anterior half of the capsule from the anterior pole of the eye towards the periphery, we commence with a circular opening which corresponds to the size of the cornea, and through which the latter projects. The margin of this opening is in close apposition to the sclerotic. Within a zone, which is bounded on one side by the opening on the margin of the cornea, and on the other by the line uniting the insertion of the four recti muscles, the conjunctiva, the capsule of Tenon, and the sclerotic, are firmly and immovably connected together. At the periphery of the zone, this condition becomes, however, changed. The connection between the capsule and the sclerotic is interrupted by the passage of the muscles. The lax cellular tissue, which here connects the sclerotic with the capsule and the inner surface of the muscle, may perhaps have given rise to such complex and fanciful descriptions as those of Guérin. (*Gazette Médicale*, 1842, No. 6.) The idea that the muscles, after they have pierced the capsule, are accompanied as far as their insertion by sheath-like processes derived from it, has, owing to these descriptions, maintained itself in ophthalmology even up to this time, and has served as a basis for explanations of the effect of the tenotomy, the difference between the old and modern mode of operating, etc. This idea is, however, erroneous; for these sheath-like processes do not exist at all. But, as has been already mentioned, the anterior half of the capsule of Tenon certainly adheres to the upper surface of the muscle and is intimately connected with it. On the other hand, the conjunctiva is here also tolerably firmly connected with the capsule, as far as a somewhat irregularly circular line, which may be recognised by the fact that it lies at the bottom of a furrow when the eye is moved in an eccentric direction. The formation of this furrow prevents the sinking and tilting forwards of the conjunctiva, which would otherwise occur near the caruncle, as, for instance, when the eye looks far inwards. From this marginal line, the connexion between the capsule of Tenon and the conjunctiva becomes quite lax. One portion of the connective tissue, which composes the anterior half of the capsule, is reflected, and passes over into the submucous tissue of the eyelids; another portion attaches itself to the edge of the posterior half of the capsule, in order thus to close the latter. These two halves do not really pass perfectly over into one another, inasmuch as the edge of the posterior half of the capsule is partly continued into the band-like adhesions between it and the edge of the orbit. From this description, we must call special attention to three points, as being particularly important with regard to the performance of the operation for strabismus.

1. The connection of the muscle with the capsule of Tenon is two-fold. On the one hand, there is the annular connection of the posterior capsule and its sheath-like processes (which are reflected towards the orbit) with the belly of the muscle; on the other, the firm adhesion of the anterior half of the capsule to



the surface of the end of the muscle, which penetrates into the capsule.

2. The conjunctiva is firmly connected with the outer surface of the capsule of Tenon, from the edge of the cornea to an irregularly circular, sharply defined, marginal line; and, consequently, it stands in a very important relation to the muscles of the eye.

3. The caruncle, together with the semilunar flap, rest upon a band-like ligament, which passes from the capsule of Tenon towards the edge of the orbit. Now, when the internal rectus is contracted, and the eye rolled inwards, this band is rendered tense; and the caruncle, which is fixed to it, is consequently drawn in towards the inner edge of the orbit. But the outer edge of the caruncle, together with the semilunar fold and an adjoining portion of conjunctiva, are drawn backwards into a furrow. This is partly due to the fact that, during the movements of the eye, the conjunctiva lies, up to a certain point, in close apposition to the eyeball; and partly also to the fact that, on contraction, when the muscle, on account of its connection with the anterior half of the capsule, must draw the latter backwards, where it will be followed by the conjunctiva (which is likewise connected with the capsule), the semilunar fold, and the caruncle.

From a consideration of the first of these three points, we learn with regard to the mechanical effect of the operation for strabismus, that a division of the insertion of a muscle can only be brought about by a division of the portion of anterior capsule which covers the muscle. For this portion, which passes over the muscle to become attached to the sclerotic just before the insertion of the tendon, keeps the muscle in a fixed position with regard to the sclerotic; so that, if we attempt to sever the tendon from the sclerotic without dividing this portion of the capsule, the tendon would become reunited exactly at its original point of insertion; so that, in fact, it would not have receded at all. It would, however, be not only very difficult, but almost impossible, to avoid incising this portion of the capsule, as, on account of its intimate adherence to the insertion of the muscle, it is always divided simultaneously with it. Even in the subconjunctival operation, although the conjunctiva which covers this portion of the capsule is left intact, the capsule itself is divided along the whole breadth of the insertion of the muscle. This vertical incision of the capsule of Tenon, which always takes place simultaneously with the tenotomy, is the cause of the retrocession of the anterior part of the capsule covering the muscle, and of the annular portion of the capsule which keeps the muscle fixed, and consequently, also, the retrocession of the muscle itself. By increasing the length of the incision in the capsule (Graefe's division of the lateral processes), we may certainly produce a somewhat greater retrocession; but, owing to the second point mentioned above, it cannot be very extensive. For the connexion of the conjunctiva with the capsule does not permit a more considerable retrocession of the latter, unless we make an extensive vertical incision in the conjunctiva, analogous to that in the capsule, and thus jointly divide the conjunctiva, capsule, and tendon. Such a proceeding is, however, accompanied by considerable disadvantages. On account of the connexion between the muscle, capsule, and caruncle, the divided muscle draws the caruncle and the semilunar fold backwards and inwards, as well as that portion of the conjunctiva which was divided by the vertical incision. In consequence of this, these parts assume the same position when the eye looks straight forward, which they do in the normal eye when it is turned very far inwards. At the same time, the dis-

tance between the semilunar fold and the inner edge of the cornea is increased, as also the portion of sclerotic visible at the inner angle of the eye; and this gives to the eye that peculiarly disagreeable appearance which was so characteristic of the old operation.

In order to obviate these disadvantages, and yet obtain a much more considerable effect, I am in the habit of performing the following modification of the operation for strabismus, which is based upon the above considerations.

If the internal rectus is to be divided, I raise with a pair of forceps a fold of conjunctiva at the lower edge of the insertion of the muscle; and, incising this with scissors, enter the points of the latter at the opening between the conjunctiva and the capsule of Tenon; then carefully separate these two tissues from each other as far as the semilunar fold, also separating the latter, as well as the caruncle, from the parts lying behind. When the portion of the capsule which is of such importance in the tenotomy has been completely separated from the conjunctiva, I divide the insertion of the tendon from the sclerotic in the usual manner, and extend the vertical cut, which is made simultaneously with the tenotomy, upwards and downwards—the more so if a very considerable effect is desired. The wound in the conjunctiva is then closed with a suture.

The same mode of operating is pursued in dividing the external rectus; and the separation of the conjunctiva is to be continued as far as that portion of the external angle which is drawn sharply back when the eye is turned outwards.

The following are the advantages of my proceeding.

1. It affords the operator a greater scope in apportioning and dividing the effect of the operation between the two eyes.

2. The sinking back of the caruncle is avoided, as well as every trace of a cicatrix, which not unfrequently occurs in the common tenotomy.

3. There is no need for more than two operations on the same individual, and therefore of more than one on the same eye.

With regard to point 1, we may, if we choose, produce either the effect of the common tenotomy, or we may correct a deviation of four lines or even more in adults, and of five lines or more in children. In order to prevent the repetition of misunderstandings which have arisen from my *visu voce* statements, I would remark, that it is by no means my intention, when the squint is so considerable in degree (four lines in adults, five lines in children), to perform in all cases only one operation. Indeed, in such cases, I entirely agree with the principles laid down by Von Graefe; viz., to divide the effect of the operation between the two eyes. It is only in exceptional cases, in which the mobility inwards of the squinting eye is much increased, and the aperture between the lids is not wider than in the other eye, that I correct so considerable a deviation by one operation. If certain personal considerations—as, for instance, the departure of the patient—render a repetition of the operation impossible, I prefer a single modified tenotomy to the proceeding adopted by other surgeons (e.g., at Moorfields Hospital), viz., the simultaneous division of both internal recti muscles. If the deviation amounts to three lines in adults, or four lines in children, I generally perform only one tenotomy. It is probably chiefly owing to the possibility of curing a squint of this extent by a single operation, and without any sinking of the caruncle, that the prejudice against the operation for strabismus, which I encountered, not only amongst the public, but even



in the medical profession, when I first settled in Paris, has now nearly entirely disappeared. So I am able, by this mode of operating, to correct the deviation in those cases in which the patient, owing to this prejudice, would never have consented to an operation upon both eyes.

With regard to point 2, I need only mention that the suture is to be applied in all cases. I think it of consequence that the conjunctival wound should be completely closed, and in such a manner that the conjunctiva reassumes its original position, so that the edges of the wound cannot become shifted from each other. If the finest English black silk and fine curved needles be used, no disadvantages can accrue, even if it should be necessary to apply several sutures.

But I consider the third point—the avoidance of more than two operations upon the same individual—as the most important. I hope that all surgeons who agree with me as to the disadvantages of a third or fourth tenotomy, will adopt my mode of operating in all cases of very considerable strabismus. The permanent effect must not, however, be estimated according to the immediate, but the ultimate, result; for the difference between these two is far greater in the modified operation (more especially if it be done extensively) than in the common one; and this applies not only to the deviation, but also to the loss of mobility. We find more especially that the loss of mobility, which is very considerable immediately after the operation, subsequently diminishes more and more, until it finally does not in the least exceed that which follows the common operation.

THE BRITISH LYING-IN HOSPITAL has just received a donation of £500 from an anonymous benefactor, who is also said to have set apart £25,000 for distribution amongst metropolitan charities.

DEATH FROM HYDROPHOBIA. Mr. Humphreys held an inquiry last week relative to the death, from the bite of a stray dog, of Edward Raymond Beasley, aged five years. On October 2nd the deceased was in his usual health, playing in the garden in the rear of the house, when a strange dog came in, and seizing his hand in his mouth shook it violently. Mr. Davey attended him, and the wound rapidly healed. Nothing seemed to be amiss until the evening of Friday, November 23rd, when he became very ill. He foamed at the mouth a little. He never slept afterwards, and death took place on Monday last.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, BROMPTON. The quarterly court of governors of this charity was held on November 29th. The secretary read the report of the committee of management. The working of the establishment as regards in and out-patients had been carried on with the usual beneficial results. The annual colouring and whitewashing had been completed, and the wards had been all filled up again. The financial progress of the charity had met with a slight check during the past quarter; but the committee did not attribute it to any diminution of favour on the part of the public. A donation of £500 had been received through Mr. E. J. Layton. The kind assistance of the clergy, by means of church collections during the last few weeks, was also gratefully acknowledged. The following legacies had been announced within the past quarter:—Miss Hannah Hopkins, 1,000 guineas; C. Beachcroft, Esq., £50; D. Falcke, Esq., £19:19. The number of in-patients admitted since August 9th was 320; discharged, many greatly benefited, 240; died, 46; new out-patient cases, 2327.

THE

## Jacksonian Prize Essay

FOR 1865.

### ON DISEASED CONDITIONS OF THE KNEE-JOINT.

BY

WILLIAM PAUL SWAIN, M.R.C.S.,

SURGEON TO THE ROYAL ALBERT HOSPITAL, DEVONPORT, ETC.

#### SECTION III.—OPERATIVE INTERFERENCE. (Concluded.)

##### *Diseased Conditions of the Knee-joint which Require Amputation through the Thigh.*

PERHAPS the most pressing necessity for amputation arises in that condition of disease which we have noticed; viz., acute synovitis which has run on to suppuration and destroyed the entire mechanism of the joint. I have given the notes of a case of Mr. Kempe's, where excision of the joint was performed with excellent results; but, satisfactory as that may be to the surgeon who performed it, and upon whom the operation was thrust by the patient and his friends, yet there can be no doubt that amputation is the rule in such cases, when all other means have failed to procure remission of the severe symptoms which always accompany the disease. One of those means will doubtless have been free incisions into the joint; and these should be so made that they may form a portion of the incisions in the amputations should it be required. The disease is itself a great shock to the system; and although in its last stage amputation is positively necessary to save life, yet we cannot but feel that the dangers of the operation are very great, and that the chances are rather against than in favour of the patient. The other diseased conditions of synovial membrane requiring operative interference have been referred to when considering excision of the knee. I then stated that I believed there were few other cases, besides the one just mentioned, of disease of the synovial membrane alone, which might not be cured without resorting to the knife.

The gelatiniform degeneration, when in a very advanced stage involving the whole joint-tissue is, I believe, incurable, and is also very unfavourable for excision. It is just one of those cases where one would be loth to amputate without first endeavouring to save the limb by an exploratory excision of the knee; and, unless the bony tissue were then found to be in a very favourable condition, amputation had better be at once completed.

There is no diseased condition of articular cartilage, that I am aware of, which ever demands amputation of the limb. If the patient be worn out by pain and confinement, all other means having failed, relief should be sought, as before stated, in excision of the joint; but, as a primary proceeding, amputation of the thigh need never be resorted to.

It is more especially in *Diseases arising in or extending to the bones of the joint* that we are called upon to remove the limb above the seat of the disease. In cases of diffuse inflammation of the bone,



the joint being entirely destroyed, there is clearly no better means of relieving the patient than by amputating the limb. Preparation No. 4 very well shows this condition. The bones are entirely denuded of cartilage and inflamed. On making a vertical section of the femur and tibia, this condition was found to extend far into the substance of the bones, presenting a bright pink colour. In order to show the joint, the divided bones have been put again together. When caries or necrosis is present in the ends of the bones to such an extent as to leave very little sound tissue remaining, a shell of bone being almost all that is left, no benefit can accrue to the patient by the endeavour to save the limb. In both these cases, whilst every care is taken to save as much of the femur as possible, the section of the bone should be made well above the disease, which often extends high up into the shaft of the femur.

The following case well illustrates this condition. It was my intention to excise the knee-joint; but when first I saw the patient his state of health would not admit of this proceeding; at a later period, I attempted to perform the operation, but, finding the bones in a state of advanced caries, I amputated the thigh, and the boy made an excellent recovery. I send in a dry preparation (No. 5) of the femur and tibia; and a photograph of the case before the operation is appended.



Fig. 20.

**CASE.** John Harper, aged 18, was admitted under the care of the author with disease of the knee-joint on July 7th, 1864.

**History.** He stated that he injured his right leg about five years ago. The only immediate effect of this was to cause swelling of the joint, which never subsided. At that time it was not very painful. For three years this swelling caused no great inconvenience, and he performed his ordinary avocations as a miner. At the end of that time the joint became stiff and painful. He kept on working, how-

ever, until ten weeks ago. The pain and inability to move the limb then compelled him to give over working. He had been healthy, and not subject to cough.

On admission, he was seen to be a healthy, but slightly formed lad. Pulse 90, quiet; skin cool; bowels acting. The right leg was extended almost to its full extent, and slightly wasted. The lower leg was longer than usual for one of his height. The knee-joint was much enlarged, of oval shape, much bulged on the inner side, and very tender on manipulation. There was some effusion into the joint. The patella was moveable, and in its normal position. The head of the tibia was considerably enlarged. The external condyle of the femur was enlarged; the internal condyle was likewise enlarged, but to a less extent. He had little or no power of flexing the joint. There was rather free lateral movement.

July 18th. He had an attack of acute inflammation of the knee, with much pain and swelling, and slept badly; skin hot; pulse 100; tongue furred. The knee was acutely painful on the slightest movement. The leg had been extended on a McIntyre's splint and swung in a Salter's swing. Poppy fomentation were ordered to be constantly employed; and three grains of Dover's powder to be given every four hours.

July 27th. Blisters had been applied, and had risen well; and fresh ones were ordered. The joint was less swollen. The pain had abated. He slept well, and had a good appetite.

Sept. 5th. The patient continued under treatment since the last note. Blisters and iodine were applied; and perfect rest maintained. The knee continued as much swollen as ever, with considerable tenderness over the joint. He had lost his health lately; was very thin and weak. On the 4th, a gutta serena splint was applied to the leg; and he was allowed to get up and walk about the ward. He was ordered to take cod-liver oil.

Sept. 21st. His chest was examined. There was dulness over the right apex; the vocal resonance was increased. There was diminished respiration, and slightly prolonged expiration. He had an occasional hacking cough. The boy walked about on crutches; he looked very phthisical.

Oct. 8th. Since the last note he had recovered strength; he was tolerably strong now, and walked upon crutches. He went out to-day to recruit his health; and was made an out-patient.

He was re-admitted under the author on March 8th, 1865. When seen, he was a tall, sparsely nourished lad. The skin was warm and moist; he perspired at night, but not profusely. Pulse 90, of good volume, compressible; tongue clean and moist; appetite not very good; bowels rather relaxed; urine natural; no cough or expectoration. Breathing was coarse beneath both clavicles, with prolonged expiration.

The right knee was enlarged, chiefly at the inner condyle of the femur; it was one inch larger round than the left. The tibia and fibula were rotated outwards and fixed in a semiflexed position. The patella was fixed to the end of the femur. The circumference of the right thigh was  $10\frac{1}{2}$  inches; of the left, 13 inches; of the right calf,  $9\frac{1}{2}$  inches; of the left, 11 inches. The right foot was red and brawny. While standing on the left leg, the right heel was about five inches from the ground.

March 11th. The author opened the joint with the view of excising the articular ends of the bones; but found them so far diseased that he thought it advisable to amputate in the lower third of the thigh, which he did by antero-posterior flaps. The wound was brought together by strapping without suture.



and dressed with wet lint. A third of a grain of acetate of morphia was given.

March 12th. He slept some hours during the night; looked pale. Skin warm and dry; respiration natural; pulse 100, compressible; tongue clean and moist. He had no appetite; was thirsty; vomited several times since the operation. He complained of much pain across the epigastrium. The wound was not dressed. There had been slight oozing of blood ever since the operation.

March 13th. He was rather restless during the night. Skin hot and dry. Respiration was natural; he had a slight cough, and expectorated a little mucus. Pulse 140, jerky, compressible; tongue slightly furred, moist. He had no appetite; was thirsty; vomited after taking anything but cold milk. The bowels were relieved after a common enema. His urine was rather high-coloured; it passed freely. The stump looked quiet; it was still oozing blood. He was ordered to have six ounces of wine, an enema, and the following draught every four hours.

R Ammonia sesquicarb. gr. v; tinct. cinchona comp. ʒj; ether. chlor. mxx.

March 14th. He passed an indifferent night, but looked rather better. Skin not so hot, still dry; cough easier; pulse 120, rather jerky, soft; tongue thickly furred, moist. He took but little nourishment; could not take the wine. He vomited after taking the medicine. Bowels confined. The stump was not yet suppurating; still oozing. The wine and medicine were omitted.

March 15th. He had a pretty good night. Skin warm and a little moist; face sometimes flushed; no cough; pulse 108, rather jerky; tongue cleaner and moist. He had taken some chicken and drank some ale; he vomited less frequently. Bowels confined. The stump discharged a bloody fluid; no pus. He did not complain of pain. He was ordered to have a pint of Bass's ale.

March 16th. He had a good night. Skin warm and moist; pulse 96, soft; tongue slightly furred. He took his nourishment better; but vomited after the dinner. Bowels confined. The stump was discharging a small quantity of bloody serum; no pus. He complained of pain in it. He was ordered two pints of ale.

March 17th. He passed a fair night; complained of twitches in the stump. Face sometimes flushed; pulse 108, a little jerky; appetite better; no nausea nor vomiting; bowels confined. The stump was discharging a little pus mixed with blood. Part of the wound was healed.

March 18th. He slept well; and looked much better. Skin cool and moist; pulse 108, soft; appetite improving; no vomiting. The bowels were well relieved by a common enema. He complained of twitching in the stump, which discharged a moderate quantity of bloody pus.

March 19th. He slept well. Pulse 100, soft; bowels acting; tongue clean and moist. The stump was granulating in parts; there was not so much blood with the discharge. He complained of twitching.

March 20th. He slept nearly all night. Skin warm and moist; respiration natural; pulse 108, rather feeble; tongue clean and moist; appetite not good; no vomiting. The bowels acted freely, rather loose. The patient complained much of twitching in the stump, which was discharging more healthy pus. He was ordered four ounces of brandy.

March 21st. He had a fair night. Skin warm and dry; pulse 100, rather feeble; tongue slightly coated on the dorsum, moist. He took his food better; had no vomiting. The bowels had not acted since yesterday. The stump was granulating and discharging tolerably healthy pus.

March 22nd. He slept well. Pulse 108, rather jerky, easily compressed; tongue slightly furred, moist. He took nourishment pretty well; vomited after breakfast. The bowels acted twice. The stump was granulating and discharging healthy pus.

March 23rd. He complained of twitches. Skin cold and dry; pulse 96, rather feeble; bowels not open; no vomiting; appetite pretty good. The stump was looking well.

March 24th. He was looking better; slept well. Skin cool and moist. He had a slight cough, and expectorated a little nauseous mucus. Pulse 96, rather feeble; tongue slightly furred; appetite pretty good; no vomiting. The bowels had acted once. Two ligatures came away. The patient had pain, referred to his foot.

March 25th. Two more ligatures came away. The wound was granulating well.

March 30th. He slept well, and took his food well. He complained of occasional pain, referred to his foot. Tongue clear and moist; bowels open; pulse 96, rather feeble. The wound was contracting, and discharged healthy pus. The last ligature separated.

April 5th. He ate and slept well; and his general condition was improving. The stump was contracting well.

April 15th. The general health was much improved, and he was gaining flesh. The stump was almost healed. He had been out of doors each fine day this week.

June 20th. He left the hospital with his stump quite healed, and his general health much improved.

There are many cases of diffuse strumous deposit which are better treated by amputation, particularly in very young children enfeebled by disease, and with knee-joints quite disorganised. The history of such a case (Margaret Bolt) has already been given, and a cast (No. 3) of the limb, which I amputated, is also sent in. The poor little child much improved in health during her stay in hospital; but some few months after she left, to go to a miserable home, strumous abscesses formed in different parts of the body, and she at length died.

I have before referred to the great objection which exists to excision of the knee-joint when visceral disease is present. It often becomes the duty of the surgeon to decide as to what treatment he shall apply to a diseased joint, when his patient is affected with some other serious malady in addition to the joint-mischief. For instance, it frequently happens that tubercular deposit in the lungs is an accompaniment of knee-joint disease; and, probably from the extreme debility caused by it, the joint-disease goes from bad to worse, and is a source of constant distress to the patient. Moreover, there is no doubt that it acts as a direct irritant to the lung, and aggravates all the pulmonary symptoms. Now, as soon as this fact is established, it follows as a matter of course, that the removal of the cause of irritation is the proper course; and, as excision of the diseased joint is not admissible under the circumstances, nothing but amputation of the thigh remains. It is an operation quite justifiable, and calculated to prolong life; although, in all probability, the tenure of life will be but a short one. The following is the history of such a case up to the present time; and a cast of the limb, with a preparation of the joint, were sent in.

CASE. Wm. Harris, miner, admitted under the



care of the author, September 30th, 1865, with disease of the right knee-joint, and phthisis.

*History.* He was a miner by occupation. His habits were regular and temperate; he was married. His knee began to swell and become painful about three years ago, after he had been working in water. For two years he had occasional pain and swelling. During the last twelve months, the joint had been gradually enlarging, and had been more painful, occasionally preventing his working.

He had been laid up for the last six weeks only. His father died of phthisis about twenty years ago, aged 41; his mother was still alive. He had several brothers and sisters, all healthy. He was a sparely nourished man, of fair complexion. He looked pale; skin warm and moist. He perspired very much at night. Respirations natural; occasional slight dry cough; pulse 110, rather feeble; tongue slightly coated with a white fur—moist; appetite bad. He had vomited several times lately. No thirst; bowels confined; urine natural. His sleep was much disturbed, but he had pain and startings in the left knee-joint at night. The knee was swollen principally over the internal condyle; circumference, right, 16½ inches; left, 13½ inches; right thigh, 11 inches; left, 13 inches. The patella was slightly moveable; no tenderness, except at a spot behind the internal condyle, which he could not bear touched. The knee was slightly flexed; leg cedematous.

Sept. 30th. There was dulness on percussion beneath the right clavicle, with pectoriloquy, prolonged expiration (coarse), and scanty moist crepitation. The heart-sound was heard abnormally loud over the right side. Puerile respiration was heard over the left lung. He was ordered a pint of porter, and

R Potassii iodidi gr. v; spirit. ammoniac. 3 ss; tinct. cinchonæ 3j; aque ʒi. M. Fiat haustus ter die sumendus.

A blister, an inch and a half by three, was applied to the knee; and twenty minims of solution of acetate of morphia were given at night.

Oct. 3rd. He was ordered a pint of milk, and four ounces of wine.

R Æther. chlor. mx; infus. gentianæ ʒi. M. Fiat haustus ter die sumendus.

Oct. 13th. He was ordered an ounce of cod-liver oil three times a day, and one egg.

Oct. 21st. He slept well; perspired much less. Respiration was easy; cough slight; no expectoration; pulse 108, of moderate volume, compressible; tongue almost clean and moist; appetite much improved; bowels regular. The painful startings at night were much less frequent.

Oct. 28th. The author amputated by anterior and posterior flaps immediately above the knee-joint. The wound was brought together by silver sutures, and the stump wrapped in wet lint. The joint was found to be full of pus and debris. The cartilages covering the external articular surface of the femur and the opposite surface of the tibia had disappeared. The internal surface of the femur was ulcerated, and the cartilage detached. The internal surface of the tibia was covered by cartilage, much thinned and separated at its edges. The crucial ligaments were present, but much softened. Only a vestige of the semilunar cartilages could be found. The cartilage on the patella was surrounded by a line of ulceration. The synovial membrane was in a state of pulpy degeneration.

Oct. 29th. He passed a good night, but looked pale. Skin hot and dry; respiration natural. The cough troubled but little. Pulse 132, easily compressed. Tongue coated with a dirty white fur on its dorsum, red at its tip, moist. He was slightly

sick after the chloroform, and vomited once during the night. He took nourishment fairly; was thirsty. Bowels confined; urine rather scanty. He had little or no pain or twitchings.

Oct. 30th. He passed a pretty good night, but did not sleep much; perspired freely. Skin hot; lips dry; pulse 130; tongue much coated; appetite pretty good; bowels much confined; not much thirst; very little pain. He was ordered to have a common enema.

Nov. 1st. He slept fairly; looked pale. Skin cooler; cough troublesome; pulse 108, rather jerky; tongue still furred; appetite moderate. He vomited twice last evening; not much nausea. He was thirsty. Bowels open; urine plentiful, clear. The wound was suppurating; not painful.

Nov. 3rd. He did not sleep much. Skin warm, moist. He perspired freely at night. Cough easier; pulse 108; tongue clean, redder. He took but little nourishment yesterday. No vomiting; thirst slight; bowels confined. The wound was discharging freely; looking rather red around the sutures.

Nov. 4th. He was ordered a pint of ale.

Nov. 5th. Sleep was almost prevented by cough; there was very little expectoration. Skin dry; pupils dilated; pulse 108, of moderate volume; tongue cleaner, rather dry and red; appetite bad; bowels open. The stump was discharging a moderate quantity of healthy pus. It was dressed with a weak solution of Condyl's fluid. Three sutures were removed.

Nov. 8th. He slept better; looked pale. The cough was easier. Pulse 96, moderate volume; tongue clean and red; appetite somewhat improved; bowels regular. The wound was suppurating freely. The last suture was removed; the ligatures were coming away.

Nov. 13th. The patient's nights were much disturbed by a very troublesome cough, with very little expectoration. Skin hot and moist; he perspired very profusely during sleep. Pulse 108, easily compressed; tongue clean, rather red, and moist; appetite very bad. He took his wine. Slight thirst; bowels regular. He complained of twitchings in the stump. The wound was contracting. About an ounce and a half of pus came away from one of the apertures left by the sutures during the dressing.

Nov. 15th. He was ordered to have two eggs, and eight ounces of wine; to have a drachm of tincture of cinchona added to the mixture; and to take twenty minims of solution of hydrochlorate of morphia.

Nov. 17th. He slept better, but perspired very much. Pulse 108, rather jerky; cough not so troublesome; tongue clean and moist; appetite improving; bowels acting regularly. The wound was contracting, and discharged a moderate quantity of creamy pus; it was rather more painful. He was ordered a pint of Bass's ale.

Nov. 23rd. His general condition was unaltered. The stump was looking full. About an ounce of pus passed out of the existing opening; it was evidently burrowing upwards between the muscles. Two ligatures still remained firmly attached.

Nov. 28th. He looked better; slept fairly. Perspiration was less profuse, and the cough easier; pulse 108, jerky; tongue clean; appetite pretty good; bowels rather costive. The wound was almost healed; it discharged a moderate quantity of pus from the ligature-openings.

Dec. 2nd. The patient's sleep was sometimes disturbed by cough, with slight expectoration. Pulse 108, rather feeble; tongue clean; appetite fair; bowels rather confined. He was not losing flesh. The stump was still discharging a moderate quantity



of pus. The two remaining ligatures came away. He was progressing favourably, and ultimately recovered.

Here was a case of far advanced phthisis. There was nothing in the condition of the joint itself to preclude excision, as the disease was confined to the surface of the bones; but the cavity in his lung at once decided me as to what I ought to do. He was a poor man; and, if I had sent him away with the joint, it would have been impossible for him to give it the rest necessary even to preserve him from great pain. I do not think the man will live long; but I believe he will live longer than if the limb had not been removed. I believe it should be a rule of practice to remove by amputation a diseased knee-joint, if it be satisfactorily proved that it acts as an irritant to more important visceral disease.

One of the gravest considerations for the surgeon is the treatment of *Wounds and Injuries of the Knee-joint*, when it becomes a positive necessity that the joint should be removed. I have already discussed this question, and have stated my opinion that it is possible to effect this by excision of the joint. The fearful mortality attending upon amputations of the thigh after injury is quite a sufficient warrant for the surgeon to look to some other method of treatment. There are, however, injuries to the knee of such a character as to necessitate the removal of the limb by amputation, at all risks. One of the most distressing cases I ever saw was under care of one of my colleagues. The man was caught in machinery. He sustained a compound fracture of the right tibia, with severe laceration of the soft parts. There was also a lacerated and contused wound into the right knee-joint. The left leg was immediately amputated; but an attempt was made to save the right. Tremendous suppuration set in, the pus burrowing back amongst the muscles of the thigh; and, five days afterwards, the thigh was amputated. The patient died on the third day. Now, under similar circumstances, if I attempted to save the other leg at all, I should certainly follow Mr. Kempe's plan, and perform primary excision of the joint, as I believe that much less suppuration and constitutional disturbance would have arisen.

The last condition requiring amputation, to which I shall refer, is that of the limb upon which *Excision of the Knee has failed*, and where, consequently, it is either an incumbrance or a positive source of danger to the patient. Of 238 cases collected by Price, 30 came to amputation at various periods after; and out of the 30 thus operated on, 5 died.

These amputations were performed at distances of time from the excision varying from a few days to over two years. In many of these cases, there can be no doubt that amputation was performed where a little patience would have avoided it; the bones being found healthy, and union taking place between them. Profuse suppuration, the remains of diseased synovial membrane, necrosis and caries of the bones, were the principal causes for the amputation in the others. The fact of five only out of thirty dying after the operation proves my assertion in a former portion of this essay to be correct; viz., that patients having undergone excision of the knee are seldom worse able to bear subsequent amputation than if it had been the primary proceeding.

It is a question of great importance to decide in any given case, at what period all hope of saving a

limb, in which the knee has been excised, expires. Of course, if profuse discharge and continuous pain so wear down the constitution of the patient as to place his life in jeopardy, there can be little question as to the immediate removal of the limb; but the difficulty exists in those cases where, perhaps, there are sinuses leading to diseased bone, and where the union is only fibrous, and of such a nature as to be perfectly useless. I have before laid stress on the necessity for great patience in these cases. Much, I think, depends upon the feelings of the patient himself. If his position in life be such as to make it very needful for him to get about as soon as possible, or if he be tired of his limb, and urge on the surgeon its removal, I should not hesitate to comply with his request, unless I had very strong grounds for expecting rapid improvement. There are, however, indications of an entire lack of usefulness in some limbs, which would decide the surgeon in no longer allowing it to cumber his patient. We sometimes find cases in young subjects where the limb has not only ceased to grow longitudinally, but where its whole nutrition seems to have been arrested in all the tissues. It hangs loosely from the femur, seemingly attached to it only by the skin and soft tissues surrounding what was once the knee-joint. The muscles of the calf are quite atrophied; the foot is small and undeveloped; the temperature much below that of the sound leg: in fact, there is every indication that it hangs almost lifeless, and quite useless to its owner. There is little or no prospect of amendment here; and I think the sooner amputation is performed, the better. Appended is a drawing, taken from a case in which Mr. Holt of the Westminster Hospital performed excision of the knee, and amputated some time afterwards, on account of non-union.

It sometimes happens that disease is again set up in the bones by violence. I remember a case where Sir W. Fergusson excised the knee-joint of a young woman, with a most excellent result. Some years after, she fell, and necrosis of the bones took place; Sir W. Fergusson attempted to re-excise, but was obliged to complete the operation by amputation of the thigh.

I believe that all the varying circumstances demanding the operations of excision of the knee and amputation of the thigh have now been reviewed. I have endeavoured to perform this task in a fair, unbiassed spirit, neither unduly vaunting the merits of one proceeding, nor depreciating those of the other. I have contended that, whereas it is a glory to the surgeon to save both limb and life to his patient, he has no right unduly to risk the latter in attempting to save the former. Much as I admire, and desire to practise, in every fair case, excision of the knee, I have no wish to strike amputation of the thigh out of the roll of surgical procedures. It is a painful operation for the surgeon to undertake, and a still more painful and distressing circumstance for the patient to go forth maimed to so fearful an extent; but the prolongation of life is the surgeon's great triumph; and, if the loss of a limb to his patient is the cost at which this is procured, he must not hesitate to perform his duty. On the other hand, it behoves us as a profession to be more careful how we deal out such full measure to our patients. A great and important addition has been made to our operative resources by the revival of excision of the knee-joint; and we must be careful how we allow either



prejudice against, or ignorance of, the operation to prevent us from giving those who are under our care, and who may require it, the benefits of its use.

## Illustrations OF HOSPITAL PRACTICE: METROPOLITAN AND PROVINCIAL.

### BROADMOOR STATE ASYLUM.

#### REPORT OF A CASE OF CONVULSIONS.

By F. W. GIBSON, M.D. Lond., Assistant-Medical Officer; late House-Surgeon to the Taunton and Somerset Hospital.

EMILE H., aged 43, a jeweller, admitted in February 1865, with symptoms of general paralysis, had on March 16th, 1866 a convulsive fit, lasting about two minutes, of which the account given in the case paper is as follows.

"Head drawn to right, and both eyes to right; right arm convulsed, and convulsive action of right pectoral muscles; no convulsions of lower limbs; temperature 101.2; pulse 80.

"March 17th. Has had three more fits since yesterday; temperature 100; respirations 40; pulse 88; no abnormal chest signs.

"March 18th. Temperature 97; pulse 65; has had no more fits."

He had no recurrence of the fits until July 28th; his temperature was taken constantly during the interval, and was always normal. At 6.30 p.m., whilst lying in bed, he became suddenly convulsed.

At 7.5 p.m., the temperature in the left axilla was 101; right 102.2; pulse 120; respirations 44. He was semiconscious; both eyeballs were drawn to the left; the pupils were equal, moderately dilated—they did not act to light; the muscles of the face on the left side twitched convulsively; those on the right did not move; but were not paralysed; the right side of the face was considerably redder than the left; the right temporal artery was markedly more distended than the left; the whole of the right half of the face was covered with beads of sweat; there was no visible perspiration on the left side; there were convulsions of all the muscles on the left side of the body; none on the right; there were slight twitches of muscles of right leg.

8.20 p.m. Convulsions continued; there was stiffness of the convulsed muscles.

July 29th. Temperature 101; pulse 120; respirations 44; the convulsions had continued, were very severe in character, and had not ceased for a single minute since the attack began.

July 30th, 7 p.m. Temperature 101.8; pulse 100; respirations 44; he was quite unconscious; he died comatose at 10 p.m.

**POST MORTEM EXAMINATION.** The number and size of capillaries in the grey matter of the cerebellum were notably increased; some were varicose; there was fatty degeneration of the muscular fibres; the same condition, to a less degree, existed in the capillaries of the grey matter of the convolutions of the cerebrum; the pons, medulla, cord, and all the other organs, were healthy.

**REMARKS.** The researches of Claude Bernard have proved that irritation of the cerebro-spinal system of nerves, by paralysing the sympathetic, produces dilatation of the minute vessels, increased animal heat and augmented chemical action.

The phenomena observed in this case would, at first sight, appear to be satisfactorily accounted for thus—"Here is irritation of the cerebro-spinal system, as shown by the convulsions, producing increased heat and increased flow of the cutaneous secretion;" but, on the other hand, the phenomena of the convulsive attacks of epilepsy are a direct contradiction of this theory, for while in these attacks there is, as I think I may affirm as the result of very numerous observations, no increase of temperature, there is irritation of the sympathetic causing contraction of the vessels; hence the loss of consciousness, the pallor of the face, and the small radial pulse, and dilatation of the pupils.

Physiological science does not, as far as I am aware, at present offer any data for a theory which would give a satisfactory reconciliation of these apparently contradictory facts.

The *post mortem* appearances are evidence in favour of the views of M. J. Luys, regarding the pathology of the obscure disease known as general paralysis; namely, that the cerebellum is affected primarily, the cerebrum secondarily, and that hence the motorial disorder usually precedes the mental. (*Recherches sur le Système Nerveux Cérébro-Spinal*, p. 618.)

I may mention, in conclusion, that I found elevation of temperature in another case of convulsions occurring in a general paralytic; also in a case of convulsions caused by acute cerebral softening. The non-elevation of temperature in epilepsy may, perhaps, when thoroughly established by further investigations, serve as an aid in the diagnosis between true epilepsy and non-epileptic convulsions.

The temperature is considerably elevated in tetanus and in chorea; and although I am not aware that any observations have been taken of the temperature during convulsions connected with acute Bright's disease, yet as it is, as I know from experience, elevated in that disease, that elevation of temperature, would, in all probability, not be affected by the convulsions; so in convulsions caused by tubercle in the brain or meninges, an elevation of temperature would undoubtedly exist as the result of the tubercular disease.

### HULL GENERAL INFIRMARY.

[Cases reported by T. M. EVANS, Esq., House-Surgeon.]

#### TERTIARY SYPHILITIC DEPOSITS.

Under the care of OWEN DALY, M.D.

JAMES BODDY, aged 39, a railway porter, was admitted on December 9th, 1865, suffering from severe headache, of a dull and constant character, and of four months' duration, which had been attributed to neuralgia, and treated as such. He was very thin and anæmic, and had a languid, vacant expression, with large, sluggish pupils. Three years previously he had primary syphilis, and enlargement of the inguinal glands, but he had not suffered from any eruption, sore throat, nodes, or other symptoms of a secondary character.

The headache increased in intensity, and was soon accompanied by dimness of vision, and a slow, tottering gait, so that he could not walk without support from surrounding objects; and a month after admission he became quite comatose, the pupils being much dilated, but not quite fixed, and there was no stertor. From this state he seemed to be roused by repeated blistering, and had so far recovered at the end of a fortnight as to be able to sit up, and to answer questions in a slow hesitating manner; but he did not appear to take notice of surrounding objects, being partially amaurotic. Several similar attacks



followed, in which the pupils were sometimes contracted, but more frequently dilated, and each attack left him in a worse condition. His strength failed, so that he was confined to bed, and, becoming emaciated to an extreme degree, large and deep sloughs formed on every prominent part, though he lay on an air-mattress. In this state he continued for six weeks, to all appearance insensible, and almost lifeless, and yet answering when spoken to, taking nourishment in large quantity, and passing excreta in the bed, his existence being prolonged till April 7th. During the first three weeks, he took iodide of potassium, quina, and pilulæ hydrargyri, then cod-liver oil alone was substituted, and changed at the end of another month for the bromide and iodide of potassium with bichloride of mercury. Counterirritation was also frequently employed, both by blistering the nape of the neck, and by the application of acetum cantharidis, and afterwards of croton oil liniment to the shaven head.

**AUTOPSY.** On removing the calvarium, some small depressions in the bone were noticed, corresponding to prominences on the surface of the brain beneath its membranes; and when the brain was lifted out a tumour of an inch diameter was left attached to the dura mater immediately above the tentorium on the left side, and a cavity of the same size on the surface of the posterior lobe was thus exposed, showing its white substance. Embedded in the grey matter on the surface of the convolutions were four more tumours of the size of a pea, which had caused the prominences before spoken of; and, on slicing up the brain, seven more of various sizes were found, some deep in the white substance, others nearer the surface; they all shelled out easily, and were covered with a network of fine vessels; on section, they appeared more or less fibrous, but soft, and of a light pink colour. Another was found in the left lateral lobe of the cerebellum near the surface.

Both lungs, especially the left, were thickly studded on the surface and throughout with similar spherical bodies, of the size of a small pea; and, from their pale pink tint, those on the surface of the lung, and covered only by pleura, were very conspicuous; these also were flattened next the pleura. There was no tubercular deposit. The heart contained a large number embedded in its walls, several of them projecting into the ventricles beneath their lining membrane, and some of these were situated in the columnæ carneæ. In the liver none were found, but its capsule was thickened in limited patches to a depth of three lines with similar tissue. The pancreas contained a mass of considerable size in its centre.

The pelvis of the right kidney was also completely filled with the same material, which encroached somewhat upon its proper substance. The left kidney and all the other viscera were perfectly healthy.

Under the microscope, sections of the deposits showed a granular basis, with some remains of the peculiar tissues of the organs in which they were found, elastic tissue in those from the lung, fatty matter in the cerebral tumours, and muscular fibres in those from the heart; but towards the centre of the deposits these were not discernible.

This case possessed such peculiar interest from the great number, general distribution, and remarkable distinctness of the deposits, that small portions of some of the viscera were forwarded to Mr. Paget, to whom I am indebted for a verification of the diagnosis, and at whose suggestion the viscera have been placed in the museum of the Royal College of Surgeons.

#### BRIGHT'S DISEASE AND TRICHINIASIS.

Under the care of Sir HENRY COOPER, M.D.

Richard Wingfield, aged 45, a farm labourer, wasted and cachectic in appearance, was admitted on May 18th, 1866, with slight general anasarca, considerable dyspnoea, cough, and expectoration of bloody and plum-coloured mucus. Rhonchus and sibilus were heard over both lungs behind, with mixed crepitation toward the bases; and the urine contained a large quantity of albumen, becoming nearly solid when heated. He had had a previous attack of general dropsy.

After a few days of a stimulating expectorant treatment, the chest-symptoms were much relieved, and nearly all swelling had disappeared; but his strength gradually failed, and, for a few days before death, which occurred on June 12th, he became very dull and apathetic, almost comatose, taking no food, and passing excreta in the bed. The improvement in the renal symptoms, the absence of convulsion, and the incompleteness of the coma, appeared to point to some other cause than anæmic poisoning for this condition. The cause was afterwards discovered in a large abscess of the brain on the right side, communicating with the lateral ventricle.

At the autopsy, the kidneys only were examined, (as the body was intended for the anatomical school) and proved to be characteristic specimens of the large white fatty kidney. In the dissecting room it was noticed that the muscles were studded with small, whitish, oval bodies, which were most numerous in the pectoralis major and other superficial muscles, but affected the deeper ones also, and lay with their long diameter in the direction of the muscular fibres. About fifty of them could be counted in a square inch of surface. They were all more or less calcareous and opaque, but in the more transparent the worm was easily recognised, coiled up in the centre. Soaking in glycerine increased the transparency of the cyst walls, but, when digested in turpentine and put up in Canada balsam, the worm was rendered beautifully distinct.

The viscera also were examined, and a few trichinæ were found in the muscular walls of the heart, but in no other part.

Prominent amongst the symptoms of trichiniasis, Cobbold mentions diarrhoea and peritonitis as marking the period of the intestinal occupation and early migration of the worm; muscular pains, general cedema, and fever during its passage into the muscles, that is from the end of the second week to about the sixth or seventh; and debility, with a kind of consumption or marasmus in those who die at a later period.

In the present case the cedema was fully accounted for by renal disease; but the gradual wasting and failure of power, the cause of which was not very apparent, may have been due to the trichiniasis, though nothing of the kind was suspected during life.

#### SCURVY.

Under the care of Sir HENRY COOPER, M.D.

Eleven sailors, ill of scurvy, were admitted into the Infirmary, between February 12th and 16th, 1866, having all just arrived from Calcutta, after a four months' voyage, during which they had lived almost entirely on salt provisions, with only an occasional allowance of preserved potatoes and lime-juice, the latter reported to be bad. Three of them were quite helpless, and the greater number in a very feeble state, and scarcely able to walk upstairs.

The symptoms from which all suffered, more or less,



were extreme pallor of complexion, lips, and tongue; swelling, sponginess, and ulceration of the gums, with a tendency to hæmorrhage; large, tender, and hard patches, of a purple, or greenish yellow colour, on the lower extremities, especially in the hams, due to extravasation of blood into the cellular tissue of the part; also numerous small purple spots, most abundant on the legs, having a dark, almost black, centre (corresponding to a hair-follicle), from which a hair projected, showing that these were due to hæmorrhage into the hair-follicles, and distinguishing them from the spots of purpura, which have not usually this character.

One patient had a circular sore on the leg, of two inches diameter, covered with very prominent granulations, from which there was a constant oozing of blood; it resulted from a slight graze received two weeks before, and had gradually increased in size. By the application of perchloride of iron and glycerine, with subsequent water-dressing and bandaging, it rapidly became a healthy granulating sore, and at the end of a month was quite healed.

Another case was complicated with severe dysentery of two months' duration, and of this the patient died eleven days after admission.

At the autopsy, the whole of the large intestine was found greatly thickened, chiefly from deposit in its submucous tissue, and its mucous membrane ulcerated, covered with villous processes, and deeply injected with blood.

With these two exceptions, they all left, quite convalescent, in about a fortnight.

Treatment consisted of a liberal diet, with extra allowance of potatoes, and a mineral acid mixture; instead of the latter, four lemons daily were given in two cases with much the same result.

#### SPINAL CARIES: LUMBAR ABSCESS: PYEMIA.

Under the care of OWEN DALY, M.D.

Joseph Ingamells, aged 29, was admitted on March 21st, 1866, having a prominent fluctuating swelling on the right thigh, situated in Scarpa's triangle, free from superficial redness, but with a decided impulse on cough. He complained also of pain in the back, with marked tenderness on pressure over the second and third lumbar vertebrae, from which he had suffered more or less for two years. The swelling on the thigh was first noticed three months ago, and had since gradually increased; there was no unnatural prominence of the spinous processes, nor loss of power or sensation in the lower extremities.

Strict rest in the recumbent posture, the application of tincture of iodine to the thigh, and a mixture containing tincture of sesquichloride of iron and quina, were prescribed; but the swelling continued to increase, and, on June 17th, it being of large size, pointing, and threatening to burst and leave a large opening, a small incision was made into it, and thirty ounces of creamy pus evacuated. Pus continued to flow, with great relief to the severe pain which the tension of the parts had caused, and no untoward symptoms appeared till June 25th, when smart general fever supervened, and it was noticed that bubbles of air were mixed with the pus that escaped. He was ordered a saline mixture.

July 1st. Numerous spots had appeared on the trunk and extremities, of a reddish colour, distinctly elevated, and varying in diameter from a tenth to a quarter of an inch, fading on pressure. He had still much fever.

July 3rd. The spots were more abundant, but less elevated, and were becoming petechial. There was occasional rambling delirium at night.

July 5th. He had constant delirium; eyes suf-

fused; tongue dry and brown in the centre; bowels rather constipated; there were no flesh spots. He was ordered eight ounces of wine daily, and an ounce of decoction of cinchona, with twenty minims of dilute nitro-hydrochloric acid every four hours.

July 7th. There was more active delirium, and frequent moaning; the rash was more petechial, of a purple colour, scarcely at all elevated, and resembling that of typhus; pulse 140, very feeble; tongue dry; excreta passed in the bed. He died at 2 p.m. on the following day.

POST MORTEM EXAMINATION. There was much purple lividity of the face, arms, and depending parts of the body; some petechial spots also remained. All the viscera were quite healthy; with the exception of congestion of the lungs posteriorly. The bodies of the second and third lumbar vertebrae were carious, on the right side, to a depth of from a quarter to half an inch, and the abscess extended downwards through the obturator foramen, ramifying very extensively amongst the muscles of the thigh, and containing small spicula of bone. There were no purulent deposits in any other part.

## Transactions of Branches.

### SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEDICAL MEETING.

A COMPARATIVE REVIEW OF THE SMALL-POX, AS OBSERVED IN THE SMALL-POX HOSPITAL, AND IN THE PATIENTS' OWN RESIDENCES.

By GEORGE RIGDEN, Esq., Canterbury.

[Read November 29th, 1866.]

I PROPOSE, in the present communication, to compare my own experience of small-pox, as observed in patients at their own residences, with that observed by Mr. Marson at the Small-Pox Hospital, and recorded in the thirty-sixth volume of the *Medico-Chirurgical Transactions*; and I may observe, that a large proportion of my cases were in patients of a public institution—the Canterbury Dispensary, and would, therefore, probably belong to the same class of society as those who would obtain admission into a public hospital.

The record of the Small-Pox Hospital includes 5,982 cases, occurring during five epidemics; and my own report includes 381 cases, occurring during two epidemics.

Of the cases in the Small-Pox Hospital, 49 per cent. were unvaccinated; of those in private residences, 55 per cent.

The ages, arranged in periods, were as follows.

Under 5 years: in hospital, 13 per cent. of the unvaccinated, and 2 per 1,000 of the vaccinated; in their own residences, 29 per cent. of the unvaccinated, 4 per cent. of the vaccinated.

Between 5 and 10 years: in hospital, 12 per cent. of the unvaccinated, and 1½ per cent. of the vaccinated; in their own residences, 23 per cent. of the unvaccinated, and 9 per cent. of the vaccinated.

Between 10 and 15 years: in hospital, 10 per cent. of the unvaccinated, and 5 per cent. of the vaccinated; in their own residences, 19 per cent. of the unvaccinated, and 17 per cent. of the vaccinated.

In hospital, of unvaccinated, 26 per cent. were under 10 years, and 35 per cent. under 15 years; of vaccinated, 1½ per cent. were under 10, and 6½ per cent. under 15. In their own residences, of the unvaccinated, 52 per cent. were under 10, and 71 per cent. under 15; of vaccinated, 13 per cent. were under



10, and 30 per cent. under 15;—showing that a much larger proportion of young patients were attended at their own residences than at the hospital.

Under 5 years of age, in hospital, the deaths were 50 per cent. of the unvaccinated, and 28 per cent. of the vaccinated; under 5 years of age, in their own residences, the deaths were 22 per cent. of the unvaccinated, and 0 per cent. of the vaccinated. Between 5 and 10 years of age, in hospital, the deaths were 27 per cent. of the unvaccinated, and 12 per cent. of the vaccinated; between 5 and 10 years of age, in their own residences, the deaths were 10 per cent. of the unvaccinated, and 0 per cent. of the vaccinated. Between 10 and 15 years, in hospital, the deaths were 23 per cent. of the unvaccinated, and 4 per cent. of the vaccinated; between 10 and 15 years, in their own residences, the deaths were 0 per cent. of the unvaccinated, and 1 per cent. of the vaccinated.

Of the sum total, the mortality in hospital was 21 per cent., or about 1 in 5 of all the patients under treatment; while in those who were attended to at their own residences, the mortality was but 6 per cent., or about 1 in 16 of the patients under treatment. Or, in other words, the mortality of small-pox in hospital was at least three times greater than the mortality among patients with the same disease when attended to at their own residences. It is, therefore, worth inquiry, What are the circumstances leading to this excess of mortality in hospital?

It will have been observed from the foregoing report, that the relative proportion of vaccinated and unvaccinated patients differed but very little in and out of hospital, the unvaccinated being in the greatest proportion among the patients attended to at their own residences; also, that the greatest mortality, both in and out of hospital, was in young children; but that a less number of children were admitted into hospital. The malignancy of the disease cannot be so easily compared; but it is scarcely possible that the very severe cases could have been removed to hospital, as such cases would not admit of removal. And the only conclusion that I can arrive at is, that the excess of mortality in hospital is due to the collection of a great number of small-pox patients into a limited space; and, if such be the cause, the advantages gained by the remaining members of a family by the removal of small-pox patients to hospital are considerably counterbalanced by the very great disadvantage to the patients themselves.

**ROYAL SEA BATHING INFIRMARY, MARGATE.** The half-yearly Court of Governors of this institution was held Friday, November 30th, in the board-room of the office, Queen Street, Cheap-side; S. Tomkins, Esq., the treasurer, presiding. The report as read and unanimously adopted stated that the number admitted between January 1st and November 20th, was 783, of whom 188 remained, leaving 595 as treated and discharged, viz., 282 cured, and 228 greatly benefited. In addition to these, 118 out-patients had been provided with medical advice, medicine, and baths. The receipts for donations, subscriptions, legacies, the honorary secretary's 5s. fund, dividends, etc., were £7,135 : 9 : 4. The total investments were: Consols, £1,800, and Three per Cents., £7,974 : 12 : 9, and the balance in hand £1,227 : 12 : 2. The late James Taylor, Esq., had left a legacy of £100 to be paid at once, and a further legacy of £500 on the death of his widow. The report concluded by expressing deep regret for the loss of G. Y. Hunter, Esq., of Margate, one of the consulting surgeons. The proceedings concluded with thanks to the chairman.

*We are requested to remind members of the Association that the Annual Subscriptions became due on the 1st of January. They can be paid either to the Secretaries of the Branches; or to the General Secretary, T. Watkin Williams, Esq., 13, Newhall Street, Birmingham.*

## British Medical Journal.

SATURDAY, DECEMBER 15TH, 1866.

### RE-ORGANISATION OF THE INDIAN MEDICAL SERVICE.

WE publish to-day the long looked for arrangements for the Administrative Staff of the British and Indian Medical Services.

It is deeply to be regretted that a thorough amalgamation of the two services was not effected some years ago. Some difficulties in the way of such a desirable result no doubt existed; but they were not a whit more serious than those faced and overcome in effecting the amalgamation of the Royal Engineers with the Indian scientific branches. Addiscombe and Woolwich, by a little gentle compulsion, and after a little coquetting on both sides, were made to kiss each other, and to close a long and honourable rivalry in an indissoluble union, to their mutual advantage.

A similar union was urged by the Secretary for India between the British and Indian Medical Services. The advantages to both services and to the public of the proposed amalgamation were obvious, and they were strongly urged by Professor Maclean in an introductory lecture delivered at Netley some years ago. It was pointed out on that occasion, that the double administration was costly, cumbersome, and inefficient, embarrassing to the authorities, fruitful in jealousies and strife, without a single compensating advantage. The truth of all this will be seen ere many days. It is well known that the bans were forbidden in obedience to the wishes and crotchets of some who had no experience of Indian military service. Three reasons were assigned for the course taken by the War Office in this matter. The first was, that Indian medical officers were too independent for the British Army. Sir Charles Wood replied, with great sarcasm, that he thought independence of character rather a good thing than otherwise. The second was, that the medical officers of the Indian Army were too often employed in civil appointments. The answer to this was, that the most distinguished medical men in India had always been so employed; that, so far from this being an objection, it was a positive gain. The so-called civil surgeons were in charge of great



hospitals and dispensaries at the presidency towns, the large civil stations, and native courts, where they enjoyed a vast field of experience and observation; and it is notorious that, when the urgent calls of military duty demanded the presence of the civil surgeons in the field, that class furnished the most experienced medical officers and the best operating surgeons in the East. It could not be otherwise. An Indian residency or civil surgeon performed more of the capital operations of surgery in a month than a surgeon of a British regiment in India was likely to do during his whole term of Indian service. Again, it was said that men who treated the diseases of natives could not be trusted to treat those of Europeans, their own countrymen! The sapient person who advanced this "reason", whoever he was, evidently thought that, in an Asiatic, an ague begins with the sweating and ends with the shivering stage; and that such men as Twining, Martin, Morehead, the Macphersons, the two Goodeves, Norman Chevers, *cum multis aliis*, must sit at the feet of their brethren of the British service to learn how to treat the diseases of the tropics. We need scarcely say that no such absurd pretensions were ever put forward by British medical officers themselves. We know that, as a class, they ardently desired union with their Indian brethren. But such, most certainly, were the "reasons" that prevailed.

Already we see the bad consequences of this ill-advised separation. The British and Indian Governments are bidding against each other in the market for recruits for their respective services—the right hand bidding against the left. It is notorious that, up to the present time, India has carried off the best men. Mark the absurdity. India commands the best available medical officers; but, when they go to India, it is not to them that the valuable lives of British soldiers will in a few years hence be committed: they are to be confined to the treatment of natives.

It is well known that this divided medical administration has been forced on the Governor-General of India, and that he makes no secret of his opinion that it will ultimately prove a failure. As to the arrangement itself, all that need be said about it is, that perhaps it is the best possible under the circumstances. The glory of the noble old Indian service is shorn of some of its beams. What one loses the other gains. So wags the world.

#### CLITORIDECTOMY.

THE subject of clitoridectomy was brought before the Obstetrical Society of London at its last meeting, in a paper read by Dr. Tanner; and it is much to be regretted that the discussion of the question was made an occasion for the display of a good deal of

personal feeling. This is unfortunate, although not very surprising; but the profession must fairly look to the Society for a very calm consideration of the points at issue, and for a decided but judicial opinion as to the practical value of the operation in the cases for which it is recommended. A perusal of the report of the meeting, as it appears in another part of our columns, will, however, leave no doubt in the mind of the reader as to the general drift of the discussion. With scarcely an exception, the opinions expressed were decidedly adverse to the proceeding. The results of experience seem to show, as might have been expected, that the operation fails in the great majority of cases either to check the habit of self-abuse, or to cure the disease for which it is performed. Very little was urged on scientific grounds for or against the proposal of Mr. Baker Brown. He asserts that certain nervous affections, hysteria, epilepsy, insanity, and idiocy, and not a few organic diseases of the generative organs, are directly produced by "irritation of the pudic nerve." But assertion is of little worth in such a case, unless supported by evidence of a very different kind to that which has been hitherto brought forward. It is impossible not to remember that nervous complaints have never failed to appear cured for a time by all kinds of violent remedies. When it was the fashion to cut off the uvula for the cure of stammering, some scores of stammerers lost their nervous vice from the mere shock and mental impression; and for no inconsiderable period this form of "ectomy" was a marvel to the vulgar. Unfortunately, that which is now proposed is associated with moral and social considerations of much greater moment; and it is urged against Mr. Brown, that he is so possessed with the idea of the universality of the habit of self-abuse, and its power of producing innumerable evils, that he resorts to the operation with lamentable frequency. As a consequence of this, practitioners are constantly meeting with patients who are not only unrelieved by this treatment, but are even left worse, to say nothing of the stigma which has been cast upon their moral character. On this point, we think Dr. Routh's remarks put the case as strongly as it could be expressed, and his testimony is valuable to Mr. Brown's position. But, as he says, granting that the diseases in question do in exceptional cases arise from irritation of the pudic nerve, it is clear that clitoridectomy only removes a portion of the irritation, leaving plenty of room still for a continuance of the evil habit.

Such being the state of this question, we would venture to make a suggestion to the Obstetrical Society, which, we think, offers a means of settling it in a way which will be satisfactory. Let a Committee be appointed to investigate the matter; let at least twenty cases of twelve months' standing be carefully observed, and their history both before



and after the operation be thoroughly inquired into; then let a report be drawn up, giving the general results of the Committee's experience. We see no other way by which the present very unsatisfactory state of this question, both as it affects the public and the profession, can be settled; and we shall be glad to learn that the Society has adopted this suggestion. Meantime, the less it is written about and talked about the better. The letter which we print to-day from Dr. West expresses, not one whit too strongly, the disgust which reasonable and thinking men must feel at the public discussion, before mixed audiences, of sexual abuses. It is a dirty subject, and one with which only a strong sense of duty can induce professional men to meddle; and then it needs to be handled with an absolute purity of speech, thought, and expression, and, as far as possible, in strictly technical language.

#### THE USES AND ABUSES OF GREENWICH HOSPITAL.

THE present state of Greenwich Hospital is certainly suggestive of future rather than of existing excellence of administration. It presents some remarkable anomalies. The former establishment included 2400 men and 800 boys. This has been reduced to 400 men and 800 boys. One great reason for the change was the considerable cost per head; £60 yearly for each pensioner, against £40 a-year for maintaining the *invalides* at Paris. But the administrative staff is now so excessively disproportionate to the extent of the establishment, that the actual cost per head is at this moment considerably over £100 a-year. For the 400 old men and the boys, there are an executive staff, of a captain and two lieutenants, for discipline; a medical staff of seven medical officers, from an Inspector-General (recently appointed to complete the establishment) downwards; and a victualling staff of nine officers. No wonder that the cost of administration, which was thought to be exorbitant at £60 per head, has now risen to double that figure. We can only wish that the Lords of the Admiralty, having now added Dr. Davidson to the already very accomplished medical staff of that hospital, could be induced to make the hospital and the staff both useful, by draughting in the patients of the *Dreadnought* and employing this hospital as a training school for young naval medical men. Of the great—nay, the indispensable—utility of the Netley training school for army medical men, the military authorities are now perfectly satisfied. And it is quite clear, that that which is so exceedingly valuable and useful to the army cannot be needless for the sister service. It would be easy to show that it is, in fact, much more needed. In speaking of the claims of the *Dreadnought* patients to be housed in Greenwich Hospital, it is only necessary to recall the fact that for a hundred and thirty years sixpence a month was deducted from the wages of every merchant seaman in order to aid in the maintenance of Greenwich Hospital. They have

never received any benefit from it; its wards are now empty. The old *Dreadnought* (which is wholly supported by voluntary charity for the use of poor merchant sailors) is always being knocked about by collisions; and the admission of the patients into the vacant wards of Greenwich Hospital would be an act of administrative wisdom and of large-handed, but just, national charity. The benefit to the royal action from the more perfect training of the medical officers would amply repay this.

#### SPECIAL DEPARTMENTS IN GREAT HOSPITALS.

THE inclusion of special departments of practice within the great general hospitals is recognised to its very fullest extent in American practice. Thus, at the Bellevue Hospital of New York, an out-door department on an extensive scale has been organised by the Public Commissioners of Charities and Correction, which includes the following departments, having two medical officers attached to each: Diseases of the Chest; Digestive Organs; Nerves; Male Genital Organs; Skin; Women; Eye and Ear; Children; Orthopædic Surgery; General Surgery, with four surgeons attached. There are, we believe, over 2000 beds in this hospital.

#### POISONING WHALES.

M. BALARD has been occupying himself with the problem how to poison whales rapidly. He combines a soluble salt of strychnia with a twentieth part of woorara. He loaded some explosive cartridges with two ounces each of this delectable compound, and started off on a whaler. He gives particulars of the whales which he shot at and wounded. They all either died almost immediately or very rapidly (usually in less than ten minutes) after general convulsion. He concludes that whales are even more sensitive to poison than land cetacea, and that, in future, it will be well to diminish the dose of poison, in order to determine a rather slower death.

#### THE IMPORTATION OF CHOLERA.

WE learn that it is the intention of the Egyptian Government to institute precautionary measures against the importation of cholera by the Mahomedan pilgrims next year. The quarantine measures which it has been proposed should be adopted have, we believe, been framed with regard to both vessels and caravans, and are to the following effect. All vessels with pilgrims are to be subjected to interrogation; and, if found to have had cholera on board, are to be sent to perform quarantine. All caravans are likewise, if necessary, to undergo quarantine, for which special accommodation is proposed to be provided. And should cholera break out in the Hedjaz, it is proposed that no communication between that province and Egypt should be allowed by sea.

DR. JABEZ SPENCE RAMSKILL, who has been for some time the Senior Assistant-Physician to the London Hospital, has been elected Physician. Dr. Sutton is candidate for the vacant office of Assistant-Physician.



## THE OUTBREAK OF FEVER AT DEMERARA.

We are enabled to state that the most recent letters from official persons at Demerara afford reason to hope that the white troops, amongst whom yellow fever had begun to cause a great mortality, are by this time at Barbadoes. When yellow fever appeared in Demerara, rather more than a year since, the troops were, with great advantage, moved some miles away. The military authorities applied to the Army Medical Department for advice in case yellow fever should again appear. They were recommended in that event to ship them away: the only expedient which experience has proved to be trustworthy and efficacious. According to the last letters received, the white troops were on the point of embarkation at the date of writing, their place being supplied by black troops. Authentic particulars of the extent of the mischief already done are not yet received; private accounts are gloomy.

## AMERICAN DEGREES.

THE *American Medical Reporter* agrees with one of its contemporaries in a complaint, that the facilities for starting so-called medical schools in America are so great that they spring up wherever a few aspiring physicians with a few dollars or credit may happen to congregate. Then follows a rivalry to get students and have graduates, so great that young men are rushed through at more than railroad speed, frequently without the least regard for their qualifications or medical acquirements. As an instance, the following is mentioned. A young man, after attending a set of lectures in a medical school, was permitted to take a diploma within less than one year from the time of his first commencing the study of medicine. The *Reporter* concludes that, to diminish quackery in America, it is necessary to control the facility for "rushing through" men who, when they get their diplomas, naturally claim to be "regular graduates of medicine."

## MEDICAL CORONERS.

We are happy to note an addition to the list of medical coroners, in the person of Mr. Charles Mayo, M.B., of New College, Oxford, who has been elected coroner for Oxford University. Justice Blackburn has this week strengthened very much the grounds of advocacy of the appointment of medical men as coroners, by intimating that the coroner's inquiry ought *always* to be followed by a magisterial investigation of any charge arising out of it, before the accused or suspected person is committed for trial. He considers a legal enactment, making this imperative, to be desirable; and we quite concur in that view. The coroner's inquest *super visum corporis* is to ascertain the cause of death, not the guilt or innocence of persons implicated. Death may have been caused by injury, by maltreatment, by unsanitary conditions of all kinds, by illegal neglect of sanitary precautions enjoined by Act of Parliament; and habitually there is only a medical witness on one side. To judge of the full force and meaning of his evidence, it is

essential that the coroner should be himself medical. The constant floundering and bewilderment, the mock intelligence and sham summings up, of legal coroners, expose them to the ridicule of educated medical men, and endanger the purposes of justice.

## DENTAL HYGIENE AMONG THE ARABS.

THE Arabs are envied by more civilised people for the irreproachable whiteness of their teeth. How is it attained? Dr. Quantin has a good deal to say on the subject. In the first place, they live upon *couscous* and coffee prepared without milk or sugar—a diet devoid of the acids which occur in European dietaries. They rinse the mouth always at each of their four or five daily ablutions, filtering the water slowly between the teeth. They never take their food and drink at more than "very moderate heat." This protects the enamel, the conservative envelope of the teeth. To increase the whiteness of the teeth, of which they are proud, they chew once a week a piece of an indigenous root, called *sondte*. When partly softened, they withdraw it, and rub the teeth first with this and then with white woollen stuff. To what sobriety and modesty of diet the emulation of the teeth of these savages should lead us!

## NATURAL SCIENCES AT CAMBRIDGE.

THE following honour list of the Natural Sciences Tripos has just been issued at Cambridge. The examination papers are before us, and are drawn up with great care and thought. They are admirably adapted to test the scientific acquirements of the candidates to the very fullest extent.

## UNIVERSITY OF CAMBRIDGE.—NATURAL SCIENCES

## TRIPOS.

## First Class.

Earle, Jesus College	} Equal.
Walker, Sidney College	
King, Caius College	

## Second Class.

Fenwick, Trinity College	} Equal.
Ralfe, Caius College	
Smart, Caius College	
Wollaston, Clare College	

## Third Class.

Marshall, Trinity College
Semple, Caius College

G. M. HUMPHRY, M.D.	} Examiners.
M. J. BERKELEY, M.A.	
W. STOKES, M.A.	
O. FISHER, M.A.	

December 11th, 1866.

## AT SEA IN QUARANTINE.

We last week dealt briefly with Dr. Goodeve's summary of the recommendations of the Constantinople Conference; and we are so pressed with important matter this week, that we are unable to print his paper as read at the Epidemiological Society, which lies before us. The conclusions are precisely as we stated them; and nothing more absurd has, in our opinion, yet been suggested than the principal recommendation, that of a quarantine of exclusion—isolation for ten days—between European countries where cholera may appear. Spain has



been trying something like it for centuries; it tried it last year to the infinite distress of commerce, and the result was total failure, for cholera reached all the principal seaports, and spread even to the capital. We would suggest, and would even strongly urge, under present circumstances, that the Privy Council or Board of Trade should appoint a Commission or Committee to inquire into the whole subject of quarantine, as it affects this country, our colonies, and foreign relations. A vast amount of valuable information could be obtained from the medical officers of the navy, army, great steam companies, and other sources. This Constantinople Conference has sent us to sea again, drifting towards mediævalism. But, as we have hinted, it was a congress in which foreign diplomatists have had their first say (and have been decorated for their services), whilst English physicians have had to stand behind.

#### THE CHOLERA WATER-THEORY.

THE Registrar-General seems to be quite clear that cholera mortality is directly traceable to water and nothing but water. He compares this week the deaths per 10,000 in the South London districts during the last three epidemics, after noting the successive improvements in water supply, thus:

"The deaths by cholera to 10,000 inhabitants of South London were 120 in the year 1849, 87 in 1854, and 8 in the year 1866. From cholera and diarrhoea, the deaths out of the same numbers living were 142, 104, and 15. As the water improved, the deaths declined to this marvellous extent. Similar, if less striking, evidence of the effects of pure and impure waters is supplied by the experience of the other London companies."

WE may usefully direct attention to the second edition, by Mr. J. B. Hutchins, of the Privy Council Office, of the Sanitary Act 1866. This Act is the charter of sanitary progress; Mr. Hutchins's capital commentary and digest explains both its powers and shortcomings. Medical men will find this Act their most potent friend in attacking preventable disease. This edition is printed by Knight and Sons, printers to the Board.

DR. BREWER, of George Street, Hanover Square, who was Chairman of Mr. Mill's Committee, has accepted an invitation to become a Liberal candidate for Colchester. He addressed a meeting of the electors at the Public Hall on Wednesday evening. He is a warm advocate of liberal measures and local self-government.

MR. BERKELEY HILL, Assistant-Surgeon to University College Hospital, has been appointed Instructor in Bandaging and the Application of Surgical Apparatus. The vacancy in the office of Assistant-Surgeon, produced through the resignation of the office of Surgeon by Mr. Quain, has been filled by the appointment of Mr. Christopher Heath, lately Assistant-Surgeon at Westminster Hospital, who has also been appointed

to succeed Mr. Marshall as Instructor in Practical Surgery, a department of teaching in which he has for some years past been well known and appreciated by gentlemen about to present themselves for the higher surgical examinations.

WE are glad to be able to state that the prevalence of cholera in North Wales, to which we last week drew attention, has somewhat abated. In the Carnarvon Union, the one in which there was the greatest amount of the disease, the reported cases for the week before last were 271 and 11 deaths; last week, however, the number of fresh attacks fell to 120 and the number of deaths to 7. In Ruthin Union, there is also a decrease in the number of cases and deaths; as last week the numbers were 19 cases and 2 deaths.

DR. MULLER recommends mixing one part of vaccine matter with ten of glycerine. He says that this increases the activity as much as it enlarges the bulk of the matter at disposal. It may be preserved well in tubes.

Professor Sigmund relates a case in which ligature of voluminous vegetations of the labium minus caused severe pain, tetanus, and death, eight hours after the operation.

The Municipal Council of Lyons have resolved, says the *Gazette Médicale de Lyon*, to name a large place in the city as Place Gensoul, in honour of the celebrated surgeon of that name. Another street in Lyons is named De Jussieu, and another Pouteau. We commend the example to Sir John Thwaites.

Dr. Palasciano announces, in the *Gazetta Medica di Venezia*, that the "unification of Italy" has been followed by some important advantages to the medical body, spontaneously accorded in the new civil Italian code. The debts for medical services rendered within six months of the death of the patient will be a privileged claim; the fees of a medical man will be legally recoverable within a period of three years; finally, medical men, freed by the legislature from an unworthy suspicion which alone gave rise to such an exclusive regulation, will, like other citizens, be capable of inheriting all legacies bequeathed to them.

In the Report of the proceedings of the Medical Congress recently held at Bordeaux, Dr. Sorlets of Aire calls attention to the occurrence in pellagra of hemeralopia, quoting the various opinions as to its cause; viz., diminution of the red corpuscles of the blood, as in anæmia; stomach-derangement; œdema of the retina, or disorganisation or fatty change in the optic nerve; the use of bad rice; etc. M. Cunier has seen a family pellagrous and hemeralopic at the same time. Dr. Sorlets also called attention to a *neurose* of the eye, he observes, never before described in pellagra, in which the loss of vision is instantaneous and intermittent, lasting sometimes for two or three minutes only, attacking a man perhaps in the middle of his work, and passing off again after a few moments, without leaving any trace of discomfort behind.



## A SYSTEM OF GOVERNMENT GRATUITIES TO PUBLIC VACCINATORS.

PUBLIC vaccinators throughout the country will be glad to hear that the rumour, to which we drew attention last week, as to the introduction of a system of gratuities to contractors for meritorious services, is correct, and that Government has determined to make grants of money, in the shape of awards, to those contractors whose vaccinations shall be found, on examination, to come up to such a standard of goodness as will favourably illustrate the performance of that portion of the parochial vaccination which falls to the lot of each union contractor.

The fees, which those gentlemen who contract for the public vaccination of an union are entitled to receive, with but few exceptions, are settled by the Compulsory Vaccination Act of 1853 (16 & 17 Vict., c. 100), and the smallness of their amount has long been a source of widespread discontent, and the subject of loud complaint. The fees which a contractor for public vaccination is entitled, under that Act, to charge, are as follows:—viz., for every person successfully vaccinated at the residence of the contractor, or within two miles therefrom by the nearest public road, a sum not less than one shilling and sixpence, and beyond that distance, a sum not less than two shillings and sixpence. It may, perhaps, be well to remark, that though the act says, that sums *not less* than the respective amounts stated above are to be paid, we know of but few cases in which the guardians have been found liberal enough to pay more than the minimum statutory fee. We are sorry to say, however, that in one or two instances we have heard of Boards of Guardians having an understanding with their vaccinators that they should only be paid the eighteenpenny fee (no matter how far the vaccinator had to go to perform the operation), and this, too, in contravention of the terms of the contract, which (if it have been approved by the Poor-law Board, as it should be) stipulates that the contractor shall be paid as the law directs.

This system of cheese-paring and false economy on the part of parsimonious boards, has led to an immense amount of what we may call spurious vaccination throughout the country,—vaccination which may, perhaps, be said to comply with the strict letter of the law, but which utterly fails to bestow upon the recipient that protection against the direful effects of small-pox which efficient vaccination has invariably been found to give; and the consequence of this is, that Jenner's admirable and beneficent discovery is not only robbed of its fruits, but is also looked upon by many as fallacious, and devoid of that merit which is unquestionably its due.

It is, we suppose, with the view of rescuing vaccination from the odium and discredit which this practice of negligent performance has to some extent brought upon it, that the government has determined to initiate a system of awards to those contractors who meritoriously perform the duties which they undertake. Such a scheme was introduced into the vaccination bill which was before Parliament last session, and which, in all probability, would have become law had it not been for the change of ministry which took place. For, just as the bill was upon the eve of passing out of the Lower House for consideration in the House of Lords, some pressure was brought to bear upon the new ministry by a small dissatisfied section of the community, and in consequence the bill was not proceeded with, and a very useful measure was lost to the public.

Until the year 1859, little or nothing would appear to have been done with the view of increasing the efficiency of the public vaccination of the country. There was no supervision exercised over either the quantity or the quality of the vaccination performed; there was no guarantee that the vaccinator really understood this particular branch of his profession; proceedings were very rarely if ever taken; and, in fact, beyond the guardians dividing their unions into districts, and entering into contracts with medical men, little was done to bring about the desire of the legislature, which was, as the act says, that the parent of every child born in England or Wales after the 1st of August, 1853, should, within three months (or under certain circumstances, within four months) of its birth, have the child vaccinated by a legally qualified medical practitioner.

From the year 1855 to the year 1859, there was a gradual falling off in the percentage of the infantine vaccinations (*i. e.*, vaccinations under one year of age), as compared with the births for the same period. For in the year 1855, the percentage of infantine vaccinations was 55, while in 1856 it was 53; in 1857 and 1858 it was 50, and in 1859 it was 49.

This fact (which shows very plainly to what extent the statute was disobeyed), coupled with the fact that small-pox was very prevalent and fatal throughout the country, led to the suspicion that, in addition to the vaccination being much neglected, it was, also, of a very inferior quality; for how otherwise could such a frightful mortality, in 1858, as 6,400 deaths from that disease (which is, *par excellence*, a preventible disease) be accounted for?

It was in the face of this state of things that the Privy Council, in virtue of the powers vested in it by the Public Health Act, 1858, determined to inquire into the state of public vaccination in England and Wales; and with the results of this inquiry we have been made acquainted in the annual reports of that department of the government. In this inquiry, a state of things, as far as vaccination is concerned, was brought to light that tended to show the almost utter indifference with which guardians looked upon the carrying into effect the provisions of the Vaccination Act, 1853.

This, in general terms, is the report of the state of the public vaccination of the country; viz., "that the intentions of the legislature in this respect are but very imperfectly fulfilled; that the public defences against small-pox are in great part insufficient and delusive."\*

But to show the necessity which exists for something to be done to stimulate contractors to a more faithful performance of the duties which they undertake, and to show the extent to which the public vaccination is neglected in some districts, we will give the following passage from the *Fifth Report of the Medical Officer of the Privy Council*, where, in speaking of the neglect of vaccination, he says, "there are whole unions where there is no reason to suppose that any important number of vaccinations is performed by private practitioners, and where yet the number of vaccinations performed by the public vaccinators does not equal a third of the number of births,—unions, even, where the public vaccinators' vaccinations are as few as 19, 18, 17, 12, and 7 per cent. in proportion to each hundred of births; and there are instances of districts remaining for long periods, even, in one instance, as long as three years, without a single public vaccination being performed."

In corroboration of the above statement of the medical officer of the Privy Council, we read in Dr. Stevens's *Report* of his inspections in 1861, that he

\* *Fifth Report of Medical Officers of the Privy Council*, p. 6.



found the average of the infantine vaccinations in the Warwick Union, for the three years ended Sept. 30, 1861, to be less than 30 per cent. of the registered births; in the Blaby Union, less than 29 per cent.; in the Cambridge Union, less than 21 per cent.; in the Ely and Evesham Unions, less than 20 per cent.; and in the Ashbourne Union, less than 19 per cent. of the registered births. Dr. Seaton, in his *Report* for the same period, also records cases of neglect. Thus, in the Carnarvon Union, the percentage of vaccination for the year 1861, he states to be 27; in the Dolgelly and Haverfordwest Unions, 26; in the Llanfyllin Union, 23; in the Festiniog Union, 19; in the Aberystwyth Union, 12; and in the Bala Union, 7.

In France, the system of giving awards for results of vaccination has, we believe, been in force for some time; but in this country, such a practice has not been adopted before. Still the system of giving awards from public money is not a new one; for all are aware that large sums, in the shape of gratuities of greater or less amount, according to the merits of each particular case, are annually expended as rewards to the masters of our numerous national schools, and this expenditure has been very beneficial in its results; for it has tended very greatly to improve the tone of the national education of the country. That similar results will proceed from this new application of the system, we firmly believe; and we trust that they will be such as to justify the government in changing what must be at present but an experimental and temporary measure, into a successful and permanent institution.

From the remarks which we have made on the manner in which the public vaccinators of the country are remunerated for the duties which they have to perform, it must not be inferred that we hold with the doctrine that a man is justified in neglecting his work because he does not consider himself sufficiently paid for what he has to do; for such a principle cannot for a single moment be upheld, much less could such a course of action find any apologists in the case of the contractors for vaccination. They, as a class, really have no ground of complaint. They undertake to do certain things for a certain remuneration; and so long as the one contracting party fulfils the terms of the contract, by paying the price stipulated for the work, the other contracting party is bound, both morally and legally, to honestly fulfil his portion of the contract.

The system of giving awards for results will, we have no doubt, go a great way to improve public vaccination throughout the country, and will induce a more zealous performance, by contractors, of the duties which they undertake. And not the least of the benefits which we may hope to reap from this expenditure of the public money, will be that at no very distant date the mortality from small-pox will, in all probability, be reduced to an infinitesimal amount, with the ultimate prospect of its total extinction in this country.

**ROYAL COLLEGE OF SURGEONS.** Of the 2,456 members of the British Medical Association, it appears that 376 are Fellows of Royal College of Surgeons, viz., 105, by examination, and 271 by election. At the last annual election of Fellows into the Council of the Royal College of Surgeons, 41 Fellows by examination, being members of the Association, recorded their votes, and 51 by election.—A preliminary examination in arts, etc., will take place at this institution on Tuesday the 18th inst., and following days. It is stated that nearly 150 candidates have entered their names for this ordeal.

## REORGANISATION OF THE INDIAN MEDICAL SERVICE.

THE further arrangements for organisation of the Administrative Staff of the British and Indian Medical Services in India have been formally promulgated, and run as follows.

**BRITISH MEDICAL SERVICE.** The Staff of the Medical Department of the British Forces will be composed as follows.

*Bengal:* 1 Inspector-General; 6 Deputy Inspectors-General; and 2 Staff Surgeons-Major.

*Madras:* 1 Inspector-General; 3 Deputy Inspectors-General; 2 Staff Surgeons-Major.

*Bombay:* 1 Inspector-General; 3 Deputy Inspectors-General; 1 Staff Surgeon-Major.

The Staff of the Inspector-General in Bengal will consist, as at present, of a Secretary and a Statistical Officer; and that of the Inspectors-General in the Madras and Bombay Presidencies, of an Assistant-Surgeon as Secretary and Statistical Officer in one.

The Indian Medical Department will be composed as follows.

*Bengal:* 1 Inspector-General; and 11 Deputy Inspectors-General.

*Madras:* 1 Inspector-General; and 6 Deputy Inspectors-General.

*Bombay:* 1 Inspector-General; and 4 Deputy Inspectors-General.

The Staff of the Inspector-General of the Indian Medical Department will consist in Bengal, as at present, of a Secretary and a Statistical Officer; and in the Madras and Bombay Presidencies, of a Medical Officer as Secretary and Statistical Officer in one.

The Inspectors-General of both British and Indian Medical Services in Bengal will receive a consolidated salary of 2,700 rupees *per mensem*; and those in the Madras and Bombay Presidencies, 2,500 rupees *per mensem*; the Deputy Inspectors-General in all the Presidencies, the existing consolidated salary of 1,800 rupees *per mensem*.

The Secretaries of the Inspector-General and the Statistical Officers in Bengal will receive a staff salary of 700 and 600 rupees *per mensem* respectively, in addition to the unemployable scale of pay laid down in Paragraph 29 of G. G. O. of 23 Dec., 1864.

Although, from the changes that have recently been introduced affecting the pay, pension, and promotion of the Indian Medical Service, it has, in all its grades, derived considerable benefit, yet, with a view to rendering the effect of the reduction now proposed in the number of the Administrative Staff as little as possible prejudicial to the interests of the officers more immediately concerned, H. M. Government has resolved that the officers now holding the position of Inspector-General and Deputy Inspector-General of the Indian Service shall be permitted, to the extent of the proposed reduction, to retire when they think proper, upon the rate of pension severally allotted to those grades in Paragraphs 36 and 37 of G. G. O. dated 23 Dec., 1864, without reference to the time served in those grades. Vacancies caused by such retirements, or by ordinary casualties subsequently to the 1st October 1866, the date of the receipt of the instructions of Her Majesty's Government hereby notified, will be allowed to lapse until the establishment is brought to the strength now laid down.

**CHOLERA IN ORISSA.** The cholera and dysentery which have resulted from starvation in Orissa have carried off more than actual famine.



## THE CASE OF MR. STATHAM.

At a public meeting of members of the medical and dental professions held on the 11th instant, Sir WM. FERGUSON, Bart., presided, and in introducing the proceedings, said,—If I am not mistaken, there is a growing feeling with the profession that it would be extremely desirable if we could, by any reasonable and honourable means, put an end to such attacks upon members of our profession as this recent one has been in our estimation. But the subject is exceedingly difficult; for, I think, if it were known in certain quarters that there was always a fund at hand to defray such legal expenses, there would, from the quarters to which I allude, be such frequent attacks in order to get hold of some of this money, that, instead of repressing that which we are endeavouring to repress by our meeting to-day, such subscriptions would, in all probability, rather encourage these attacks. With regard to this individual case, it seems to me one of particular hardship; for when we think of what, in our experience, we have seen done at our public institutions on behalf of those who apply, we cannot but feel that in this special instance there was, so to say, an excess of kindness, as it were, on the part of Mr. Statham towards this patient. No professional man of any experience, on hearing the story of this case, could for an instant think otherwise than that Mr. Statham had acted in every respect in accordance with the high position which we all know him to hold, and with that consideration which a professional man associated with a public institution ought to display towards his patients. He continued: I cannot, in my position here, let the opportunity pass by without making just some slight reference to what I have occasionally seen, in the course of my professional experience, with regard to the subject of chloroform and its administration. First of all, every one of experience knows that, in order to administer chloroform, a much longer period is required than the general public imagines. It is an idea very prevalent that merely holding or wafting a handkerchief with chloroform upon it before a person's face is sufficient to render the individual insensible—possibly not so insensible that he may undergo a surgical operation, yet so insensible that he may forget himself for a great number of hours. The sooner it is known and publicly stated that such a thing cannot be, so much the better. The late Lord Chancellor Campbell believed that such a thing might be done in the public streets as that one person might go up to another, wave in his face a handkerchief with chloroform upon it, and render him insensible immediately. So impressed was Lord Campbell with the truth of this, and with the danger of it, that he actually formed the intention to bring in some legal enactment to endeavour to prevent such occurrence. The late Dr. Snow, knowing that such a step was likely to bring ridicule upon this important subject of anaesthesia, actually took the trouble to write to Lord Campbell, to let him know that he was labouring under the greatest imaginable mistake. It is not, perhaps, to be wondered at that one not connected with our profession should fall into such a mistake; but I regret very much to say that gentlemen in our profession sometimes lean towards a mistake of that kind; and I regret, in particular, gentlemen who have had comparatively little experience take upon themselves to give opinions on this subject, for which they ought to refer to other men.

It is a common thing for a patient to come up from some distant part of the country, in whose case, it may be, there is involved an important question of operation. The patient says that Mr. —, or Dr. —, had given a most positive opinion that chloroform was not to be administered; but you find the patient in a state just

as healthy for the taking of chloroform as the many others that you see in the course of a few years. We all remember what happened in the early days of anaesthesia. At the period when anaesthesia was exercising its influence, it often happened that violent struggles took place, and often under such circumstances the administration of the chloroform was arrested, even by our greatest physiologists. It was some time before we all became familiar with the fact that at that particular time it was only needful just to be cautious to administer a little more chloroform, when this dangerous condition would pass away. We can all in this room, I believe, estimate what may be the value of a man's opinion about chloroform, who has seen only some eight or ten cases in the course of his experience. That is a kind of experience that ought not to have been brought before a court at all. If you could imagine a court held in some obscure district, where the evidence of more experienced men could not be readily procured, the thing must then take its chance; but in a place like London, where men could be brought forward who could speak to the influence of chloroform from an experience of hundreds and thousands of cases, it seems to me absurd that such evidence should not have had any weight; or if it had any weight at all, I am much afraid that the other kind of evidence that I have described had just sufficient weight to cause wavering. With these observations, then, gentlemen, I shall call upon the friends around me to lay before you what has been the result of the labours of the Committee; and I am delighted to know, as I dare say you will be, that the results which have been arrived at are of the most complimentary character to Mr. Statham, in whose honour this meeting is held. (*Loud applause.*)

Mr. LAWSON moved that the Report of the Executive Committee be received and adopted.

Mr. IBBETSON seconded the motion, and remarked that charity begins at home; and if we find that in the exercise of charity we ourselves are likely to get, instead of gratitude, such a visitation as that which unfortunately has fallen to the lot of Mr. Statham, of course we shall have to be extremely cautious in exercising our benevolence.

Dr. RICHARDSON said that three or four gentlemen concerned in this matter, as well as himself, came to the conclusion that these trials might possibly be stopped by making such a provision in the law of the land as this;—that before any prosecution of this kind should be set up, the defendant should have the right to require that the costs on both sides should be first paid into court; and he had seen since that all the law journals, without exception, took the same view of the case.

It was then unanimously resolved—

“That this meeting, having taken into full consideration the evidence adduced at the trial of Absolon v. Statham, unanimously agrees that the professional treatment adopted by Mr. Statham, in the case of the plaintiff Absolon, was in every particular sound, skilful, humane, and beyond reproach; that the meeting warmly sympathises with Mr. Statham for the anxiety and expense to which he has been subjected by an unjust and groundless prosecution, and assures him of its entire and unabated confidence in his practical skill, professional integrity, and honour. The meeting would add that, but for Mr. Statham's own objection to such a course, it would gladly have defrayed the legal expenses to which he has been subjected.”

It was further resolved, that a copy of this resolution be engrossed on vellum, and presented to Mr. Statham.

A vote of thanks to the chairman was carried, on the proposition of Dr. Anstie.

Mr. ERASMUS WILSON moved, and Dr. RICHARDSON seconded, a vote of thanks to Mr. C. J. Fox, the hon. secretary, which was unanimously carried.



THE CASE OF CALEB SHERAR WILLS,  
ASSISTANT-SURGEON IN THE ARMY.

WE referred lately to the fact that Mr. Wills, after conducting for a period a branch business in connexion with Hunter in Edinburgh, had been re-admitted into the staff of the Army Medical Service. We would beg to call the attention of the Commander-in-Chief and the Director-General of the Department to the subjoined letter, which explains some of the mysteries of the branch. The original document is at their service. We gather from the *Army List* that C. S. Wills is serving on the staff at the Bahamas, and that his appointment dates 9th March, 1866. This was after his connexion with Hunter had been published in open court.

"3, Melville Street, Edinburgh, Nov. 1865.

"DEAR SIR,—The reason there is no formal prescription given in my book of letters is, that the medicines I use have to be *specially* prepared, and *cannot be procured at the chemists'* in the form I find it necessary to give them in order that they may have the greatest possible effect upon the diseased lungs. As you have read my little book, and express your opinion in favour of the system I advocate, I have only to state that, if your friend is placed under my care, I shall do all that lays in my power for him. *It is not necessary that he should consult me personally*; for by his carefully filling up the enclosed form, and returning it to me, I shall be in possession of the particulars of his case, and can send him *every requisite* for his treatment by train. From your statements, there can be no doubt as to your friend's lung or lungs being seriously engaged, and just as little doubt that, so long as he simply doses his stomach with medicines and leaves the lungs unaided, he cannot expect to be relieved, but, on the contrary, the disease must go on progressing daily. My fee is £6:6 for a course of treatment of one month's duration. This includes an inhaling instrument (you can get the proper instrument *only at Maw and Son's*, London, not in Glasgow), all medicines and advice for this period. Patients in the country are expected to report the progress of their case under treatment by writing at least once a week, when further instructions or medicines are given, if necessary.

"Yours truly, C. S. WILLS."

THOROUGHLY DISINFECTED. According to the *New York Journal of Medicine*, Dr. Charles Brockhausen, assistant physician at the City Hospital, St. Louis, having finished his rounds through the hospital wards one day recently, was about to proceed to the cholera tents, but before doing so concluded to take a glass of what he termed metaphorically "disinfectant," but what in the vulgar is known as brandy. There happened to be on his shelf two demijohns, very similar in appearance, one of which contained brandy, while in the other was a disinfectant known as chloride of zinc. The doctor hastily mixed him a potation and swallowed it at a draught. His sensations after taking it were peculiar. He perceived at once that he had taken his disinfectant out of the wrong bottle. He communicated without loss of time with his two brother Esculapians, who, by the timely administration of antidotes, neutralised the action of the poison, and saved his life. Dr. Brockhausen has no fear of catching the cholera for some to come. He deems himself thoroughly disinfectant.

## Association Intelligence.

### SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEDICAL MEETINGS.

THE twenty-second meeting was held at the Fountain Hotel, Canterbury, on November 29th, at 3 p.m.

*Communications.* 1. Dr. KERSEY brought forward three cases of Empyema, one death and two recoveries. These cases occurred after symptoms of pleuropneumonia, during which the usual treatment had been adopted, and blisters and iodine freely applied locally. In both cases of recovery, there was a tendency to pointing, as of an abscess; and the pus was evacuated by a lancet, from which time the patients gradually recovered. In the fatal case, there was no tendency to point, and the pus was let out by the trochar. After the operation, the appetite failed, exhaustion ensued, and death occurred on the tenth day. Trousseau's opinion, that "right-sided pleurisy is generally of tubercular origin," was quoted; and Thorp's, that "openings for empyema should not be made depending, but rather at the upper surface of the pus, to allow of the free exit of septic gases, should putrefactive changes take place, and thus prevent their being absorbed by the lining membrane of the cavity, which would excite inflammation, and contaminate the blood."

2. Mr. REID made some observations on the advantages to be derived from altering the position of the head in certain cases of Face-presentation, and adduced some cases illustrating its good effects.

3. Mr. REID also exhibited the Endoscope, and made some interesting remarks on its utility.

3. Mr. RIDGEN read "a comparative review of Small-pox, as observed in the Small-pox Hospital, and in the patients' own residences." (See page 662.)

SIGNS OF CHOLERA. Dr. Hughes, of Charlton, informs the Registrar-General that in the recent outbreak of cholera at Charlton, two out of the four fatal attacks were not preceded by any premonitory symptoms whatever. He observes, also, "if there is one sign more pathognomonic than another, it is the cold tongue; I always feel it, and could diagnose a case in the dark; there are exceptions to that sign, certainly as frequent as the diarrhoea."

ATTEMPT TO MURDER A MEDICAL MAN. Mr. Charles le Vescomte Godfray, medical officer of the General Hospital at Jersey, was fired at in the middle of the day, by a man named Thomas Roberts. The contents entered the doctor's left shoulder, and he fell on his knees, but rose instantly, seized the would-be murderer, and secured him with assistance. At the station-house the prisoner said he had long entertained a feeling of revenge against Dr. Godfray, and he was sorry he had not killed him on the spot. Dr. Godfray is progressing gradually. Several large duck-shot have been removed from his shoulder. The prisoner Roberts is about 50 years of age. Two or three years ago he was an inmate of the General Hospital, suffering from a bad leg, which was attended to by Dr. Godfray. Eventually Roberts went to England, where, his leg becoming worse, he had it amputated. He returned to Jersey about six months ago, and made no secret of his antipathy to the doctor, whom he blamed as the cause of his losing his leg, alleging that he was not properly attended to by him. He was formerly a sailor, but latterly has been employed as a labourer.



## Reports of Societies.

### OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, DECEMBER 3RD, 1866.

ROBERT BARNES, M.D., President, in the Chair.

THE following gentlemen were elected Fellows of the Society: Drs. Thomas Brown, C. Lovegrove, W. J. Pilcher, V. Saboia; and Mr. W. H. Vipan.

*Specimens, etc.* Dr. GREENHALGH showed a modification of his Metrotome, and also a new Intra-uterine Stem.

Dr. GRAILY HEWITT showed a specimen of Double Placenta, which he had received from Mr. Richardson of Battersea.

Mr. GEORGE ROPER gave the particulars of a remarkable case of Placenta Prævia.

Dr. NEWMAN of Stamford read a case of Cæsarean Section: Recovery of Mother: Child not viable.

Dr. HENRY MADGE read a paper on the Anatomical Relations between the Mother and Fœtus.

#### ON EXCISION OF THE CLITORIS AS A CURE FOR HYSTERIA, ETC. BY T. HAWKES TANNER, M.D.

Aftersome introductory remarks, the author gave his reasons for believing that the operation of clitoridectomy will not prove of permanent value as a remedy for the cure of hysteria, epilepsy, insanity, etc. He first showed that extirpation of the clitoris in the female is analogous to circumcision in the male, though the latter has advantages not possessed by the former. But, as castration is not curative of epilepsy and insanity, even where these diseases are supposed to be dependent on improper practices, so, *à fortiori*, circumcision is perfectly useless in this respect. Secondly, he attempted to prove that, even if it be true that many of these diseases in women are due to "peripheral excitement of the pudic nerve", excision of the clitoris will not be curative, because by it several branches of this nerve are left uninjured. By tracing the distribution of these branches, he showed that in clitoridectomy, however extensively performed, the trunk of the pudic nerve cannot be removed or injured, but only that portion of it which corresponds to the dorsal nerve of the penis in the male, and which supplies the frænum and prepuce generally. Thirdly, indirect evidence was brought forward to show that, although certain nations have practised excision of the clitoris for many centuries, yet no evidence has been obtained of any useful results. Under this head, particular reference was made to some remarks on the circumcision of females in Western Africa by the late Mr. Daniell. According to this gentleman, the excise process is not confined to one particular part, but is more or less varied, in accordance with the usages of the different countries where it is resorted to. The operation consists either of—1, simple excision of the clitoris; 2, excision of the nymphæ; 3, excision of both nymphæ and clitoris; 4, excision of a portion of the labia pudendi, with either or all of the preceding structures. The history of the operation is involved in obscurity; but Mr. Daniell surmised that it is one of the many singular customs faithfully preserved by the African races through the lapse of centuries, having probably been originally inculcated as one of those gloomy rites which the female proselyte had to

undergo prior to her initiation into certain mythological creeds. When in Old Calabar, Mr. Daniell had the opportunity of witnessing the operation, which is performed there, as elsewhere, by aged females. The girl having been placed on the knees of a woman, with the legs apart, the clitoris was seized forceps-like by two pieces of bamboo or palm-sticks, and, being gently drawn forth, was severed with a sharp razor. The rather copious hæmorrhage was allowed to exhaust itself; the parts were bathed with cold water; the body dotted with some fetish preparation, to avert malign influences; and in two or three days the invalid was allowed to resume her usual occupations. That the operation does not prevent licentious and debased conduct seems certain; for Mr. Daniell asserts that "social life in most of the pagan towns of Western Africa is darkened by scenes of the grossest demoralisation. . . . An illicit and promiscuous sexual intercourse is constantly carried on by nearly all classes of slave subjects, who, not fettered by any moral obligations, and solely intent on the gratification of their passions, give them an unrestrained rein long before the age of puberty." In girls of high birth who have been guilty of prostitution, "another and more inhuman barbarity" is perpetrated, consisting of the introduction into the vagina of the unripe pods of the *capsicum frutescens*, or bird-pepper, beaten into a soft mass. The active inflammation which results produces severe pain, and often a permanent obliteration of the vaginal canal. Fourthly, Dr. Tanner detailed three cases in which he had excised the clitoris, and had been disappointed in the result; as well as the histories of two women who had consulted him, and who were operated on at the London Surgical Home without their deriving any benefit. In conclusion, the author stated that he had brought forward the subject of this operation for consideration more as a learner than as a teacher. It had been published to the medical world that very many gentlemen had adopted the operation of clitoridectomy in proper cases; and, amongst other names, those of Sir James Simpson, Dr. Beatty, Sir John Fife, Dr. Savage, and Dr. Routh, were mentioned as having done so. Was it not very desirable that these physicians should detail the results of their experience; and especially that they should communicate to the profession any information they possess as to the permanency of the cures which have been effected?

Dr. WYNN WILLIAMS said that, as no one appeared anxious to commence the discussion on this very interesting paper, he would do so by first relating the particulars of a case of a lady who had been under his care both before and after she had undergone the operation of clitoridectomy in 1863. She had been an occasional patient of his several years previous to this, and had been suffering from paralysis of the lower extremities, which he believed to have been caused by an injury to the lower dorsal vertebra from a fall down some cellar-steps. In the year 1863, she having come to reside in London, came again under his care with her symptoms of paralysis very much aggravated; she could extend her limbs, which she did with a jerk; but appeared to be unable to put them to the ground in the place she wished. On his visiting her one day, he was informed she was going to be operated on. Being satisfied that it was not a case for surgical interference, he attempted, unavailingly, to dissuade her from this. He did not see or hear from her again for rather more than two years, when she informed him that she had been operated upon, but had derived no benefit from the operation, but, on the contrary, had gradually become worse and worse. He now found her with both limbs drawn upon the



abdomen, with the left under the right, so that the hand could not be passed between the thigh and the abdomen. There was also a sloughing sore in the groin, produced by pressure of the two opposing surfaces of integument. Dr. Williams was enabled, under the influence of chloroform, to forcibly extend the limbs; but it was with the greatest difficulty that he could prevent them from returning to their old position. Ultimately, anasarca of the integuments of the lower extremities and body took place, and formed him (being also confirmed by her sister) that sloughing; and she died of exhaustion. His patient in-she had not been in the habit of abusing herself; and that she was not at all aware what operation was going to be performed, or she would not have submitted to anything of the kind. This, of course, was the assertion of the patient, and must be taken for what it was worth. Dr. Williams stated he did not believe that clitoridectomy is a justifiable operation for the cure of hysteria, epilepsy, etc. It is true, we are ordered, if a member offend us, to cut it off; and he thought that the clitoris was not the offending member, but the arms and hands. These, then, were the members that should be cut off. Of course, he did not seriously recommend the amputation of the arms; but there could be no reason why they should not be put under restraint by being fastened behind the back. Indeed, it appeared that something of this kind was done after the excision of the clitoris. He had witnessed, on two or three occasions, at the Surgical Home, Mr. Baker Brown excise the clitoris; and was much struck with the fact, as pointed out by Mr. Brown, that in all these cases there existed small polypi in the rectum. He suggested the removal of the polypi in the first instance; remarking, that he believed these were the cause of the irritation, as we know worms to be when located in the rectum. But no: polypi and clitoris must be, and were, removed at the same time. In conclusion, he believed that cases of epilepsy and hysteria, curable after clitoridectomy, are curable without it; and cases not curable by other means are not curable by clitoridectomy.

Dr. ROUTH was surprised to hear his name mentioned as authorising the frequent use of clitoridectomy. Indeed, he might say that at the Samaritan Hospital it was not adopted, not because some of the staff did not think well of it in some cases, but because others held extreme opinions on the subject, and for the sake of peace it was very rarely practised. He did not know that Dr. Savage had performed the operation more than once in the Hospital; and altogether, including a case of elephantiasis clitoridis operated on by Dr. Rogers that day, it had been done three times. He (Dr. Routh) had, however, sought to obtain information on the subject; and, through the kindness of Mr. Brown, had seen several of his cases at the Surgical Home, and watched them closely. He would now speak of two he had seen there, which made a great impression upon him. One was that of an idiot girl, who, after the operation, gradually improved so as to be able to read the Bible and converse, and who, he understood, was now in service. The other was that of a lady, who used to have seven apoplectic fits daily, and who, after the operation, extending over a period of several weeks, had ceased to have them altogether. We could not shut our eyes to the fact that cases were occasionally brought to us where every preventive effort had been made and failed; and others in which treatment had been persisted in for years (two or three years), specially by caustics and blisters, beside internal drugs, and failed. These were the cases in which he thought this operation—which he, with Dr. Tanner, looked upon, after all, as a kind of extended circum-

cision—might be tried. Suppose it failed, was it necessarily a wrong step to have taken? We might argue with equal justice against the future use of caustics and blisters. Want of success, particularly at the beginning of trials, was common both in medicine and surgery. Doubtless, clitoridectomy was sometimes unsuccessful. Sometimes patients suffering from irritation in one part supplied by the pudic nerve, if cured in such part, and not desirous to be cured, and not morally controlled afterwards, would resume habits which would create irritation in other parts supplied by the same nerve. There were three parts especially in which this surgical irritation would be observed. 1, in the clitoris, most frequently; 2, in the fourchette; 3, in about the anus—a rare affection, and one, he trusted, more rare even than he thought. The proper operation would be to cut the nerve nearer its origin; but this, he feared, was a dangerous proceeding. Still it was philosophical in the case of clitoridectomy, that, if a patient were morally controlled also, the operation might turn out successful, not only as a salutary lesson, but by affording a break to a long continued injurious practice, which might be prolonged, and so bring about a permanent cure. He denied, however, that depravity was at the bottom of these practices. Religious, good, and honourable women, had learnt it without knowing it had any evil tendency or principle. Dr. Savage's case occurred in such a woman about 76. Mere defecation induced the clitoric orgasm. Clitoridectomy cured her. This case was pathologically interesting in another point of view; because, though the orgasm was excited at a particular point to the organ affected, the removal of the latter resulted in a cure. Stating firmly his belief that Mr. Brown had practised his operations in an honest inquiring spirit, and on a scientific basis, he yet thought that, until statistics were produced to prove the contrary, clitoridectomy should not be practised until all other means, prosecuted over a long period, had failed, and never except after consultation with a brother practitioner, wherever practicable. It was a chance of recovery a patient should have the option to try, all circumstances being freely explained to her. This was not only the fair and honest straightforward course to pursue; it was also the philosophical course.

Dr. TYLER SMITH said that, as the subject had been thrown into the arena of public discussion, he felt bound to relate his experience and express his opinion in the matter. In the first place, he must express his surprise that Dr. Tanner and Dr. Routh had spoken of clitoridectomy as analogous to circumcision in the male. The fact was that the prepuce or foreskin was a very unimportant structure as compared with the clitoris. As regarded sensation, the clitoris was the analogue of the male penis, and was the organ of sexual sensibility in the female. It had happened to him to have at one time in St. Mary's Hospital two patients in whom the clitoris had been removed at the London Surgical Home. One was a married woman, and the other a very respectable single person. Both of them declared they had not practised self-abuse. They were not in any way benefited by the operation. They further stated that the operation was performed without their being at all aware of its real nature. On one occasion, he was consulted by an unmarried lady of rank upon whom clitoridectomy had been performed, and who declared she had only consented to the operation, because she was assured that, unless she did so, she would become insane. This patient confessed to the existence of great sexual irritation; but she stated that the operation had not been of any service in this or any other respect. In another instance, he



had been asked to see a young unmarried lady, and give an opinion upon her case and its treatment. He found a number of small fissures round the anus, producing much irritation, which extended forwards to the vulva. He could detect no other sign of disease, and advised that the sphincter should be forcibly dilated so as to separate the cracks. He was then asked if he did not think some further operation imperatively required; and, on replying in the negative, was told that Mr. Brown had seen her and advised the removal of the clitoris; she also feared mental disease, though there was then no sign of it, and the patient strongly maintained that she had not excited herself beyond scratching to relieve the itching. He protested against the removal of the clitoris in this case; but, as he saw no more of the patient, it was probably performed. Such were some of the cases he had met with, and which had led him to the conclusion that the removal of the clitoris in cases of hysteria and self-abuse could not be justified. We might as well think of removing the penis in cases of masturbation in the male.

Dr. GREENHALGH considered that the frequency and evil effects of self-abuse in the female had been greatly exaggerated. He did not believe that it led to idiocy and epilepsy, as had been assumed; that girls suffering from these affections were occasionally addicted to such habits, he did not deny. He did not believe that the clitoris or nymphæ had anything to do with the habit; but that it must be rather referred to a peculiar mental condition requiring moral control. As, however, the value of clitoridectomy must be determined by its practical results, he would briefly narrate some cases which had come under his notice. The first was that of a single lady, about 42 years of age, who had been addicted to this habit for upwards of seven years, operated upon by Mr. Brown on June 5th, 1865. In a note, dated January 6th, 1866, this lady states: "The irritation has returned with its wonted force up the front and back passages. I feel grieved, having gone through so much, that there are no better results." The second case was that of S. W., aged 27, single, admitted into St. Bartholomew's Hospital under his care on July 14th, 1866. She stated that, four years ago, she was admitted into the Surgical Home for a slight periodic discharge of blood from the vagina, with pains in the lower abdomen and about the hips, for which her clitoris and nymphæ were cut out, without her knowledge by Mr. Isaac B. Brown. This operation was followed, in three months, by an abscess in the bowel, which burst and discharged matter for three weeks; since which she had been worse in every respect, suffering, in addition, from difficulty and pain in micturition and intolerable irritation, for the relief of which she "rubs the parts." (Clinical clerk's notes.) This poor girl assured Dr. Greenhalgh and others that she had never had any irritation of the vulva, nor rubbed the parts prior to the operation. A polypus was removed from her rectum while in the hospital; and she was discharged relieved. He referred to another case admitted into St. Bartholomew's Hospital of aggravated hysteria, who had been considerably worse since the operation, with the nature of which she was wholly unacquainted. She expressed great alarm when informed that the parts had been mutilated. Dr. Greenhalgh regretted that he had not taken notes of many other cases, about which he had been informed by many trustworthy practitioners, operated upon by the same surgeon, alike unsuccessful specimens in their results. He did not know of one case in which self-abuse, hysteria, idiocy, or epilepsy, had been permanently cured by clitoridectomy. He had, therefore, come to the following conclusions: that the

operation was based upon a false theory as to the cause of these conditions; that, although self-abuse was temporarily checked by loss of blood, soreness of the parts, and moral control, ultimately the irritation and the habit recurred with increased intensity; and that, in one case at least, it actually produced the irritation, and led to the habit it was said to cure. He, consequently, regarded clitoridectomy as an useless, pernicious, and most unjustifiable operation for the purposes for which it has been recommended by Mr. Brown.

Dr. AVELING said that, as it was proper to commence every subject with its history, he would take the liberty of opening the discussion by expressing his surprise that the history of clitoridectomy had not been more fully gone into. It was not a new operation, and he could not help thinking a large amount of useful practical information might be gathered from the numerous authors who had written upon the subject. It was remarkable also, that no reference had been made to, and no explanation given of, the singular fact that, for eighteen hundred years, hysteria was treated by excitation of the clitoris. From the time of Galen up to the last century, this method of treatment was constantly recommended.

Mr. BAKER BROWN, having thanked Dr. Tanner for the kindly tone, and scientific manner in which he had treated the subject, proceeded to review the various cases brought forward, and the remarks which *pro* and *con.* had been made upon his practice. Dr. Tanner's first case was unsatisfactory, because the inference was, that restraint and moral influence had not been brought to bear upon the operation. His second must be considered, as, at least in some degree, satisfactory, since the patient, from having been formerly bedridden, was, after the operation, able, for the first time in her life, to pursue the calling for which she had been educated, namely, that of a governess. Mr. Brown declined to deal with cases which came to Dr. Tanner, having been previously under his care, because all must acknowledge that the history given by patients of their treatment, previous to coming to us, can never be relied upon, and least of all in this class of cases, where there is not always an honest desire to be cured. These remarks would apply to Dr. Wynn Williams's case; and, supposing all that Dr. Williams had stated to be true, the operator had only done what many others had done, made a wrong diagnosis. With reference to polypi and fissures, Mr. Brown said, that these were most frequently coexistent with masturbation, that he had frequently cured patients of hysterical symptoms, by treatment of the bowels alone, but that, by experience, he knew now when to consider masturbation as the primary cause of disease, and when to treat both at the same time. Having thanked Dr. Routh for his speech, Mr. Brown passed on to the speech of Dr. Tyler Smith, and protested in the strongest terms against his remarks. Mr. Brown then argued against the soundness of Dr. Tyler Smith's physiology in considering that clitoridectomy unsexes a woman, and entered into a detailed account of the cases Dr. Smith had mentioned, with a view of showing that, instead of being no better, they were now quite well. Mr. Brown begged to tell Dr. Greenhalgh that his patient was so much better that she expressed herself as most grateful for the treatment she had received, and he gave an extract from a letter lately received from her, to prove it; and so far from the second case being no better, he had only left her that very day completely recovered from the operation, and with no return up to the present time of her distressing symptoms, to which Dr. Hawksley



and Dr. Harling could both testify. This patient had been under Mr. Trustram, of Tunbridge Wells, for five months, and that gentleman had recommended her to undergo the very operation which some months later he stigmatised in the strongest language. In answer to Dr. Head, Mr. Brown said that his operation did not alter sexual excitement on marriage, and that not only had many of his patients borne children after clitoridectomy, but he had now five cases in which, from having disliked marital intercourse, and preferred self-abuse, the state of things had been entirely changed after his operation. Mr. Brown concluded by relating three cases, as types of several under his care. 1. One of paralysis of the lower extremities, the girl having been unable to walk since her earliest recollection. In three weeks after operation she walked unaided across the ward, and lately left quite well. 2. One of incontinence of urine, it constantly dribbling away, in April, aged 15, sent from Salisbury. She left six weeks after operation, able to hold her urine for three or four hours at a time. 3. A single lady, aged 50, who had been for years subject to uterine hæmorrhage; the cause being diagnosed, clitoridectomy was performed, and since then she had been quite well. This was five years since, and many of Mr. Brown's cases had stood the test of seven and even more years. Mr. Brown regretted that his tongue was tied so frequently to secrecy, that he could not relate the experience of his private practice. He would, however, engage to bring forward more than one success to every failure that might be mentioned; and if he could bring forward only twenty successes it would at least illustrate that his principle was right, and that, with increased experience in selection of proper cases, increased numbers of cures would be the result.

Dr. ROGERS, having had every facility given him by Mr. B. Brown to see the patients who had been operated upon, and having conversed with several many months after the operation, felt bound to say that in some cases at least great good had resulted. It was admitted that it had entirely failed in others; but this was no reason for imputing improper motives, or for denouncing the operation altogether. Dr. Rogers thought the Society was bound to inquire into the facts in a calm dispassionate manner. Clitoridectomy had been very rarely performed in the Samaritan Hospital, as there existed a difference of opinion among the staff with regard to the result to be derived from it. Dr. Rogers had that day removed a diseased and elephantine growth of the clitoris, the necessity for which, however, had been fully agreed to by all the staff of the hospital.

The PRESIDENT observed that the discussion had, perhaps unavoidably, turned too exclusively upon the validity of particular cases operated upon. He himself could have wished for time to express himself more fully upon the main question of the relation between masturbation and epilepsy and insanity. He had had some experience in these diseases, and he could confidently say that, in the majority of cases, the vicious practice was resorted to after the disease had existed some time, when the mind had become degraded by disease, and when, being in confinement, the sexual passion could not be otherwise gratified.

Dr. TANNER, in reply, said that one of his chief reasons for bringing forward this subject was to ascertain from gentlemen who had had experience of the operation, if the cures were permanent. This fact could not be ascertained by simply describing the state of the patients when they were discharged from the hospital. There could be no doubt that, so long as the wound remained unhealed, and even for

some few weeks afterwards, no improper practices could be resorted to, as the parts were left very tender. His own opinion was, that further evidence as to the condition of the patients some months after operation would be very valuable. It had been argued that, in those cases where irritation was voluntarily produced, other remedies than excision of the clitoris ought to be tried. But on this point Dr. Tanner had no hesitation in expressing his opinion that the use of caustics, blistering fluids, and the actual cautery to the clitoris, were cruel and perfectly useless proceedings. There seemed to be no lack of reliable evidence, that where such treatment had been adopted for many months, no benefit whatever had resulted. As regards tying the patient's hands at night, fastening the legs, and so on, such proceedings had failed over and over again. The weak point in Mr. Brown's cases was, that for some months after the operation, many of the patients had to be carefully watched; and the question could not be shirked, whether such watching would not succeed just as well without the excision as with it. In conclusion, Dr. Tanner urged that the subject was eminently deserving of the attention of all engaged in the treatment of women's diseases. He had no doubt that many distressing cases of bad health were really due to long perseverance in the practice of the bad habits which had been mentioned to the society. If clitoridectomy could effect a permanent cure, it would be a great boon; for, notwithstanding what had been said by one or two speakers, he adhered to the opinion expressed in his paper, that this operation was analogous to that of circumcision in the male.

We publish the following, at the request of Mr. I. B. Brown.

"SIR,—In your journal of the 17th inst. there appears a letter from Dr. West, setting forth his opinions on the subject of clitoridectomy.

"In his first proposition, Dr. West says he has seen more of the diseases of young persons of both sexes than most members of the profession. This may be so, but I am not aware that he has seen more than myself, and therefore my opinion, as far as experience is concerned, may be as good as his.

"Dr. West's second proposition is extraordinary. He says he believes 'the injurious physical effects of masturbation to be those of excessive sexual indulgence and no other.' This being so, it follows as a corollary that Dr. West must also believe the *physical* effects of moderate masturbation to be the same as those of moderate sexual intercourse and no other. Dr. West will not find many converts in the profession to this opinion. Nor would it be for the welfare of society that such a belief should prevail; the fear of the injurious *physical* effects of masturbation has, in many instances, a most wholesome deterring influence.

"Dr. West's third proposition is entirely opposed to the evidence of those who have paid much attention to psychological studies, and who have possessed the advantage of extensive observation among the insane—to wit, Drs. Forbes Winslow, Stilwell, Seaton, Maudsley, Drysdale, Holmes Coote, and others. The latest medical opinions are quite opposed to Dr. West's view. So recently as the 18th of October, in a discussion on a paper read before the Harveian Society, by Dr. Maudsley, 'On some of the Causes of Insanity,' it was brought out that there was no cause of insanity so common as self-abuse. The late Dr. Helps told me that, of the cases of insanity in the Royal Bethlehem Hospital, in three-fifths of the



women and four-fifths of the men the disease was due to masturbation; and I have the evidence of the resident physician of a provincial lunatic asylum to the effect that, with the exception of those whose mental aberration was hereditary, and the cases induced by drunkenness, nearly all the rest could be traced to the pernicious habit of masturbation. We cannot say much therefore for Dr. West's faculty of observation, if it be true, as he states, that he has never seen any instance in which hysteria, epilepsy, or insanity in women was due to masturbation. But, if I am correctly informed, Dr. West has had under treatment a lady afflicted with hysterical fits of an epileptoid character, which he attributed to masturbation, and for the relief of which he applied caustics to the clitoris without any good results. He then recommended the lady to come to London for the purpose of undergoing the operation of clitoridectomy. Further, in another case brought to me by an eminent physician in London, Dr. West had given his opinion to the effect that that case was a suitable one for my operation. How do these facts accord with Dr. West's statement in his third proposition?

"In his fourth proposition, Dr. West states that of the alleged cures of hysteria, etc., by excision of the clitoris, a very large number were not permanent. Does Dr. West admit that *any* of the alleged cures have been permanent? If so, he must allow the operation to take its place as one of the remedies, amongst others, for the relief of a most intractable class of diseases. But more permanent cures have followed the operation than Dr. West is inclined to admit, or is probably aware of. I never insisted that it was an unfailing remedy in every case, but I do insist that in suitable cases it has a marvellously beneficial influence on the whole nervous system of the patient operated on.

"Dr. West's fifth proposition deals with the moral aspect of the question. He reasonably rejects the idea of medicine or surgery having the power to remove from a mind its impurity. I have never advanced such an opinion. I cannot allow the operation of clitoridectomy to be considered as other than a means of curing a morbid *physical* condition. On this mental improvement generally follows. Having seen a very large number of cases, I have come to the conclusion that, in a very great proportion, the irritation, and the effort of the patient to relieve that irritation by friction, are, in their origin, quite unconnected, and have nothing whatever to do with impurity of mind. We have no right to attribute immorality to the victims of a habit which often commenced in childhood, and which was then purely physical in its origination.

"The sixth proposition contains Dr. West's opinion upon the physiological correctness of the operation of clitoridectomy. All I have to say on this point is that our greatest authorities in physiology, and among them Dr. Brown-Séquard, attribute epileptic fits to peripheral irritation. Then, as to the results which do or do not warrant the frequent performance of the operation. If Dr. West thinks the operation may be performed at all, as is the inference, what becomes of his physiology? But, practically, one fact is worth a dozen theories, so I will here quote from a letter I have received from Mr. Smith, surgeon, Clare, Suffolk, dated the 15th inst. I quote verbatim:—'My patient, Miss B—, having now been with me over six months, I think I am in some measure enabled to give my opinion in regard to the operation of clitoridectomy. Much has been said and written *pro* and *con.* on this operation, but in my humble opinion I am persuaded that, but for your operation Miss B— would have been in an asylum long ere this. When she came to me she was suffering

from all the symptoms of hysterical mania. Now she is calm and quiet, associates with the rest of the family, and in fact is a reasonable being; this, I consider, she owes mainly to you. I feel bound to offer this tribute to your skill, as I know many in the profession completely ignore the benefits resulting from your operation.'

"I am at a loss to know what Dr. West's seventh proposition aims at. My book *On the Curability of Certain Forms of Insanity, Epilepsy, Hysteria, etc.*, is written for the profession solely, and from its technicality could not, I believe, be understood by non-medical persons.'

"Dr. West's eighth proposition I entirely agree with, as applied to children and persons under age. But in the case of women of mature age, married or unmarried, I have yet to learn that an operation may not be performed, if thought necessary, for the well-being of the patient, without consulting her friends, if it be her expressed wish that it should be kept secret.

"Unwillingness to occupy more of your space prevents me from quoting the testimonies of undoubted authorities as to the value of the operation, and the excellent results which follow, but I am willing and anxious to do so if you can spare me the space.

"In conclusion, I cannot help remarking that, in the first edition of his treatise on the *Diseases of Women*, Dr. West devoted an article to prove how unscientific was my operation for prolapsus uteri, an operation which is now adopted by the first surgeons in every civilised country.

"I have well-grounded hope that the same result will follow his opposition to the present procedure for the relief of a still more distressing class of ailments.

"I am, Sir, your obedient servant,

"I. BAKER BROWN.

"Harley Street, Nov. 1866."

We have also received the following reply to Mr. Brown's letter from Dr. West.

SIR,—Since the appearance of Mr. Baker Brown's letter in your journal of December 1st, I have read again my own communication to you on the subject of excision of the clitoris.

My opinions appear to me to be expressed with clearness sufficient to prevent any misconception of their meaning. I therefore willingly leave the question of their correctness or incorrectness to the decision of the profession.

There are, however, some points with reference to which I must beg your indulgence to allow me a space in your columns, and must beg you to excuse the unavoidable length of this letter.

I have stated that "I have not in the whole of my practice seen convulsions, epilepsy, or idiocy induced by masturbation in any child of either sex; and that I have not seen any instance in which hysteria, epilepsy, or insanity in women after puberty, was due to masturbation as its efficient cause."

In opposition to this statement, Mr. Brown adduces the opinions of other medical men, and then proceeds as follows:—

"We cannot say much, therefore, for Dr. West's faculty of observation, if it be true, as he states, that he has never seen any instance in which hysteria, epilepsy, or insanity in women was due to masturbation. But, if I am correctly informed, Dr. West has had under treatment a lady afflicted with hysterical fits of an epileptic character, which he attributed to masturbation, and for the relief of which he applied caustics to the clitoris, without any good results. He then recommended the lady to come to London for the purpose of undergoing the operation of clitoridectomy."



tomy. Further, in another case brought to me by an eminent physician in London, Dr. West had given his opinion to the effect that the case was a suitable one for my operation. How do these facts accord with Dr. West's statement in his third proposition?"

Now, with reference to these so-called facts, my answer is very simple. In as far as my name is introduced into the histories of these two patients, they are utterly and absolutely incorrect. No patient was ever under my care with hysterical fits of an epileptic character, which I attributed to masturbation. In no instance have I applied caustics to the clitoris. No patient has ever been recommended by me to come to London for the purpose of undergoing the operation of clitoridectomy; nor in any instance has that operation been performed upon a patient who has been under my care, at my instigation, with my approval, or even with my knowledge.

These assertions are indeed prefaced by, "if I am correctly informed;" but it behoves everyone to ascertain the correctness of their information, lest they find, when it is too late, that they have, however unwittingly, been giving currency to statements so incorrect as to have not even one iota of truth in their composition.

And now, having corrected the mistake with reference to myself, into which, somehow or other, Mr. Brown has fallen, I should, if the question were one merely of medical opinion and medical practice, have nothing more to add. In such matters there is always room for difference of opinion; and truth is elicited, and the best interests of science and humanity are promoted, by discussion. It is not so, however, in matters which concern the ethics of our profession. We have in them to deal with right and wrong, with the principles which are to govern us in our relations with each other, with the patients who seek our aid, with society at large. These principles vary not in accordance with the fancy, the wishes, the interests of the individual; they cannot be deviated from by a hair's breadth, even though the motives which lead to such a deviation be above all suspicion, without more of evil than of good resulting.

I said, and I repeat, "that public attempts to excite the attention of non-medical persons, and especially of women, to the subject of self-abuse in the female sex are likely to injure society, and to bring discredit on the medical profession. I think that such attempts are the more objectionable when associated with a reference to some peculiar mode of treatment, and alleged cure practised by one individual."

With reference to this Mr. Brown says, "I am at a loss to know what Dr. West's seventh proposition aims at."

It aims at proceedings such as those which took place at the seventh annual meeting of the London Surgical Home, at which Mr. Hylton Jolliffe presided, and which was attended by non-medical persons, many of whom were ladies. The printed report of these proceedings was sent round "with the secretary's compliments" to the supporters of the institution, and probably to others from whom support might be expected.

From pages 36 and 37 I extract the following portions of a speech made by Mr. Baker Brown:—"You may recollect a few years ago I said I thought we had discovered a mode of curing a class of cases hitherto perfectly incurable, and most painful to the domestic hearth; I mean cases of epilepsy, sometimes including insanity and hysteria, and other affections so lamentable to witness, and hitherto considered incurable."

Then there follows a harrowing description of two such sufferers and of their perfect cure, told in a

manner which could not fail to excite to the utmost feminine curiosity and feminine sympathy; and with reference to the second of these patients, Mr. Brown said, "She was here only a month when a rapid improvement took place, and the ladies could not believe it possible that the alteration was the result of the operation she underwent."

If this be not to call the attention of women to the subject of self-abuse in their own sex, and to a peculiar mode of its treatment and cure, then words have no meaning, and my censure has no application.

Lastly, I said "that the removal of the clitoris *without the cognisance of the patient*" (I have a reason for now using italics) "and her friends, without full explanation of the nature of the proceeding, and without the concurrence of some other practitioner selected by the patient or her friends, is in the highest degree improper, and calls for the strongest reprobation."

On this Mr. Baker Brown remarks: "Dr. West's eighth proposition I entirely agree with, as applied to children and persons under age. But in the case of women of mature age, married or unmarried, I have yet to learn that an operation may not be performed, if thought necessary for the well-being of the patient, without consulting her friends, if it be her expressed wish that it should be kept secret."

It is now a little more than a hundred years ago since the artificial induction of premature labour was first had recourse to in this country. Previously to the adoption of the practice there was, as Dr. Denman informs us, "a consultation of the most eminent men at that time in London to consider of the moral rectitude of, and advantages which might be expected from, this practice, which met with their general approbation." Rules, however, were then laid down which have since governed the conduct of medical men in the performance of this operation; and in no case of a first pregnancy, or where, from the early period at which the operation seems expedient, the child is unlikely to survive its birth, is it resorted to without previous consultation. In this rule the reputation of the practitioner has its safeguard as well as the interests of the public, and a great guarantee is furnished that no temptation which money can offer shall lead the practitioner of medicine from the course of rectitude and honour.

The distinguished men to whom we owe this great boon needed no rules to guard themselves from temptation, or to force them to perform the operation solely for the benefit of their patients. But they knew that a time might come when the practice to which they resorted for good, might, by some unworthy members of the profession, be employed for evil; and so they fenced it round with rules. If the operation of clitoridectomy ever be adopted, as Mr. Brown expresses his hope it will, by "the first surgeons in every civilised country," it will require to be guarded by rules no less strict than those which define the conditions for the induction of premature labour. A confirmed epileptic, a patient suffering from aggravated hysteria, with the prospect of insanity threatening her in the distance, is as little capable of deciding for herself whether or not to submit to this operation, as a child. Even though we assume the present advocates of the operation to be men of the highest tone, the most elevated principle, and completely superior to all temptations which money can offer, yet this would afford no guarantee against its abuse hereafter; and an unprincipled man would find it an easy task to frighten, for his own purposes, many a hysterical girl, by vague prophecies of certainly impending horrors, into an eager entreaty for her own mutilation. On these grounds, therefore, to avoid these future dangers, I still adhere to my opinion



that this operation should never be done without the concurrence of some other independent practitioner.

It may seem strange to some of your readers that I have printed in italics the phrase, which Mr. Brown has failed to notice in his letter, "*without the cognisance of the patient.*" The following history, which I have already published in my Lectures, explains my so doing:—

"I know a lady, aged fifty-three, whose youngest child was more than twenty years old, who had suffered from a painful fissure of the anus, for which she underwent the usual operation of dividing the mucous membrane of the ulcer. The surgeon who did this, without saying one word to the lady or to her husband, or hinting in any way what he was about to do, cut off her clitoris. The stump of the amputated clitoris became the seat of pain, such as sometimes follows the amputation of a limb, and for months the patient was in a state of almost ceaseless anguish, which, after the lapse of between two or three years, abated, but has not yet altogether ceased. In answer to her inquiries why some other operation had been performed in addition to that which she knew was requisite, she at length learned what had been done; and, further, had the humiliation of discovering that the justification was that she was assumed by the surgeon to be addicted to a vice with the very name and nature of which she was alike unacquainted."

The surgeon who performed this operation (as I have already stated on a previous occasion) was Mr. Baker Brown. I saw the patient in consultation with Mr. Paget and Mr. Barnes of Chelsea; and I append a note from the former of these gentlemen in corroboration of the truth of the above statement.

I republish it now, because I know, and I speak advisedly, that this is by no means a solitary instance of the removal of the clitoris by Mr. Brown without the consent, without the knowledge, of the patient.

I here leave the subject of clitoridectomy, both in its medical and its moral aspects, to the serious consideration alike of its advocates and its opponents, and shall return to it no more, for it would profit little to meet one opinion by another, or denial by repeated assertion. My life has been passed but ill if my assertion or denial of a fact could gain weight with my professional brethren by its repetition.

I am, Sir, your obedient servant,

CHARLES WEST.

Wimpole Street, Dec. 3rd, 1866.

"1, Harewood-place, Hanover-square, Dec. 3rd, 1866.

"MY DEAR WEST,—The passage from your lectures which you propose to send for publication is exactly true. With part of the facts I was personally acquainted; the rest are related just as they were stated to me by the husband of the patient, and by her usual medical attendant, who was present when her clitoris was removed, but was not consulted about the propriety of the operation. Both these gentlemen are well known to me, and are of unimpeachable integrity.

"Having to write what may be published on a case of removal of the clitoris, I am not willing to conceal my opinions on the practice of that operation for the cure of various maladies of the nervous system. They are in close accordance with your own. I believe that the principles on which the practice is said to be founded are entirely fallacious; and I greatly doubt whether, except for disease of its own structure, the clitoris ought ever to be removed.

"Sincerely yours,

"Dr. West." "JAMES PAGET."

MR. W. THURNALL has been appointed a magistrate for the borough of Bedford.

## Correspondence.

### MR. ERICHSEN'S WORK, "RAILWAY AND OTHER INJURIES OF THE NERVOUS SYSTEM."

LETTER FROM JOHN E. ERICHSEN, ESQ.

SIR,—In the last number of the *BRITISH MEDICAL JOURNAL*, you do me the honour to devote a leading article to a criticism on a small work recently published by me, *On Railway and other Injuries of the Nervous System*.

In that article you make two objections to the work: 1, to its title; and 2, to its alleged tendency to specialise railway accidents.

With reference to the term "railway injuries," I beg to say that I have used it in the same sense that the term "gunshot injuries" is commonly employed by surgeons: not so much as denoting any specific difference in the nature of the injury, but rather as indicative of the peculiar and exceptional agency by which it has been occasioned. In this sense, the terms "railway injury" or "railway accident" are commonly used in ordinary hospital practice.

A surgeon asks his house-surgeon, "Any fresh cases in to-day?" The answer is, "Yes, sir, a bad railway case." The house-surgeon would not say, "a bad cab case," or "a bad horse case," or "a bad brickbat case," in the event of a patient having been admitted with a kick from a horse, or a crush from a wheel, or a blow from a brick. But he knows and recognises that there is a peculiarity about railway accidents that causes him to place them in a category by themselves; and he says a "bad railway accident" just as he would a "bad gunshot wound."

With reference to the title on the cover of the book, I admit that the words "Erichsen on Railway Injuries" implies more than the book contains, and is so far erroneous. But I must add that this particular title—the "lettering" as I believe it is called—was devised by the publisher and the bookbinder; was arranged with a view to space rather than to accuracy. With it I had nothing to do; and it was, I understand, adopted because the small size of the work would not admit anything more explanatory on the outside.

The second objection you make to these lectures—viz., that they tend to specialise railway injuries—is refuted by almost every page of the book itself.

Its whole aim is to shew that, although railway injuries are peculiar in their cause and in some of their effects, there is nothing special about them, and that they cannot in justice be taken out of the domain of general surgery.

This is repeatedly stated most distinctly, and without the possibility of being misunderstood, throughout the work. Thus, at p. 10, I say: "Do not for a moment suppose that these injuries are peculiar to, and are solely occasioned by accidents that may occur on railways. There never was a greater error."

Again, at p. 46, the following passage occurs: "I cannot too strongly press upon you the fact that there is in reality nothing special in railway injuries, except in the severity of the accident by which they are occasioned. They are peculiar in their severity; not different in their nature from injuries received in the ordinary accidents of civil life."

I could multiply these quotations were it necessary to do so; but, if the above sentences do not express my opinion that railway injuries are not, and should not be, considered special, I am unable to put my meaning in clearer language.



With the view of proving most incontestably and conclusively, that there is nothing special in railway injuries, I have been at pains to shew by cases that had been published, and by opinions that had been expressed, many years before railways came into operation, that conditions of the nervous system resulting from accident, and in every respect resembling those that are now unhappily of such frequent occurrence from railway collisions, were well known to the profession. It was with this view that I related the case of the Count de Lordat, and made frequent reference to the writings of Bell, Olivier, and Abercrombie.

If the public, to use your own words, "believe that there is a speciality in the injuries produced by railway accidents", that is none of my doing. I have always, in my lectures, in my writings, and in my consultations on these cases, done my best to disprove such an idea; and the work which I recently published had for its leading objects the endeavour to shew the fallacy of such a doctrine, and to prevent railway injuries from being looked upon as the special province of the "railway surgeon". Such a practice would doubtless be to the detriment of the profession at large, whether beneficial to the individual or not. But the attempt that I have made to bring these injuries within the general scope of ordinary surgery, can scarcely be considered as one likely to have the same injurious effect upon the art of medicine and surgery.

I am, etc.,

JOHN E. ERICHSEN.

6, Cavendish Place, Cavendish Square, Dec. 14th, 1866.

[Our surgical readers will decide what resemblance there is (in the way inferred by Mr. Erichsen) between the term "gunshot injuries" and "railway and other injuries of the nervous system." Gunshot wounds are, it seems to us, of a special and peculiar character. The injuries inflicted by railroads are, as Mr. Erichsen himself admits, just like all other injuries. We cannot hold, with Mr. Erichsen, that an author is not responsible for the title on the outside cover of his book. At all events, Mr. Erichsen's admission on this point in the case of his own book, fully justifies our remark thereon. As to his assertion that the specialising of railway injuries is refuted by almost every page of the book, we must, in answer, refer back to our criticism. If there be nothing special about such injuries, why was the work entitled *Railway and other Injuries of the Nervous System*? Why does Mr. Erichsen say in his notice, that his "object has been to describe certain forms of injury of the nervous system that commonly result from accidents on railways, etc."? Why does he say that for various reasons "these cases are justly to be considered as somewhat exceptional from ordinary accidents"? Why does he give headings, such as "Pathology of Railway Concussion"; "Symptoms of Railway Concussion"; "Detail of Symptoms of Railway Concussion"; "Early Symptoms of Railway Concussion"; "Concussion from Railway Shock"; "Railway Injury"; "Railway Injuries peculiar but not special"? Why was the qualifying term "railway" applied in all these cases, if there were nothing specially "railway" in them? As, however, Mr. Erichsen asserts that his "whole aim was to show that there is nothing special about these accidents", we, of course, accept his assertion. But, with the above facts before us, as they appear in the book, we cannot admit that our criticism was either unfair or uncalled for. EDITOR.]

MR. PETER ARKWRIGHT, late of Willersley, Derbyshire, leaves by will £200 to the Derbyshire Infirmary.

## THE LATE HENRY JEAFFRESON, M.D.

Few have been removed from the scene of their labours amidst a more profound and general feeling of regret than the subject of this notice. From the very commencement of his sudden illness, and as his symptoms assumed a more and more serious aspect, the deep and wide-spread interest it awakened seemed to bear witness at once to his personal estimation, to the eminence of his position, and to the manner in which he fulfilled its obligations.

Let us for a moment, even whilst his voice is scarcely silent in our ears, recall him before us in these interesting relations of physician and friend; and here the thought occurs to us, How many are there at the present moment who would hesitate to say in which of these relations they chiefly mourn his loss? For those who perchance first knew him as his patients, soon claimed him as their friend, whilst the intimacy of friendship would naturally beget confidence as it disclosed the value of the physician.

That Dr. Jeaffreson was cut off in the full career of prosperity, is a fact which cannot be questioned. The day was not long enough to meet the demands which were made upon him; and much lucrative business destined for him was consigned to the care of others. There was a time for him when an evening summons was eagerly desired; but the period at length arrived when the labours of the day, with its sufficient emoluments, rendered this of all things the most undesirable. He was not, indeed, exempt from the common lot of early anxieties; but these, we think, must have been of short duration; and each succeeding year, as it brought ampler returns, opened up for him a brighter prospect, with the assured continuance of future progress. If we are asked to what we ascribe such eminent success, we cannot hesitate about our answer. It was undoubtedly won by distinguished merit; it was won from the public, but through the medium of the profession. The public might have given him, and did give him, wealth; but they could not place him in the position of honour which was assigned to him by his brethren. It may be interesting to know what was the view that Dr. Jeaffreson himself took of this question. We have heard him express it. "I owe," said he, "everything to my position at St. Bartholomew's." This, perhaps, is what might have been expected from his modesty; it was simply a disclaimer of all personal merit. Doubtless, it contained some truth; but how little way would it take us towards a full explanation of the fact under consideration. A hospital appointment carries a presumption of superior fitness, and thus affords an opportunity to the holder of approving himself; but the performance of such public duties is jealously watched; it becomes the subject of comment, perhaps of criticism; the place of honour is one also of peril, which may be held at a disadvantage.

The position which Dr. Jeaffreson occupied at St. Bartholomew's Hospital was that of a clinical teacher in the purest meaning of the word. He taught at the bedside, but never entered the lecture-room. Probably, his early introduction to private practice stood in the way of his undertaking formal lectures; and though repeated offers were made to him that he should take a part in the most important teaching of the medical school, he invariably declined. But, as a clinical teacher, it is enough to say that he was a worthy pupil of Latham, a worthy colleague of Burrows; he taught in their spirit, and



with a large measure of their power; and there are hundreds of medical men now scattered over the country who would gladly bear witness to the value of his instruction, and the fulness and accuracy of his investigations.

The estimation in which Dr. Jeaffreson stood as a friend has been shown in the profound grief at his loss. It would be a slur on the profession, and an injustice to the living, to say that any one, however eminent, cannot be replaced; but in private griefs a void is long felt, and memory will cherish that genial sympathising countenance, that genuine upright spirit, that has been taken from among us.

Dr. Jeaffreson was appointed Assistant-Physician to St. Bartholomew's Hospital about the year 1838, upon the Governors determining to increase the number of their staff; and he did not attain the higher office of full Physician until 1852, when a vacancy arose by the death of Dr. Roupell.

Dr. Jeaffreson was educated at St. Paul's School under the late Dr. Sleath, and won some distinction by his classical attainments. As an exhibitor of St. Paul's School, he proceeded to Pembroke College, Cambridge, at which University he graduated in medicine.

On the 24th ultimo, Dr. Jeaffreson was in the country, and on his return home in the evening he felt greatly fatigued. Next day he continued to feel poorly, and was compelled to take to bed. In a day or two, marked symptoms of typhus fever appeared. For some days he appeared to be progressing favourably. Towards the twelfth day of the fever, however, he became very weak, and sank somewhat rapidly. He was attended by his friends, Drs. Burrows and Risdon Bennett. Dr. Jeaffreson was in his fifty-seventh year.

His funeral took place at Highgate on the 13th instant, and was largely attended by his colleagues and former pupils; while, as in the case of Dr. Kirkes's funeral, two years ago, a number of students from St. Bartholomew's attended at the cemetery, as a mark of respect. The work in the school at the hospital was suspended for the day.

#### RESIGNATION OF CÆSAR HAWKINS, Esq., F.R.S.

THIS distinguished surgeon has just resigned his chair as an Examiner in the Royal College of Surgeons, with which he has been connected since 1846, when he was elected a member of the Council; and so highly were his talents appreciated, that only three years afterwards he was elected member of the Court of Examiners, and Hunterian Orator. In 1852, he was unanimously called to the highest collegiate appointment, as the President, to which office he was elected a second time in 1861. Mr. Hawkins still retains his seat as representative of the College in the General Council of Education and Registration, in which position he has done very good service. Mr. Hawkins holds the appointment of Serjeant-Surgeon to the Queen.

**BEQUESTS.** Mrs. Frances Ann Williams, of Wandsworth, lately deceased, has bequeathed in addition to large sums to other charities not medical, £5,000 to St. George's Hospital, to be expended towards building a ward for the general purposes of the institution, and £2,000, in sums of £500 each to the Royal Medical Benevolent College, Epsom, the Hospital for Sick Children, Great Ormond Street; the Cancer Hospital, and the Hospital for Incurables, Putney Heath.

## Medical News.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND.** The following members of the College, having undergone the necessary examinations for the Fellowship, on Nov. 20th, 21st, and 22nd, were reported to have acquitted themselves to the satisfaction of the Court of Examiners, and at a meeting of the Council, on Dec. 13th, were admitted Fellows of the College.

Bond, Thomas, North Petherton, near Taunton; diploma of membership dated April 26th, 1864

Grigg, J. C., L.S.A., Royal Hospital, Greenwich; April 12, 1859

Harrison, Reginald, L.S.A., Liverpool; April 15, 1859

Kempthorne, John, L.S.A., Callington, Cornwall; July 20, 1846

Lawrence, H. J. H., 1st Batt. Grenadier Guards; April 16, 1852

Magill, Martin, M.D. St. Andrews, Royal Hospital, Haulbowline; June 6, 1856

Pick, Thomas P., L.S.A., Bolton Row, Mayfair; July 29, 1862

Wyatt, John, Surgeon-Major, Coldstream Guards; May 26, 1848

#### UNIVERSITY OF LONDON. M.D. Examination, 1866.

Bastian, Henry Charlton, M.A., University College

Fox, Edward Lloyd Harries, University College

Green, Thomas Henry, University College

Lush, William George Vawdrey, St. Bartholomew's Hospital

Miller, Richard May, B.A., University College

Powell, Richard Douglas, University College

Sansom, Arthur Edward, King's College

Smith, Charles (Gold Medal), Guy's Hospital

Snow, William Vicary, University College

Stockwell, Frederick, St. George's and University

#### UNIVERSITY OF CAMBRIDGE. Degree of Master in Surgery, conferred in a Congregation on Nov. 29.

Mickle, George, Clare Hall

#### Examined and approved at the final examination for M.B. Degree.

Bradbury, J. B., B.A., Downing College

Dalby, W. B., B.A., Sidney College

#### First M.B. Examination. Examined and approved.

Airy, Herbert, Trinity College

Barff, Frederick S., Christ's College

Davies-Colley, J. N. C., Trinity College

Finch, J. E. M., Trinity Hall

Wilks, George, Trinity College

#### Second M.B. Examination.

Dickson, J. T., B.A., St. John's College

Wilks, G., B.A., Trinity College

#### APOTHECARIES' HALL. On November 29th, 1866, the following Licentiates were admitted:—

Palmer, William Grimes, Loughborough

Rainbow, Frederic, Lower Norwood

Richards, William Joseph, Redruth, Cornwall

Waller, Arthur, Milner Square, Islington

#### At the same Court, the following passed the first examination:—

Bedford, Charles Frederick, St. Thomas's Hospital

Causton, William Henry, London Hospital

Jones, George Francis, London Hospital

Newth, Alfred Henry, St. Thomas's Hospital

Rendle, Richard, Guy's Hospital

Saunders, Thomas Dudley, Bath United Hospital

#### Admitted on December 6th—

Anderson, James Goodridge, Theddlethorpe, Lincolnshire

Ridout, Charles Lyon, Egham, Surrey

Smith, Robert Shingleton, Charlton Horethorne, Dorset

Westmorland, Joseph, Cheadle, Cheshire

#### At the same Court, the following passed the first examination:—

Dobson, Nelson Congreve, St. Thomas's Hospital

Flower, Thomas, Middlesex Hospital

Milne, Charles Wilson, St. Thomas's Hospital

Norton, George Everitt, Middlesex Hospital

Perkins, Alfred Robert Steele, Guy's Hospital

Pern, Alfred, St. Thomas's Hospital

Pierce, Frederick Morrish, Manchester Royal Infirmary

Pollard, Frederick, St. Thomas's Hospital

#### APPOINTMENTS.

\*Fay, Frederick, Esq., late Senior Surgeon, appointed Consulting-Surgeon to the West Kent General Hospital, Maidstone.



\*HEATH, Christopher, Esq., appointed Assistant-Surgeon to University College Hospital, and Instructor in Operative Surgery in University College.

PARSON, Edward, M.D., appointed Physician-Accoucheur to the Charing-Cross Hospital.

RAMSKILL, Jabez S., M.D., elected Physician to the London Hospital.

TRUBSHAW, Alfred, Esq., appointed a Demonstrator of Anatomy in the Liverpool Royal Infirmary School of Medicine.

#### INDIAN ARMY. To be Surgeons-Major :—

CAMPBELL, Surgeon A. L. S., Bengal Army.

CANNON, Surgeon H. M., M.D., Bengal Army.

CLEMENGER, Surgeon W. G. W., M.B., Bengal Army.

DIXON, Surgeon E., Madras Army.

PIRIE, Surgeon J., M.D., Bombay Army.

WEBB, Surgeon C. K., Bengal Army.

#### To be Surgeons :—

ANDERSON, Assistant-Surgeon T. M.D., Bengal Army.

BEAMAN, Assistant-Surgeon A. H., Madras Army.

DELFRATT, Assistant-Surgeon S., Bengal Army.

DILLON, Assistant-Surgeon T., Bengal Army.

ETESON, Assistant-Surgeon A., Bengal Army.

JONES, Assistant-Surgeon H. D., Bengal Army.

MORTON, Assistant-Surgeon J. S., M.D., Madras Army.

NASH, Assistant-Surgeon J. P., Madras Army.

PARTRIDGE, Assistant-Surgeon W. P., Bombay Army.

SUTHERLAND, Assistant-Surgeon P. W., Bengal Army.

WAGHORN, Assistant-Surgeon A. R., Bengal Army.

#### ROYAL NAVY.

ADAM, W. H., Esq., Surgeon (additional), to the *Canopus*.

BRIDGEFORD, Richard, Esq., Assistant-Surgeon, to the *Hector*.

DUNCAN, David, M.D., Surgeon (additional), to the *Wellesley*.

ELLIOTT, John, Esq., Staff-Surgeon, to the *Narcissus*.

EVANS, E. H., Esq., Surgeon, to the *Virago*.

HADLOW, Henry, Esq., Assistant-Surgeon, to Greenwich Hospital.

HURLESTONE, M. O., Esq., Assistant-Surgeon, to the *Virago*.

IRVINE, Robert, M.D., Surgeon, to the *Formidable*.

MANSFIELD, Pierre, M.D., to the *Racoon*.

NICOLL, John B., Esq., Assistant-Surgeon, to the *Asia*.

WILSON, James, Esq., Acting Assistant-Surgeon, to the *Racoon*.

#### VOLUNTEERS. (A.V. = Artillery Volunteers; R.V. = Rifle Volunteers):—

KENNEDY, W. M.D., to be Honorary Assistant-Surgeon 4th Caithness-shire A.V.

RUSSELL, W. S., Esq., to be Assistant-Surgeon 3rd Administrative Battalion Lancashire R.V.

SUTHERLAND, D. McGregor, M.D., to be Honorary Assistant-Surgeon 5th Caithness-shire A.V.

#### BIRTHS.

ATKINSON. On November 19th, at Iver, Bucks, the wife of William Atkinson, L.R.C.P.Ed., of a son.

HAWKINS. On December 10th, at Bow, the wife of James S. Hawkins, Esq., Surgeon, of a daughter.

KELSEY. On November 23rd, at Redhill, the wife of \*Arthur Kelsey, Esq., of a son.

MAGGOWAN. On December 4th, at 5, Caversham Road, Kentish Town, the wife of Alexander T. Maggowan, L.R.C.P.Ed., of a son.

MAY. On November 28th, at Tottenham, the wife of E. Hooper May, M.D., of a daughter.

PITMAN. On December 4th, at 94, Gloucester Place, the wife of \*Henry A. Pitman, M.D., of a daughter.

STEELE. On December 3rd, at Guy's Hospital, the wife of John Charles Steele, M.D., of a daughter.

TEKE. On December 7th, at Chiswick, the wife of \*Harrington Teke, M.D., of a daughter.

#### MARRIAGES.

JACKSON, Peter Nevil, Esq., Staff-Surgeon, to Mary, second daughter of James Knight, Esq., of Farnham, on November 27.

TYLECOOTE, John Horton, M.D., of Sandon, Staffordshire, to Emily Sarah, third daughter of Richard Lee, Esq., Surgeon, of Thame, Oxon, on December 6.

ZINZAN, Robert Vaux, Esq., Surgeon, of Tisbury, Wilts, to Isabella Margaret H. T., youngest daughter of the late Rev. John F. G. Griffith, of Llansannor, Glamorganshire, at East Knoyle, Wilts, on December 6.

#### DEATHS.

CHAMBERS. On December 2nd, at Boulogne-sur-Mer, Lillah Annabella, wife of C. H. Chambers, Esq., Surgeon R.N.

CHANDLER, Alfred T., Esq., Surgeon, at Chiddingfold, Surrey, aged 48, on November 22.

COLES, Henry, Esq., Surgeon, late of Cheltenham, at Hammersmith, aged 60, on December 3.

EDMONDS, Edwin, Esq., late of Hayle, Cornwall, at Stoke Newington, aged 58, on November 16.

GREENHILL. On December 9th, at Oxford, aged 21, William Scott Ridley, son of W. A. Greenhill, M.D., of Hastings.

HARPER, John Cuff, Esq., Surgeon, of Whampoa, at Hong Kong, aged 46, on September 17.

\*HASLEHUST, Thomas, Esq., at Claverley, Shropshire, aged 66, on December 10.

HOPKINS. On December 7th, at Boulogne, aged 74, Mary, widow of William Hopkins, M.D.

JEAFFERSON, Henry, M.D., Physician to St. Bartholomew's Hospital, at Finsbury Square, of typhus fever, aged 56, on Dec. 7.

SHARMAN. On December 4th, at Birmingham, Irene Louisa, wife of \*Malim Sharman, Esq.

SMITH. On December 5th, at Navenby, Lincolnshire, aged 9, Walter George, eldest son of Walter Smith, Esq., Surgeon.

SMITH, Henry Tyrwhitt, M.D., at Arlington Street, Piccadilly, on November 17th.

THOMAS. On November 28th, at Llanelly, Elizabeth, wife of \*Benjamin Thomas, Esq.

PROFESSOR OPPOLZER, of Vienna, has left for St. Petersburg, to give Princess Dagmar the benefit of his advice.

TRIPLE BIRTH. A few days ago the wife of an engineman named Urwin, living in Middlesborough, gave birth to three children.

THE ROYAL SOCIETY. The three oldest members of the Royal Society are Lord Brougham, Sir Henry Ellis, and Mr. William Lawrence, the distinguished surgeon.

MR. THOMAS NUNN AND ST. PETER'S HOSPITAL. We are informed that Mr. Thomas Nunn has intimated to his colleagues at the Middlesex Hospital, that he will at once resign his recently accepted appointment at "St. Peter's Hospital for Stone", and will cease to have any connexion with it, from deference to the feelings of his colleagues, which accord with those of the profession generally in this matter.

GLASGOW UNIVERSITY MEDICAL SOCIETY. The first annual meeting of this Society was held in the practice of physic class room, on Friday, November 23rd; Dr. Banks, in absence of Dr. P. Macdonald Bell, retiring president, in the chair. The following gentlemen were elected office-bearers for the ensuing year:—*Honorary President*, Professor J. B. Cowan, M.D.; *President*, Mr. James Macbeth, M.A.; *Vice-President*, Mr. Hugh Appleton; *Secretary*, Mr. J. T. Moore; *Treasurer*, Mr. George Hutchison.

DEATHS FROM SMALL-POX. Small-pox occasioned 58 deaths; more than half the number registered in the epidemic year 1863, and more than twice the number registered in 1860 and 1864. Of these 58 deaths, 21 were of children under five years of age, who, if they had not been left unvaccinated, or rather if they had been vaccinated properly, never would have died. They are 21 victims of ignorance, prejudice, or neglect. Twenty-three of the deaths took place in adults who had either never been vaccinated, or in whom the protection once obtained had worn out by lapse of time. Dr. Ballard says deaths by small-pox are the most unsatisfactory deaths that a health-officer has to record, because he feels they need never have happened.

CATTLE-PLAGUE. A committee of the Lords of the Privy Council sat on Saturday, at Whitehall, on the subject of the cattle-plague. The *Leeds Mercury* reports a fresh outbreak of the cattle-plague in the East Riding. On Monday the disease appeared in the herd of Mr. William Carlin, Keyningham Marsh, Holderness, and six cows and two calves have already been destroyed. The cattle-plague return for the week ended Saturday last shows an increase. Seven attacks are returned as having occurred in Great Britain, being an increase of five on the previous return. Fresh outbreaks took place in two farms or places where cattle are kept; the number in the week preceding was also two. Nine healthy cattle were slaughtered during the week on account of having been in contact with diseased animals.



**QUALIFICATIONS OF A LUNACY COMMISSIONER.** The Vermont Medical Society, at a late meeting passed the following resolution—"That as a Society we believe, and respectfully say, that in our opinion the duties of Commissioner of the Insane, to watch over the interests of a great hospital, its sanitary, dietetic, and medical management, to investigate that most intricate and difficult of all diseases, and to protect the unfortunate sufferers from improper treatment of every kind, can be most properly and efficiently performed by an experienced and judicious medical man; and we respectfully protest against the late action of the Legislature in electing an individual to that office who is outside of the medical profession."

### OPERATION DAYS AT THE HOSPITALS.

**MONDAY.....** Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.  
**TUESDAY....** Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.  
**WEDNESDAY...** St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.  
**THURSDAY....** St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.  
**FRIDAY.....** Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.  
**SATURDAY....** St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

### MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

**TUESDAY.** Pathological Society of London, 8 P.M.—Anthropological Society of London, 8 P.M.  
**THURSDAY.** Harveian Society of London, 8 P.M. Dr. Drysdale, "On the Natural History of Syphilis."

### TO CORRESPONDENTS.

\* \* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

**COMMUNICATIONS.**—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

**CORRESPONDENTS**, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

The Publisher begs to intimate that orders for JOURNALS sent by post must be accompanied by stamps for the amount. Price of each number is, by post, sixpence.

IN consequence of the pressure upon our space this week, we are compelled to omit the letter of our Liverpool correspondent; the record of the Progress of Medical Science; a review of Dr. Barclay's work on Gout; original papers; and other articles.

MR. G. GODWIN is thanked for his courteous communication.

DR. GOODEVE'S PAPER ON THE CONSTANTINOPLE CHOLERA CONFERENCE.

WE have received the slips of Dr. Goodeve's paper read before the Epidemiological Society, too late for insertion, even if we had been able to find room for it. Slips or copy of original papers should, in all cases, reach this office by Monday; and we would request the Secretary and Council of the Epidemiological Society to be so good as to request that this condition is observed by those to whom they furnish copy for general use. In case the resources of any other printing establishment should not enable it thus to be done, we shall always be happy in such cases to undertake to furnish slips within twenty-four hours.

### THE HUNTER CASE.

SIR,—The omission of my name in the list which you give of the witnesses for the defence in the case of Hunter v. Sharpe, is not, perhaps, in any view of the matter of much consequence. But as you are the only journalist who thus excludes me, it would appear that I had no claim to share in the compliments you are pleased to append. I do not think that I am greedy of public notoriety; but, having shared in the risks of the battle, I, not unnaturally, am loath to believe that I am not entitled to share in whatever honour there may be in maintaining, in a court of law, the character of my profession. I am, etc.,

15, Finsbury Square, Dec. 8th, 1866.

JAS. R. BENNETT.

[We much regret that Dr. Risdon Bennett's name should have been omitted. We need hardly assure him, that it was so omitted by a pure accident. No witness's evidence was more valuable than Dr. Bennett's in the case referred to. EDITOR.]

### FOOD AS A MEDICINE.

M. A. B. sends us some remarks on Soup-kitchens *versus* Hospitals. We should have preferred to read the title—"Soup-kitchens in aid of Hospitals". We believe that, in one or two instances, sick kitchens are established in connection with the out-patient department of hospitals, and tickets placed at the disposal of the visiting officers, where a good kind of food is the urgent need of the patient, who is often starved into illness. Such an institution has been established by benevolent ladies at St. Mary's Hospital, Paddington, London, and works most usefully. It would be satisfactory to have details of similar establishments elsewhere; as the publication of such facts might perhaps enable medical officers of hospitals, when no such help is given, to induce friends of the charity to establish kitchens in the neighbourhood of hospitals for the benefit of the out-patients.

### TREATMENT OF NEURALGIA AFTER SHINGLES.

SIR,—As you invite replies to the question of your correspondent A. C., on the treatment of neuralgia after shingles, I have much pleasure in giving him the result of my experience.

Numerous cases of neuralgia, in connexion with shingles, have fallen under my notice, and I do not remember one that did not readily yield to quinine; only it must be given in large doses. If quinine failed, I would try arsenic.

It may be, that your correspondent practises in a low and damp locality; if so, let him send his patients for a time to one of an opposite character. I am, etc.,

Bristol, December 10th, 1866.

W. F. MORGAN.

DR. DAUBENY'S paper on University Medical Education will be published early in the forthcoming volume.

### MANFIELD'S PROCESS FOR PRESERVING VEGETABLES.

THIS new process effects in a few hours a more complete and perfectly efficacious pickling of vegetables than the more elaborate processes hitherto in use have accomplished in months. The method by which the pickling process is attained, is as follows. The vegetables are placed in the receiver under atmospheric pressure, and all superfluous moisture is expressed without in any way injuring them. The air is subsequently exhausted by means of vacuum-pumps, when the spiced vinegar is admitted and forced into the fibres of the vegetables by an atmospheric pressure equal to forty-five pounds to the square inch, or about three ordinary atmospheres. When this operation is over, the pickles will be found perfectly ready for the table. No deleterious acids are used, and the only mineral with which the vinegar comes into contact is platinum. It permeates the whole substance of the vegetable. The process is worked by Messrs. J. Burgess & Sons, 107, Strand, and possesses freedom from every kind of deleterious agent.

### GOOD ADVICE.

SIR,—I have read the good advice of your correspondent in the JOURNAL of November 17th, and have read it with great pleasure. That good taste which is the result of the study of the best masters, and is the refined gold in our social alchemy, is the main-spring of our success in society. The very key of our position admits of little doubt. It has always appeared to me, when trying to read the lessons afforded by the triumphs and defeats of men who have laboured side by side with me through life, that this almost indefinite principle lies at the bottom of all success to which we can take no exception.

I think I could point to more than one, two, or three men in our profession, whose path has been cut out on the same field as my own, where, whilst good and lucrative practices have been the rewards of their work, the brightest garlands of private and social honour have been denied to them. With such men it has not been enough that industry, science (true or false), "go-aheadism", or complacent self-possession, have conspired to help them on. When we meet them in the general arena, they are found to be hardly on a par with equally successful men in other professions.

I am, etc.,

HENRY DAYMAN.

Milbrook, Southampton, Nov. 27th, 1866.



# Addresses and Papers

READ AT

## THE THIRTY-FOURTH ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

[Held in CHESTER, AUGUST 7th, 8th, 9th, and 10th, 1866.]

### ON THE INFLUENCE EXERTED BY TREATMENT IN HOSPITAL UPON THE EVENT OF SURGICAL OPERATIONS AND ACCIDENTS.

A PAPER PREPARED FOR THE MEETING OF THE  
BRITISH MEDICAL ASSOCIATION AT CHESTER,  
AUGUST 8TH, 1866.\*

By T. HOLMES, F.R.C.S.,

ASSISTANT-SURGEON TO ST. GEORGE'S HOSPITAL.

IN endeavouring to estimate the influence which treatment in hospitals has upon patients suffering under surgical operations or severe injuries, it is necessary to separate from each other two things which, though essentially distinct, have been not unfrequently confounded together even by persons the most conversant with hospitals by long practice in them, and who, I am confident, are most sincerely desirous to set the question in its true light. These two things, which, as I contend, ought to be kept apart, are, the necessary influence of hospitals, and the unnecessary or avoidable evils which are allowed to creep into hospitals from negligent administration. It is highly probable (though, I submit, not yet proved) that some evils are inseparable from the aggregation of the sick and wounded to such an extent as the practical necessities of attendance and supervision in hospitals demand. If this be so, we may reasonably expect that evidence of the fact could be obtained by comparing the results (perhaps I should rather say, the progress) of cases treated in hospitals with those of cases in private practice; and, if the aggregation of the sick is a real cause of ill success, we might conjecture that it would be possible to compare the results in hospitals where such aggregation is extreme with those obtained in other institutions more fortunately circumstanced in that respect. But, in order that such comparisons may be made so as to carry any conviction to the minds of those who understand the question, it is necessary that they should be made fairly. The ultimate question proposed is no less than this; viz.: Do hospitals

do more harm than good? Miss Nightingale and Dr. Farr have, in plain terms, intimated their opinion that, except as schools of medical and surgical instruction, hospitals have hitherto done as much harm as good. In other words, there is an impression in the minds of persons who, at any rate, ought to be well informed, that the diseases generated in hospitals are sufficient to counterbalance the effects of rest, cleanliness, good nursing, good diet, constant attention, medical skill, and any other requisites for successful treatment which can be provided in hospitals, but cannot be obtained at all, or only very imperfectly, in the wretched dwellings of the patients themselves. From this, the conclusion which these authors appear to draw is, that the plan of scattering the sick would be preferable, and that practical measures ought to be taken to ascertain its feasibility. With all due deference, however, to such eminent authorities, I would urge that two things have still to be investigated; viz., What is the real prevalence of the so-called hospital diseases? and secondly, Are the evils now existing in hospitals a necessary concomitant of such institutions? or could they be eradicated, and leave the system to work its good effects free from the present drawbacks?

In this communication, I will do the best I can to illustrate the real defects which, as far as I can discover, can be charged against the present system in surgical matters—apologising to the Association for the very imperfect answer which I can give to the important question proposed. The imperfection depends in a great degree on the absence of reliable and relevant information. If my present essay should have no other effect, yet, should it turn the attention of those of my hearers who hold office in country hospitals to the utter want of any data for such information at those institutions, it will be a sufficient reward for my labour.

Miss Nightingale commences one of her striking treatises with the following well-known passage: "It may seem a strange principle to enunciate as the very first requirement in a hospital, that it should do the sick no harm. It is quite necessary, nevertheless, to lay down such a principle, because the actual mortality in hospitals, especially in those of large crowded cities, is very much higher than any calculation founded on the mortality of the same class of diseases among patients treated out of hospitals would lead us to expect." Now, everything which falls from Miss Nightingale is entitled to respect; and, for my own part, I would wish to believe, if I could, that the accuracy of her investigations had contributed as much to the theoretical perfection of hospitals, as her heroic courage and Christian charity have to the relief of those who suffer there. But, in matters of this sort, assertions surely ought not to be made without proof; and, if the calculations which Miss Nightingale alludes to in the above passage exist, they ought to have been quoted or referred to, in order that their value might be appreciated by those of her readers who are conversant with such matters. For myself, I can only say that I am quite unaware of any calculations having been published which are worthy of serious attention; nor am I in the least aware of the diseases to which the sentence refers. It is more difficult than might appear at first sight to make such a comparison. When the words, "the same class of diseases," are thought over for a minute, who does not see the wide avenues which they open to fallacy of every sort? Who does not know the way in which the same names (such as "fever", "bronchitis", "disease of spine") are used in the performances dignified by the

\* Accidental circumstances prevented the reading of this paper to the meeting. I was not able to resist the courteous invitation of the President to send the paper to the JOURNAL. But, in reading it, the members of the Association must recollect that it was only intended as a text for the discussion which I hoped would follow (but which was prevented by the same circumstances), and was not meant to be decisive of any part of the question. I shall have succeeded in my aim, if I shall have shown how gross is the exaggeration, and how total is the want of exact knowledge, with which such questions have been frequently treated; and, as a consequence of this, how great is the need of more accurate and reliable information as to the condition of our existing hospitals, than the present arrangements of most of them permit us to obtain.



name of statistical tables, to designate at one time affections devoid of all danger to life—at another, diseases almost inevitably fatal? If the calculations had been before us, we might have known on what diagnoses the wording of the tables had been founded; where, when, and by whom, the patients had been treated; and, above all things, who were the patients—for this is a matter at least as important as any other. We, whose hospital practice lies among the poor of our large cities, worn down as they are by hard toil, and still more by the reckless dissipation and vice which furnish most of them with their only respite from toil, know what expectations ought to be formed of the probability of their recovery from grave disease or injury, and what amount of confidence should be given to calculations transferred to them, if based on practice among persons more fortunately circumstanced. But still no one denies that actual and tangible diseases are generated in hospitals; and it is very probable (though, again, this is not proved, as far as I can discover) that some of those patients who escape such visible complications may yet be thrown back in their recovery by the influence of the hospital atmosphere. It is my purpose, in what follows, to inquire what evidence exists as to the reality and extent of such evils in the instances of amputations, as illustrating surgical operations, and of compound fracture, as illustrating injury. Some one will perhaps say, "But this has been done a thousand times over. We have heard of these statistics of amputations, from various hospitals, till we are sick of them." I allow that so-called statistics have often been published; but I cannot say that the greater part of them seem to me to have any practical value, inasmuch as they are deficient in all particulars. That a certain man had his leg cut off, and that he afterwards died, is a fact which does not in the least bear upon the healthiness of the hospital in which it occurred, unless there be some sort of evidence to connect the death with hospital influence. It is true that hospital influence is one of the conceivable causes of death, but there are a great many others; and, unless these others be excluded by the direct method of evidence (*i. e.*, by the notes of the case), it will require an immense mass of details to exclude them by the indirect method of statistics, as those who have studied Dr. Barclay's little work on *Medical Errors* will admit. The rough test, therefore, of the mortality after amputations, in various hospitals, may be allowed to be fallacious; and yet how often and how confidently is it appealed to. But, even if it were as useful as it is easy, no data have yet been published by which the mortality after amputations in private practice could be calculated; nor would such data be easy to collect. The poor who submit to amputation are almost always treated in hospitals; among the rich, the operation is far less common; nor would the comparison be a fair one if it could be made, in consequence of the different vitality of the subjects, as hinted above.

I propose, however, to bring before you the experience of the hospital to which I am myself attached, with regard to this matter—indicating the period of life at which the operation was performed (a most important element of prognosis); specifying the causes of death, and in fatal cases the existence of the affections usually considered as referable to hospital influence—*viz.*, secondary hæmorrhage, erysipelas, phagedæna, and pyæmia.

In a paper contributed to the first volume of the *St. George's Hospital Reports*, I have tabulated the first 300 cases of amputation of the thigh, leg, arm, and forearm, comprised in our "amputation-book". In this paper, numerous other necessary

particulars, not comprised in the following quotations, may be found. "These 300 cases may be thus summarised, according to the ages of the patients.

	No.	Died.
Under 5 years	1	0
Above 5 and under 10 years	14	1*
" 10 " "	15	1 4.6 per cent.
" 15 " "	20	8 17 "
" 20 " "	30	74 14 18.9 "
" 30 " "	40	53 21 39.6 "
" 40 " "	50	41 15 36.8 "
" 50 " "	60	34 17 50 "
" 60 " "	70	13 5 38.5 "
" 70 " "	2	1
	300	83

Deaths, 27.666 per cent.

"I have classified the 83 deaths comprised in our table of 300 amputations as follows.

"I. From causes unconnected with the operation; death inevitable.

"II. From other causes coinciding with the operation; the other causes having a main share in producing death.

"III. From the operation—

By pyæmia,

" gangrene and phagedæna,

" erysipelas and diffuse inflammation,

" secondary hæmorrhage,

" exhaustion;

distinguishing, in each of these latter headings, those instances in which the viscera and the blood-vessels were healthy from those in which they were diseased. In some cases, the judgment has to be formed from the symptoms during life; but, in most instances, there has been a *post mortem* examination.

"In no instance has the patient died directly from hæmorrhage or other accident during the operation.

"The first class comprises 14 cases, in which the fatal result has been produced by other fatal injuries, by pre-existing disease, or by other causes quite unconnected with the operation, and *à fortiori* with any hospital influence.

"If it be conceded, as I contend, that these 14 cases ought to be subtracted from both sides of the list, it would leave us with 69 deaths out of 286 amputations.

"In classifying the causes of these remaining deaths according to the data furnished by our amputation- and *post mortem*-book, I find that death is due in about an equal number of cases, (1) mainly to causes antecedent to amputation (Class II), and (2) mainly to causes subsequent to amputation (Class III); there being 33 cases in which death was caused mainly by previous constitutional affection, or by the results of the injury which necessitated amputation, or by some other cause not necessarily connected with the amputation.

"These cases I have endeavoured to set out as follows.

"The second class comprises 33 cases, divided thus:

"A. Death mainly due to visceral disease, or morbid conditions existing prior to amputation—21 cases.

"B. Death mainly due to the general consequences (*i. e.*, the effect on the general system) of previous injury—7 cases.

"C. Death mainly due to injury of the parts concerned in the amputation—3 cases.

"D. Death mainly due to miscellaneous causes not necessarily connected with the amputation—2 cases.

\* This death was really quite unconnected with the operation, being occasioned by concomitant injury, necessarily mortal.



"Out of the 33 cases, the direct cause of death was:—Pyæmia in 8 cases; secondary hæmorrhage in 4; gangrene in 8; exhaustion in 11; and shock in 2.

"The third class comprises those cases in which the patient seemed to die of the natural results of the operation, uncomplicated by any amount of visceral or constitutional mischief which could fairly be regarded as the main cause of the fatal issue. This class comprises 36 cases, thus divided:

Pyæmia . . . . .	24 cases
Gangrene and phagedæna . . . . .	6 }
Erysipelas and diffuse inflammation . . . . .	3 }
Secondary hæmorrhage . . . . .	1†
Exhaustion . . . . .	2

"These tables lead to some general conclusions which are, I think, of interest and of practical value as bearing on the question of the intrinsic danger of amputations, and of the risks of the operation when performed in a large metropolitan hospital.

"They show us, in the first place, that, great as we must allow the danger of amputation to be, its apparent danger, as shown by the death-rates, is about twice as great as the real danger; that is to say, that of every hundred persons dying after amputation, the probability is that at least fifty die either because their disease or injury was absolutely incurable, or because the amputation failed to cure it, and it therefore proceeded to a fatal issue. In such cases, it is surely illogical to say that the amputation killed them.

"Another point to which much and deserved attention has been recently directed, is, as to the risks of operations (and especially amputations) performed in large metropolitan hospitals. It is a question most difficult to settle, and which has been much obscured by the hasty method in which it has been handled by well-meaning but ill-informed writers, who have jumped to extreme conclusions from mere figures, I do not say not founded on, but certainly not accompanied by, facts. I deny altogether that such figures are useful for establishing a comparison between different institutions. Thus, it is quite possible that a country infirmary may have a death-rate after amputation of the thigh only half as heavy as a metropolitan hospital, and yet the metropolitan hospital may be the more healthy institution, and its practice really more successful. The question cannot be settled without knowing many more details than merely 'out of so many amputated, so many died.' We must know, at any rate, in both cases, the causes of the operation, the age and previous health of the patient, the cause of death, and the results of *post mortem* examination.

"Now, judging by what has gone before, it seems that almost the only operative complication which leads to death from amputation (as contradistinguished from death after or in spite of amputation) is pyæmia. The other complications which are usually reckoned as 'hospital diseases', are phagedæna, erysipelas, diffuse inflammation, and secondary hæmorrhage. Of course, all of these are well known to occur in private practice; and no attempt has ever been made to estimate the relative frequency with which they take place among the same class of patients in and out of hospitals. By reference to our

tables, it will be seen that none of them are of much importance as causes of death in cases where there is any fair prospect of recovery from amputation.

"It will also be seen that secondary hæmorrhage proved fatal only in two cases where the vessels were not known to be diseased; and in one of these, though no disease of the vessels was noted at the *post mortem* examination, it is most probable that such disease existed, judging from the fatty condition of the kidneys and the presence of arcus senilis at the age of fifty-one. In the other case, gangrene had attacked the parts before the amputation; and, on a recurrence of the gangrene, some of the vessels were involved. We are entitled to say, therefore, that secondary hæmorrhage is a rare cause of death, and need be taken little account of in cases where the arteries are healthy; that is to say, that in a well-managed hospital it does not occur from hospital influences, but from disease of the tissues.

"With respect to erysipelas and its congener, diffuse cellular inflammation, the report is equally favourable. Erysipelas occurred as a precursor of pyæmia in two cases; but only one death was directly caused by erysipelatos inflammation.

"Phagedæna, or the milder form of hospital gangrene, has been unfortunately prevalent at St. George's Hospital at intervals for a long time, and at least three such prevalences of phagedæna are included in the period over which our notes extend. It is worth while, then, to consider attentively what is the real influence of a prevalence of hospital disease which in this particular must be allowed to be beyond the average. It will be found, on examination, that only two persons died after amputation, having had hospital phagedæna; and in both those cases the immediate cause of death was pyæmia.

"Thus we come to the conclusion that, in ordinary hospital practice, the influence on the rate of mortality of secondary hæmorrhage, erysipelatos diseases, and hospital phagedæna, is very trifling; and that, *ceteris paribus*, the rate of mortality varies with the prevalence of pyæmia."

From these facts the following conclusions may be deduced.

1. That the mortality after amputation in hospital practice depends far more upon the age of the patient than upon any other extrinsic circumstance. How can this fact be explained, if we believe the hospital atmosphere to be the cause of a great proportion of the deaths which occur after amputation?

2. That the deaths which are due to hospital diseases (so-called), except pyæmia, are very few in number, if the hospital be moderately healthy. I say only moderately healthy; for it will be noticed that phagedæna has been unusually prevalent at St. George's during the period comprised in these statistics. Notwithstanding this, however, in only two of the fatal cases out of three hundred amputations was death referred to phagedæna, and in them pyæmia had supervened.

3. That, in about half the fatal cases, death is distinctly connected with, and, as far as we can see, caused by, previous injury or previous disease, and is, therefore, quite independent of any hospital influence.

4. That death "from exhaustion" hardly ever occurs, except as the result of previous organic or functional disease.

In the record of compound fractures of the thigh, leg, arm, and forearm, preserved at St. George's Hospital, 252 cases are noted, from the years 1852 to 1865 inclusive. Of these, 72 died, or 28.5 per cent., and 52 suffered amputation, 19 of whom died, and are included in the previous total.

\* Out of these nine cases, pyæmia supervened in eight.

† It is very doubtful whether this case ought not to be referred to Class II, as being one in which hæmorrhage occurred in consequence of a diseased condition of the vessels.

‡ I speak, of course, of the same amputations. The method very generally followed of lumping all amputations together (as if the danger of removing the forearm for diseased wrist were the same as that of a primary amputation at the hip), is too puerile to need observation.



The causes of death are thus stated in the book kept by the successive surgical registrars.

Without amputation—inevitable:

Collapse, or shock of the injury .....	5
Other injuries .....	6
Diseased viscera .....	5
Scarlet fever .....	1
Delirium tremens .....	2
Meningitis .....	1
Old age and exhaustion .....	1—21

Sequelæ of injury:

Gangrene .....	2
Pyæmia .....	21
Hæctic and irritative fever .....	3
Exhaustion .....	5
Diffuse inflammation .....	1—32

After amputation—inevitable:

Other injuries .....	3
Diseased viscera .....	1
Shock .....	1—5

Sequelæ of operation:

After amputation, from pyæmia .....	8
Ditto, from gangrene .....	3
Exhaustion .....	2
Cause not stated .....	1—14

Total...72

The general conclusion derived from this record coincides, in the main, with that derived from the list of amputations; viz., that nearly half of the deaths occur from causes quite unconnected with hospital influences, and that of the remainder pyæmia is the main cause of death.

If now we wish to estimate the real influence exerted by residence in hospital upon the results of a case, say of amputation, we should have to determine, in the first place, whether pyæmia is more common in hospital than in private practice, and, next, whether it is more common in one kind of hospital than in another. It is often assumed, as if it required no proof, that pyæmia is far more common in hospital than in private practice; but this has never been demonstrated, and, from the nature of the case, it is very difficult to do so. The injuries and diseases which lead to pyæmia are comparatively rare in private practice, so that one man's experience does not go for much. Besides, the class of patients is quite different; and, for anything we know, this may be a vital point in the question. Certainly, we should suppose, *a priori*, that little good could be done by comparing the results of operations performed in private upon temperate, well-nourished, healthy patients from the middle and upper classes, with similar operations performed on the dissipated, broken-down, and often dying, inmates of a London hospital.

More good may be expected from attempts to compare the practice of institutions of a similar kind, but placed in different localities; and I do not doubt that this would lead to most valuable results, if the comparison were fairly made. But, then, in order to be fair, the things compared must be in all respects similar. It will not do to lump all sorts of amputations together, and form a death-rate, without distinguishing even the causes of death. It will not do to put down the number of cases of pyæmia, and so to form a percentage of pyæmia, without letting us know even the affections on which the pyæmia depends. Yet this is constantly done. We hear continually that at such and such a country hospital pyæmia is almost unknown. On inquiry, it will almost always be found that the assertion rests on no definite proof, for that no proper records have been kept; and that the rarity of pyæmia, if real,

finds a ready explanation in the rarity of acute cases. It is, of course, very difficult, especially in country hospitals, where the staff of assistants of all kinds is small, to obtain the services of qualified note-takers and registrars; but without such information as is furnished by accurate and full registration of cases—not mere enumerations of figures—it is really impossible to come to any correct conclusions as to the relative prevalence of pyæmia in different hospitals.

The inquiries which I made, in conjunction with Dr. Bristowe, on behalf of the medical officer of the Privy Council, into the condition of the various hospitals of the United Kingdom, tended chiefly to show, on this point, how very imperfect was the information available for an opinion as to the relative frequency of pyæmia in hospitals of different classes. I append a few extracts from our Report.

"There is a point of great importance, which must not be overlooked in comparing the results of hospitals of different sizes; viz. (if the expression may be used), their relative intensity of experience. To illustrate our meaning, the Essex and Colchester Hospital has 90 beds, and admits about 260 cases in the year; St. Bartholomew's has 650 beds, and admits about 5400 cases in the year. Now, in the latter institution, there is a vast experience concentrated into one year, and all circumstances such as outbreaks of pyæmia and spread of fevers, which seem to indicate unhealthiness, stand prominently forth; but in the former institution, even assuming the cases treated in it to be of equal importance with those treated in St. Bartholomew's, twenty years would have to elapse before its experience would be equal to that of one year's experience at St. Bartholomew's. In twenty years of unrecorded experience how many facts are likely to be either exaggerated by the memory, or distorted, or utterly forgotten! But what is true of St. Bartholomew's and of the hospital at Colchester, is true also, in various degrees, of numerous other town and country hospitals; and, in the difficulty or impossibility there often is of acquiring 'back' information, with regard to the latter institutions especially, comparisons have to be made on very unequal terms, and are thus deprived of much of their value and significance."

"But, admitting that hospital diseases occur at all times in all hospitals, the important question still remains—'Do they prevail in smaller proportion in one kind of hospital than in another kind of hospital, especially do they prevail in smaller proportion in country than in town hospitals?' We do not pretend to answer this question in any degree satisfactorily. We append, however, two series of tables which have some bearing on the point. The first series comprises three tables of 12 metropolitan, 23 provincial, and 43 rural hospitals respectively, which show, together with other facts, the number of cases of erysipelas, diffuse cellular inflammation, phagedæna, and pyæmia, present in the various hospitals at the time we visited them, and distinguish the cases of these affections which arose in hospitals from the cases which originated outside.

"The result of the tables is, that in 12 metropolitan hospitals, containing 1481 surgical cases, there were 41 patients suffering from diseases of the class under consideration, contracted previously to admission, while there were 29 in whom such affections had shown themselves subsequently to admission;

"That in 23 provincial hospitals, containing 1730 surgical cases, there were 13 patients only who had been admitted for such diseases, and 30 who had contracted them during their stay in hospital;

"And that in 43 rural hospitals, with 1798 surgical cases, there were 11 patients who had been admitted



while labouring under the diseases in question, and 14 in whom they had developed themselves subsequently to admission.

"To put the more important of the above series of facts into another form, there were, out of every 100 surgical patients in the metropolitan hospital, 1.9; out of every 100 in provincial hospitals, 1.7; and out of every 100 in rural hospitals, 0.7, suffering from erysipelas, phagedæna, or pyæmia, contracted in hospital.

"The statistics prove little; still that little is in favour of the opinion we have expressed, to the effect that the presence of these affections is dependent less on the kind and position of a hospital, than it is on the severity and number of cases likely to be affected by them.

"The proportion of deaths from pyæmia to total deaths is, from the tables, considerably greater in country hospitals than it is in town hospitals. In the former, deaths from pyæmia produce 3.4 per cent. of the total number of deaths; in the latter, deaths from pyæmia produce 1.7 per cent. only.

"But another yet more important fact is indicated, if not established, by these tables; viz., that pyæmia is, both in town and country, actually an infrequent cause of death when compared with all other causes of death, and with the total number of patients admitted for treatment. We allow that many of the returns from which our tables are compiled are far from trustworthy; but there are at least three London hospitals, for the accuracy of whose statements we can vouch; viz., Guy's, St. Thomas's, and St. George's; and the results furnished by them agree in the main with those given above. In these three institutions, there happened, during the periods specified in the tables, 21 deaths from pyæmia, and 1696 total deaths; and those occurred among 18,097 patients admitted for treatment. The deaths from pyæmia formed, therefore, 1.23 per cent. of the total number of deaths; and the death-rate due to pyæmia was 0.115 per cent."

Those who appeal to death-rates as a test of hospital salubrity, must be staggered by this last fact. In a year's experience of three of the largest London hospitals, where all the bodies of those who die are (as far as possible) examined after death, and the result of the examination and history of the case carefully noted, it turns out that the total deaths due to pyæmia are little more than one in one thousand patients. Considering that the deaths from erysipelas and phagedæna generated in the hospital are very much fewer than those from pyæmia, as the preceding researches show, it is fair to say that the addition to the death-rate of a large London hospital due to every kind of recognised hospital disease is much below two in one thousand patients. Yet, while the total death-rate in the class of hospitals where such deaths are most common does not amount to two in one thousand, the difference in the number of such deaths between one class of hospitals and another is constantly assumed to be an adequate explanation of a difference in death-rates amounting to thirty, forty, or even fifty, in one thousand.

It will be evident to any person who will take the trouble (which no sanitary writer on hospitals, as far as I know, has yet done) to go through the *post mortem* records of some hospital where, as at St. George's, the histories of all the fatal cases and *post mortem* examinations are preserved, that surgical injuries and surgical (so-called hospital) diseases furnish a very small percentage of the deaths, even at the largest and busiest institutions; and that the differences in their relative mortality depend chiefly on the difference in the nature of the medical cases they receive. It is constantly noticed that, while the

number of cases of hospital disease is greater, the death-rate is smaller, and *vice versa*.

I think, then, that I have shown: (1) that a large proportion—probably about one-half—of the deaths after surgical operation and accident are due to previous disease, to the inevitable effect of the accident, or to other unavoidable causes; (2) that, of those which remain, pyæmia is the cause of the vast majority; (3) that pyæmia causes a percentage of deaths far smaller than is generally imagined; (4) that there is much reason for believing that the death-rate, due to hospital diseases of all kinds, even in large metropolitan hospitals, does not exceed two in one thousand patients; (5) that no data exist by which we can estimate, or even form a conjecture whether this is a larger or smaller death-rate than would prevail in the same class of cases and patients if treated in smaller hospitals, in detached chambers, or in their own houses; and, therefore, that the influence for evil which hospitals exercise on the progress of this class of cases has been much exaggerated.

Yet it would be very idle and very uncandid to deny that such an influence does appear to exist. I have seen, in hospitals, operations in themselves of a very slight nature prove fatal by pyæmia; slight wounds converted into grave and often fatal injuries by erysipelas or diffuse cellulitis; ulcers, apparently trivial and easily curable, form the starting point of sloughing which has cost the patient his limb or his life. It is true that all these things happen also in private practice; and perhaps their apparent rarity may be due only to the comparative rarity of grave surgical cases in private, as compared with hospital practice. It is also true that, in hospital practice, though such disasters, from the impression they produce on the mind, appear common, they are seen to be really rare when brought to the test of exact record. Yet we cannot bring ourselves to believe that they are not preventable. Only, in order to prevent them, their causes must be exactly determined, which cannot be done without constant record and laborious observation. All this points to the necessity of more methodical and better note-taking and registration in our hospitals, both in town and country.

But I utterly deny that any great prevalence of hospital diseases in our large hospitals has ever been proved, or, with our present means of information, can be rendered probable. Hence no necessity has been shown to exist either for their removal into country districts, or for breaking up and disintegrating them into smaller institutions.

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**TORTOISES IN ENGLAND.** Sir William Williams, of Tregulow, Cornwall, has presented to the Zoological Society two live young tortoises, both of which have been reared in his garden, and the only ones ever bred in this country.

**UTILISATION OF CIGAR-ENDS.** Two years ago, a society was established in Berlin, the members of which agreed to preserve all the points of their cigars, instead of biting them off and throwing them away. These ends are collected, and then sold in large quantities, either for the manufacture of snuff or for smoking in pipes. The sum thus raised is applied to the maintenance and education of orphans; and some idea of the extent of the society, and the intensity of its affection for the weed, may be gained from the fact that the cigar-ends of two years' savings have brought in a sufficient sum for the maintenance of twenty-two children. Such a society, it is said, might be established in London to support an hospital for persons suffering from the deleterious effects of excessive smoking,



THE

## Jacksonian Prize Essay

FOR 1865.

ON DISEASED CONDITIONS OF THE  
KNEE-JOINT.

BY

WILLIAM PAUL SWAIN, M.R.C.S.,

SURGEON TO THE ROYAL ALBERT HOSPITAL, DEVONPORT, ETC.

## APPENDIX OF CASES.

CASE I. November 11th, 1857. William Ellis, aged 9, of Tiverton. Under the care of Mr. Kempe, of Exeter. Scrofulous disease of the knee-joint, arising from a blow some years since. His health was very much impaired, rendering some operation imperative. Although the case was not the most suitable one for resection, the friends preferred its trial to amputation.

The joint was resected under chloroform. The articular surfaces of the femur and tibia, with the whole of the patella, were removed, although the latter bone was not implicated in the disease. No vessels required ligaturing. The boy was much exhausted by the operation and the effects of the chloroform. The H-incision was made.

No untoward symptoms followed; the healing process, however, was very slow; several sinuses formed, which had to be freely opened. At the end of six weeks there was a tolerably firm union of the bone. The sinuses showing no disposition to heal, and his general health remaining bad, it was thought best to send him home on December 19th.

I hear that ultimately the wounds healed, and his health was restored; but his knee became much contracted.

Ellis is now in good health and strong; the leg



Fig. 21.

operated upon is eight inches shorter than the other. He is learning a trade (shoemaker); he walks well, and at the rate of four miles an hour; he can walk fifteen miles in a day without any inconvenience or

pain; he generally uses an ordinary walking-stick, but more to steady himself than from any use he makes of it to assist him; he wears a high-heeled boot; the heel is nine inches from the ground when standing, the toes four inches and a half; the foot is smaller than the other by an inch in each direction. He had used crutches for seven years altogether. The limb measured eleven inches when excision took place; the calf of the leg also measured eleven inches. (Fig. 21.)

CASE II. November 17th, 1860. Ellen Bartlett, aged 11, of Tiverton. Under the care of Mr. Kempe. Scrofulous disease of the knee-joint, of one year's duration, with the knee bent and fixed at a right angle; her general health was not much impaired. Resection of the joint by one semilunar incision was performed; the articular surfaces, with the patella, were removed; the limb was placed in a Salter's swing with Price's splint.

This was a tedious case; several sinuses formed, and remained open. The general health having been very much improved, she was made an out-patient in May 1861.

The last time I saw this little patient she was in perfect health; the sinuses were all healed; the limb was quite straight, and union very firm, with very little shortening; and she could walk with very little lameness.

Mr. Bedell, of Tiverton, writes, December 1865:—"Ellen Bartlett, aged 17, general health good; the heel is five inches from the ground; the toe rests on the ground, she walks without a high-heeled boot, is strong, and can do three miles without in-



Fig. 22.

convenience; works at a lace-factory, and is standing all the day long. The limb measures eleven inches and a half at the knee, and eleven inches at the calf; the foot is of the same size as the other."

CASE III. April 15th, 1851. Sarah Russell, aged 8, of Whitstone. Under the care of Mr. Kempe. Scrofulous disease of the right knee-joint, of three months' duration; she was a very puny and delicate child.

By a semilunar incision the joint was exposed; the articular surfaces of the femur and tibia (much diseased) were, with the patella, removed. The after-treatment was conducted on general principles; and she was made an out-patient in July with several small sinuses not healed.

This case has been seen by me several times since, and is in all respects as favourable as No. 2.



**CASE IV.** August 21st, 1861. George Curtis, aged 18, servant, of Newton Bushel. Under the care of Mr. Kempe. Scrofulous disease of the right knee-joint of two years' standing. The same case was trephined December 16th, 1859, and August 8th, 1860.

The joint was exposed by a semilunar incision, and the articular surfaces of the tibia and condyles were removed; both were much diseased, especially the inner condyle and corresponding surface of the tibia. There was very free bleeding from the bone after the operation, which it was somewhat difficult to restrain. The limb was put on a straight splint and treated in the usual way.

This case progressed most favourably without any drawback, and at the termination of the seventh week the wound was entirely healed, and the union was complete. He was discharged cured November 5th.

There was, however, considerable shortening of the limb, nearly three inches and a half; but with a high-heeled shoe he walked about the ward quite well, and with very little lameness.

**CASE V.** December 16th, 1861. W. Wellington, aged 6, of Exeter. Under the care of Mr. Kempe. Scrofulous disease of the knee-joint, of many years' standing.

The limb was exposed by a semilunar incision, and the patella and articular ends of the bones were removed in the usual way.

For a few days after the operation he suffered much from vomiting and restlessness, which, however, gradually subsided; he made a slow recovery; but after three or four months left the hospital quite well, but with incomplete union of the bones. About twelve months after this he was again taken in for a contraction of the same knee, which under chloroform was straightened and put on a long splint, and eventually did well.

**CASE VI.** Of primary excision, by Mr. Kempe, appeared in the body of the essay. (See p. 542.)

**CASE VII.** June 21st, William Holder, aged 7, of Exeter. Under the care of Mr. Kempe. Scrofulous disease of the left knee of six months' duration, producing great pain and emaciation.

A nearly straight incision across the joint was made, and the articular ends of the bones with the patella were removed; there was very little, if any, ulceration of the cartilage.

During the after treatment he was attacked with synovitis of the other knee, which pulled him down considerably; he was made an out-patient in September, much reduced in health and strength, but with the leg in good position and with fair union. The other knee was better.

This poor little boy never recovered his health. About ten months after leaving the hospital he suddenly became blind, and, at the early part of 1864, died of tubercular meningitis.

**CASE VIII.** November 10th, 1862. W. Holmes, of Ipplepen, farm labourer, aged 16. Under the care of Mr. Kempe. Acute synovitis of right knee-joint with abscess in the popliteal region; his health was much reduced.

After an anxious consultation, amputation above the knee was advised, as a less shock to the constitution, which was much depressed. On placing the matter before him, he preferred resection of the joint. Excision of the knee-joint was performed.

This case went on most favourably from the first, although it was complicated with bed-sores, and a large abscess of the opposite thigh.

The resected knee was quite healed in five weeks, with firm union between the bones; he had, how-

ever, a tedious recovery from the bed-sores, etc. He left the hospital quite well, and has not since been heard of.

**CASE IX.** September 18th, 1863. William Ash, aged 22, of Torquay, servant. Under the care of Mr. Kempe. Scrofulous disease of the knee-joint, of three years' duration. He had been in one or two of the London hospitals, and many months in the Devon and Exeter Hospital, and, finding that he still became worse, was anxious to have the knee excised. The joint was exposed by an almost straight incision across it, and the articular surfaces, which were much diseased, with the patella, were removed.

The after treatment was conducted in the usual way, and he made a very good recovery. He left the Hospital in January following, with a well-moulded leather splint.

He visited Exeter about two months since, when I found that he could walk at the rate of three miles and a half an hour.

A photograph of this case by Angel accompanies it; his general health, which had been much impaired, was perfect, and he expressed himself in very grateful terms for his recovery.

The lady who gave him his recommendation was so pleased, that she most liberally presented a donation of £25 to the hospital on the occasion.

**CASE X.** February 2nd, 1864. Joseph Hammett, aged 18, errand boy, Exeter. Under the care of Mr. Kempe. Scrofulous disease of the left knee-joint, of eight months' duration.

He had been subject to the usual treatment; but, the pain increasing, and his health becoming much worse, he was anxious to have excision performed. The joint was exposed by a semilunar incision from one condyle to the other, and the articular surfaces of the femur and tibia, with the patella, were removed. The case went on favourably. At the end of two months the bones were firmly united, but the wound was not healed.

He was made an out-patient in May, and is still in attendance with a very small ulcer open, but with a very straight limb, and firm union.

There was considerable secondary bleeding after this operation, and it was found necessary to apply the actual cautery to arrest it.

It should have been stated that the end of the femur was found denuded of its investing membrane to some considerable extent, and there was some doubt whether, in consequence, this case would do well. A second slice of bone was removed, which of course further tended to shorten the limb, and which, from the termination of the case, I do not now believe to have been necessary.

**CASE XI.** May 25th, 1854. Elizabeth Jolly, aged 33, Morchard Bishop. Under the care of Mr. Kempe. Disease of the knee-joint, of four years' duration. The joint was exposed by a semilunar incision, and the articular surfaces, with the patella, all much diseased, were removed. This case progressed favourably, and a most useful limb was procured.

**CASE XII.** June 1st, 1864. William Squires, aged 9, Tiverton. Under the care of Mr. Kempe. Scrofulous disease of the left knee-joint, of some years' duration.

He was much emaciated, and suffered intensely from pain in the joint, and was most anxious to have some operation performed; this was against the wish of his mother at first.

The joint was exposed by an almost straight incision, and the articular surfaces, with the patella, were removed. The after treatment was conducted in the usual way, and the case was progressing most favourably till the beginning of July, when he was



attacked with tubercular meningitis, and died on the 17th.

The union of the knee was very firm; the soft parts were much ulcerated.

CASES XIII and XIV, Mr. Swain's excisions, have appeared in the body of the essay. (See pp. 490 and 543.)

CASE XV. Mr. H. Smith's case. M. B., aged 30, female, admitted September 6th, 1865. Strumous disease of knee-joint commencing in the synovial membrane; joint greatly disorganised; pain and swelling in the joint commenced November 6th before, and this increased rapidly, the joint becoming gradually flexed. She went to St. Bartholomew's Hospital, when amputation of the limb was proposed; she would not submit to this, and came under Mr. Henry Smith's care into King's College Hospital. On admission, the joint was swollen, red, fluctuating in parts, causing her great pain on pressure, and flexed.

October 21st. Excision was performed; the joint was completely disorganised, and full of gelatinous matter; the lower end of the femur and the articular extremities of the tibia were removed. (Preparation 9.)

The patient went on very well until six days after the operation, when Mr. Smith, finding the femur somewhat overriding the tibia, placed her under chloroform and changed the splint. Two days after this, she got a rigor, symptoms of pyæmia were gradually developed, and she died on the 18th day after the operation. Mr. Smith fears he may possibly have carried infection to this patient from a patient with abscesses, the result of puerperal fever.

On *post mortem* examination, the limb was found in excellent position, but the ends of the tibia and femur, or rather their substance for the extent of an inch or more, were here and there infiltrated with pus. There were small circumscribed purulent deposits in one lung, and a collection of matter in the front of the pons Varolii, cerebellum, and fourth ventricle. Lastly, she had complained terribly of pain in the head.

CASE XVI. A boy, aged 8, admitted into King's College Hospital, under Mr. H. Smith, with old disease of the knee, which resulted in permanent deformity, the leg being flexed upon the thigh, and the ankylosis being very firm.

Mr. H. Smith removed a wedge of bone (preparation 8) on October 7th, 1865. The boy has made a good recovery with a straight though somewhat shortened limb.

CASE XVII. Mr. Wood's case. H. D., male, aged 4. Strumous disease of knee-joint, commencing in the bones; cartilage becoming involved. The patient was pale, flabby-looking; the right knee was swollen, and uniformly soft; the skin covering it was pale; the joint was semiflexed, immovable, and very sensitive. Four sinuses opened on the surface at the front part of the knee. No exposed bone could be detected on probing the sinuses, which were discharging puriform matter.

October 21st, 1865. Excision was performed by a semilunar incision; the lower end of the femur and the whole of the epiphysis of the tibia were removed. A small abscess was found in the head of the tibia; the cartilage and synovial membrane were as yet healthy; the patella was healthy. (Preparation 7.)

The child has made a good recovery, and there is now firm union between the bones.

CASES XVIII, XIX, XX, of amputation of the thigh, for disease of the knee, have appeared in the body of the essay. (Pp. 374 and 652.)

CASE XXI. E. B., aged 50, labourer, admitted into

the Taunton and Somerset Hospital, June 11th, 1864, under Mr. Liddon, with disease of the left knee-joint, of six years' duration, and a discharging sinus over the centre of the sternum connected with disease of that bone. There was no history of syphilis. The knee was slightly flexed, swollen, with an evident thickening of the synovial structures, very tender to the touch, and excessively painful at night. His general health was bad; tongue furred; occasional diarrhoea, and loss of appetite, but no cough.

The treatment consisted in keeping the joint at rest by a splint, etc., and supporting the strength by tonics and liberal diet. Instead of improving, the patient lost flesh gradually; suppuration took place in the joint, and sinuses formed.

On October 8th, 1865, the patient having somewhat rallied, amputation was performed about the middle of the thigh, as the bone was thickened in the lower third. He survived the operation for a few days, and then died with congestion of the lungs.

On his admission, Mr. Liddon thought that, if his general health could be improved, it would be a fit case for excision. Amputation was, however, resorted to, as affording the best chance, in not calling so much upon the restorative powers at his age, and in his weakened condition from the extent of disease in the femur.

CASE XXII. Valentine Harris, cheesemonger, aged 49, was admitted into the Westminster Hospital, September 29th, 1864, under the care of Mr. Holt, with strumous disease of the left knee-joint. Amputation of the thigh was performed; sloughing of the anterior flap followed the operation; and he died on October 30th.

There was strumous disease of the knee-joint, of two years' duration; there was also a collection of matter below the head of the tibia communicating with the joint. This was opened fourteen days after admission, with temporary relief, and the limb was amputated on October 17th, 1865. A long anterior flap was left, and no posterior flap. On the day after the operation, three inches of the anterior flap had turned black, and appeared likely to slough. Sloughing commenced on the third day in the part first indicated; the patient became gradually weaker, and died on the fourteenth day after the operation. All the ligatures had come away except that on the femoral artery. The slough had not thoroughly separated when death took place.

[To be continued.]

DEATH OF THE TYCOON. The *Japan Herald* of September 29th gives an account of the death of the Tycoon of a disease peculiar to Japan, but resembling dropsy.

SERPENTS AT MEALS. Some rabbits, so young as to be almost helpless, were dropped into the cases of the rattle-snakes and puff-adder. They were soon struck, but the venom was much slower in its action than I should have expected. The bite of both these species is said to be fatal to man, yet these small animals survived about twenty minutes. The bites were effectually given, as in one instance blood oozed from the punctures, and in another it flowed from the nose and mouth. I paid particular attention to the act of striking, having understood that our English viper does not, strictly speaking, bite, that is, does not close the jaws, but with the mouth wide open drives in the fangs by a downward stroke of the upper jaw, like the blow of a hammer. The puff-adder, however, appeared to seize its prey with a momentary grip, leaving go immediately. (*Hardwicke's Science Gossip*.)



# Progress of Medical Science.

## ANATOMY, PHYSIOLOGY, & PATHOLOGY.

**ACUTE RHEUMATISM: CONCRETION IN THE PERICARDIUM: MIGRATION OF A SWALLOWED THORN INTO THE HEART.** A man, aged 27, died of an attack of acute rheumatism with cerebral symptoms. At the autopsy, numerous tuberculous granules were found in the pia mater; also in the liver, the end of the ileum, and the cæcum, and a few in the lungs. The pericardium presented numerous adhesions, formed by a very vascular fibrous tissue. In the pericardial cavity was a flattened, irregularly elongated body, of the size of a haricot bean, and of a yellowish red colour. On being divided, it was seen to consist of a large central nucleus, hard as stone, and of a thin envelope arranged in concentric layers, the inner being the hardest. On being examined under the microscope, the capsule was found to be formed of irregular lamellæ and fibres, among which (except in the outer layer) were deposited calcareous granules. The nucleus consisted of calcareous matter, separated by a little fibrillary substance. On placing a piece of the nucleus in hydrochloric acid, the calcareous matter disappeared with effervescence, leaving a soft transparent membrane, consisting of amorphous substance with numerous cells like those of flattened epithelium, separate or aggregated. On the posterior wall of the left ventricle, near the septum, an inch from the apex, was a cicatricial depression four lines in diameter. Within the ventricle, the point of a thorn (of the sloe) was found projecting into the cavity, being covered by a closely adherent layer of fibrine; the base lay in the septum. The valves were healthy. A year and a half before death, the man had swallowed a thorn, and had felt pain in the œsophagus, afterwards in the heart. M. Kussmaul, who relates the case, supposes that the thorn traversed the œsophagus and pericardium, setting up in the latter inflammation, the results of which were the adhesions and concretions, and finally became lodged in the heart. (*Würzburger Med. Zeitschr.*; and *Gaz. Méd. de Paris*, 2 June, 1866.)

**THE VESSELS AND NERVES OF FIBROUS AND FIBRO-CARTILAGINOUS STRUCTURES.** M. Sappey has communicated to the Academy of Sciences the results of his investigations on the vascular and nervous supply of articular fibro-cartilages, ligaments, tendons, and aponeuroses.

1. *Articular Fibro-cartilages.* Authors state that these structures possess neither vessels nor nerves. M. Sappey, however, says that he has been able to ascertain the presence of both. Among the articular fibro-cartilages, those of the knee are the most vascular. The vessels at first proceed parallel to the bundles of connective tissue, giving off a large number of branches at various angles, which anastomose and form a network. The vessels reach the middle part of the cartilage, sometimes even the vicinity of the edge. The arteries have at first their three coats; their ultimate ramifications end in loops which spread over the two surfaces of the fibro-cartilage, and are arranged in the most elegant and varied manner. The veins follow the course of the arteries. In the fibro-cartilages of other parts, the vessels pass from the circumference towards the centre to a depth of about one-tenth of an inch, and end in arches surrounding the centre, which is entirely destitute of blood-vessels. The periarticular fibro-cartilages are much more vascular, and do not

in this respect differ from periosteum, of which they may be considered as an offset. The vessels are arranged in the same way as those of the inter-articular fibro-cartilages. The fibro-cartilages receive nerves, part of which accompany the vessels, while part follow a separate course. Those which follow the vessels are frequently separated from them, and sometimes cross them at a right or an acute angle. At some points, the nerves are larger than the vessels. They anastomose, and form plexuses with unequal, often very fine, meshes.

2. *Ligaments.* Vessels enter the ligaments in large numbers. They lie in the intestines of the fasciculi, which they surround with anastomoses. They gradually subdivide until they reach the surface covered by synovial membrane, where they form an extremely rich network. In the capsular and some other peripheric ligaments, the deepest layers, hitherto considered by many as almost completely destitute of vessels, are, on the contrary, very vascular; the vessels being distributed almost as in the skin. All the ligaments receive a large supply of nerves; some even more than the skin of the trunk and limbs, their supply being rather comparable to that of the fingers and toes. In their course, the nerves send off a number of branches and minute twigs, forming plexuses, which most generally accompany the vascular plexuses, but are sometimes isolated. The nerves become subdivided until they are reduced to one or two tubules, so that they seem to end in free extremities. M. Sappey does not assert that they do so; he cannot say that the isolated tubercles do not become united with others.

3. *Tendons.* Vessels and nerves are a little less numerous in tendons than in ligaments, but are arranged in the same manner.

4. *Aponeuroses.* In all the fibrous envelopes of the muscles there are ramifications of arteries and veins, accompanied by nervous filaments; the latter being sometimes larger than the vessels. Two orders of nerves are met with in the aponeuroses. Some, having run a longer or shorter course in the fascia, leave it and end in the subaponeurotic structures; while others, specially destined for the fascia, form frequent anastomoses, as in the ligaments and tendons. (*Gaz. Méd. de Paris*, 2 June, 1866.)

**CONTENTS OF SPUTA.** M. N. Friedreich describes the following bodies as having been met with in sputa.

1. *Bone.* A patient suffering from tuberculosis and vertebral caries frequently expectorated pieces of bone of the size of peas. They had the appearance of carious spongy bone, and, under the microscope, presented the true osseous structure. They evidently came from the vertebral column.

2. *Hæmatoidine.* A patient, who had pleurisy in the left side, was seized with circumscribed pneumothorax and pyopneumothorax, preceded by very severe pain, dyspnoea, and purulent expectoration. Examined under the microscope, the sputa were found to contain innumerable crystals of hæmatoidine. Crystals of the same substance were also found in the pus contained in the pleura.

3. *Tyrosine.* A woman expectorated fibrinous casts of the bronchi, of a dirty grey colour. Under the microscope, they were seen to be composed of pus-cells undergoing fatty degeneration, and of a finely granular detritus embedded in a fibrinous mass. There were also a large number of colourless crystals, having different shapes, but generally in the form of very long and fragile quadrangular octohedra. These were, M. Friedreich says, crystals of tyrosine.

4. *Amylaceous Corpuscles and Sarcinae.* A woman



had narrowing of the mitral orifice, thrombus in the right auricle and in the pulmonary artery, hæmorrhagic clot in the apex of the right lung, and secondary pleurisy. She expectorated amylaceous bodies, having as their centre a dark or crystalline pigmentary mass; the sputa also contained very minute sarcinæ. These did not come from the mouth or stomach, but from the deeper parts of the air-passages. (*Archiv für Path. Anat.*; and *Gaz. Méd. de Paris*, 23 June, 1866.)

**TUMOUR OF THE CHOROID.** At a recent meeting of the Pathological Society, Mr. J. Z. Laurence exhibited a Tumour of the Choroid. John S., aged 55, was admitted on October 2nd, 1866, into the Ophthalmic Hospital, Southwark. Two years before, the left eye was struck by a piece of timber; the sight of the eye was at once permanently lost, and ever since he had suffered most violent pain in the eyes and head. There was not the slightest perception of light in the injured eye. Latterly the sight of the other eye began to suffer. Under these circumstances, Mr. Laurence removed the injured eye-ball. This presented the following pathological appearances. To the outer side of the globe was a slate-coloured globular tense protuberance (staphyloma of the sclerótica). Below the cornea was a similar smaller staphyloma. The anterior chamber was obliterated by the bulging forward of the iris. The pupil was blocked up by buff-coloured lymph (?). On dividing the globe, a quantity of sanguineous serum poured out. The retina was found completely separated from its attachment to the choroid, traversing the eye-ball from before backwards, in the form of a funnel-shaped cord. Surrounding the optic papilla was a firm, buff, partially black growth, about the size of half of a large pea. This growth exhibited under the microscope cancer-nuclei, and cancer-cells, many of them multinucleated, of the most typically malignant character.

**IMPERFORATE ŒSOPHAGUS.** At a meeting of the Academy of Medicine, M. Tarnier related a case of imperforate œsophagus, and made some remarks on the malformation. Imperforate œsophagus generally coexists with absence of one or more portions of the face and mouth, or with other malformations; the author, however, speaks only of uncomplicated cases. Of these he has been able to collect twelve examples only. The anatomical arrangement of the parts may vary; but in most cases the upper end of the œsophagus ends in a *cul-de-sac* an inch or an inch and a half below the upper border of the thyroid catilage, while the lower end opens into the trachea a little above the origin of the bronchi. In one instance, the opening was into the right bronchus. It is not rare to find a fibrous cord stretching from the upper to the lower end. The diagnosis lies in the difficulty of deglutition, the rejection of drinks, and the paroxysms of dyspnoea; and is confirmed by introducing a sound. A circumstance that may mislead, is the vomiting of mucous or glairy matter which sometimes occurs; in such cases the œsophagus opens into the trachea, and the passage of the vomited matters into the latter produces dyspnoea. In M. Tarnier's case, blood was vomited. There has in almost all cases been observed a normal evacuation of meconium and urine. Death generally occurs on the third or fourth day. Gastrotony is the only remedy which M. Tarnier regards as being likely to afford relief; but he does not recommend it, on account of the large development of the infantile liver and the small size of the stomach. (*Gaz. Méd. de Paris*, July 21, 1866.)

## MEDICINE.

**ACUTE PEMPHIGUS IN CHILDREN.** The question whether non-syphilitic pemphigus is contagious or not, has been both affirmed and denied. Dr. A. Steffen treats of the subject in the *Berliner Klinische Wochenschrift*, founding his remarks on an epidemic (?) of pemphigus which occurred in the Children's Hospital at Stettin in the summer of 1865. From July 19th to September 17th, seven cases of pemphigus were observed among the children. For some time before the outbreak, as well as after the close of the so-called epidemic, no cases of the kind were met with, in spite of the admission of a large number of marastic children. On the other hand, careful observation showed: 1. That the cases of pemphigus were confined to one ward containing the younger children; 2. That the cases occurred so close on each other as to favour the idea of the contagious nature of pemphigus. Dr. Steffen recognises three forms of pemphigus. 1. Pemphigus appearing without apparent constitutional disorder in strong and healthy newly born children, and ending favourably. 2. Pemphigus in children, who, through bad living or chronic weakening disease, have fallen into a state of marasmus, and in whom the eruption is only the external sign of an alteration of the blood—cachectic pemphigus. 3. Syphilitic pemphigus. In the obscurity attending the etiology and nature of this disease, its treatment is uncertain. Bamberger advises the use of albuminoid substances in easily assimilable form, objects to all local irritants, and recommends absorbents, especially vegetable charcoal. He also approves of promoting the natural secretions, especially those of the alimentary canal and kidneys, and the early opening of the bullæ. On the other hand, Von Bärensprung advises purgatives with chlorate of potash; while Hebra recognises no internal remedies, but has in a limited number of cases sometimes used cold water in various forms, sometimes lukewarm baths, either simple, or with the addition of bran, caustic potash, corrosive sublimate, or tar. According to Steffen, the pemphigus which occurs in healthy children requires only warm baths, to which bran may be added. In the cachectic form, to nourish the children and raise the depressed bodily powers, is the first consideration. Washing and bathing with warm water may be used; the parts from which the bullæ have fallen are painted with sweet oil or glycerine. (*Wiener Med. Wochenschr.*, 12th Sept., 1866.)

**TREATMENT OF INFANTILE SYPHILIS.** Dr. E. Förster of Dresden gives the results of observation, made on 68 cases in a period of nine years and a half, with regard to the medicinal treatment of infantile syphilis and on certain circumstances connected therewith. He first calls attention to the fact, that syphilis, appearing in newly born children or soon after birth, generally in the form of pemphigus, is almost inevitably fatal; while the prognosis is more favourable, the farther the appearance of the disease is removed from the period of birth. Dr. Förster divides his cases into two classes; 1, children under half a year old, and 2, children above that age. As bearing on the question whether syphilis can be communicated through the milk, the first class is divided into children which were suckling, and those which were not. The 68 children (28 males and 40 females) varied in age from 12 days to 4½ years; 45 (about 66 per cent.) recovered; and 23 (or 34 per cent.) died. In five cases there was a relapse; in one there were two relapses. Of 36 children who at the commencement and generally through the course of the treatment continued to



suck, only 6 died; while of 18 children of similar age who were deprived of the breast, 13 died. It also appears from Förster's statistics, that artificially fed children are more imperilled, the earlier the syphilis has appeared. In the 36 cases, the children were, with one exception, suckled by their own mothers; one only by a nurse. There is, according to Förster, no certain proof that an infant suffering from hereditary syphilis can infect its mother. The treatment employed by Förster was chiefly mercurial. Of the 68 cases (increased to 74 by the relapses), protiodide of mercury alone was given in 51; in 21 other cases antisyphilitic remedies were given with mercury; in 2 only no mercury was used. Förster admits that diarrhoea sometimes follows the use of the protiodide of mercury. But, he says, diarrhoea often enough occurs in infantile syphilis when no mercury has been given; and that it did not increase, but diminished, when the use of the protiodide was commenced. He gave the medicine in doses of from one-twelfth to one-eighth of a grain twice daily, generally with powdered gum. Wine was sometimes also administered. Mercurial vapour-baths were not used, because their administration cannot be always entrusted to the attendants, and because the quantity of mercury taken into the system is less accurately defined than when it is given internally. In two cases only, of small atrophic artificially fed children, inunction was employed. Dr. Förster never found salivation to be produced in any of his cases, although large amounts of mercury were used. Of the 51 cases treated with protiodide of mercury, 17 died and 34 recovered. The quantity of the protiodide taken by the latter varied from  $2\frac{1}{2}$  to 8 grains; the average being  $5\frac{1}{2}$  grains. The duration of treatment varied from  $2\frac{1}{2}$  to 13 weeks; the average being  $5\frac{1}{2}$  weeks. But, if the time occupied in treating the diarrhoea, debility, etc., be included, the average is increased to 8 weeks. (*Deutsches Archiv für Klin. Med.*, and *Wiener Med. Wochenschr.*, 14 November, 1866.)

**APOPLEXY OF THE MEDULLA.** M. Lévier, after describing a case of apoplexy in the lumbar region, comments on the cases of medullary apoplexy hitherto reported. In the medulla oblongata, there have been nine cases, four only being pure; the results were, loss of consciousness, involuntary epileptiform movements, and sudden death. Of apoplexy in the spinal cord there were seventeen cases; in two-thirds of these, the lesion was in the upper part of the medulla. The attack was rarely sudden; it was generally preceded for a week or a fortnight by pain in the spinal cord and symptoms of congestion. The first symptom is paralysis, which often occurs during sleep, and affects the sphincters; its progress is rapid, and it is not accompanied by contractions of the limbs; its extent depends on the seat of the apoplexy. Reflex excitability is destroyed. There are ordinarily greatly impeded respiration, feeble cough, difficulty in expectoration, aphonia, and impairment of speech. Paralysis of sensation generally follows that of motion; sometimes there is hyperæsthesia; the spine is not tender on pressure. Both sides, or one only, may be paralysed; in three instances of the latter which occurred, there was paralysis of sensation on the opposite side. There is elevation of temperature in the paralysed parts. The duration of the disease varies from a few hours to some months. The diagnosis may be difficult. In meningeal apoplexy, there are convulsions; the paralysis of motion is less complete; moreover, it is generally secondary, occurring in the course of tetanic or convulsive affections. Congestion of the medulla is distinguished by the short duration of the

paralysis, the slightness of the symptoms, and the rapid return of health. (*Schweizerische Zeitschr.*; and *Gaz. Méd. de Paris*, June 9th, 1866.)

## Reviews and Notices.

**GOUT AND RHEUMATISM IN RELATION TO DISEASE OF THE HEART.** By A. W. BARCLAY, M.D. Cantab. and Edin.; Fellow Royal College of Physicians; Physician to St. George's Hospital; etc. Pp. 214. London: 1866.

Dr. BARCLAY, in the work before us, does not attempt to give the reader a full account of the varied phenomena exhibited by Gout and Rheumatism, but confines his remarks more especially to these affections in relation to disease of the heart. Still, however, something will be found of the author's views of the nature of these disorders and of their relations and differences.

Dr. Barclay states, in his preface, that he has

"Thought it not unreasonable to venture on theoretical views which are certainly open to criticism. Let it only be remembered that they are put forward as hypotheses which seem to serve as an explanation of the facts observed, and that nothing more is claimed for them. The judgment of others must form the only true estimate of their value."

The first chapter is devoted to the consideration of the Theory of Gout; and although Dr. Barclay brings forward many facts which render it impossible not to connect almost as cause and effect the relation between the presence of uric acid salts in the blood and tissues, and the phenomena exhibited, still he is unwilling to admit, as too mechanical, the statement of Dr. Garrod, "that true gouty inflammation is *always* accompanied with a deposition of urate of soda in the inflamed part." Dr. Barclay allows, indeed, that his views are more in accordance with those of Dr. Gairdner, who gives it as his opinion that an attack of gout is *caused* by an absolute hæmorrhage into the part; a view not only rudely mechanical, but unsupported by a single fact. If Dr. Barclay really agrees in this latter view, we wish he had traced the reasoning by which such a result is arrived at.

With regard to the urate theory, Dr. Barclay asks several questions, and appears to answer them without much reference to facts; for he says:

"Must we find urate of soda in the stomach and bronchi before we can admit gouty gastritis or gouty bronchitis? Must we assume that 'the deposited urate of soda may be looked upon as the cause and not the effect of gouty inflammation', and that no gouty inflammation can occur till such a deposit has taken place, and that it must have happened whenever it exists? Such assumptions make large demands on our belief; and to us it appears that the very fact that urate of soda is not found in parts such as bronchi, where an inflamed condition of the membrane is so often associated with gout, is of itself a proof that 'true gouty inflammation' is not always associated with or caused by the deposit. This conclusion acquires additional force from the consideration that, though the deposit and the inflammation are associated together in the joints, the urate of soda is seen in other parts without any evidence of its exciting inflammation there."

Now we would ask Dr. Barclay, Has he ever, in



a case of gouty bronchitis or gastritis, examined the bronchi or stomach, and disproved the existence of an urate of soda deposit, or does he know of any one who has done so? or has he ever seen a deposit of urate of soda without more or less inflammatory action having occurred? The amount of inflammation surely depends much on the nature of the tissue which has been infiltrated. We do not expect as much inflammation if we run an instrument into the cartilage of the ear, as when we introduce it into the knee-joint; and we may assume that the same holds good of the deposit of urate of soda in these several parts.

In another part of the volume, Dr. Barclay appears to accept as a necessary consequence that which he had previously rejected. He says:

"If uric acid be contained in excess in the blood, and held in solution in the serum"—(a fact which he admits)—"it would seem impossible that serum should exude without carrying urate of soda with it."

Although Dr. Barclay cannot make up his mind to accept the urate theory, he nevertheless appears to be able to satisfy himself as to much of the difficulty of the subject. Thus he considers that the blood-corpuscles are altered, and, when so changed, are succeeded by other corpuscles which have received a like impress from the first; and thus the permanent nature of gout is attempted to be explained. Our author certainly allows that the means of confirming or contradicting such an hypothesis are as yet wanting; but the probability of it is, in his mind, great; for a friend of his, as a result of investigations, thinks it is true. From this it would appear that gout is due to some unknown change in the blood-corpuscles, which neither chemistry nor the microscope have yet been to unravel.

Again, he states, that "were it true that the non-elimination of uric acid from the blood is the sole cause of gout, it is manifest that we have only to secure a complete alkalescence of blood and urine—a condition in which deposit of uric acid is chemically impossible—to save our patients from any of the evil consequences of its presence." But does Dr. Barclay forget that the blood is always alkaline, and that deposition of urate of soda does take place from such a fluid?

Chapter II is principally devoted to Acute Rheumatism in Relation to Heart-Disease, but other points are casually touched upon. Dr. Barclay fully allows that rheumatism and gout are essentially distinct diseases; and agrees with some recent authors that the word rheumatic gout should be altogether banished from medical nomenclature, as implying a theory which is known to be false. He also thinks, with others, that the so called muscular rheumatism may be altogether distinct from rheumatic fever. As to the pathology of true rheumatism, he allows that our knowledge is very obscure; but he holds strongly the acid view of its nature. He says:

"The existence of some influence of a general character, associated with, and probably originating the disease, is proved by the presence of an acid in all the secretions. Tracing it backwards to its origin, we shall not be far wrong in asserting that this acidity begins in the stomach."

But he allows that overacidity of the stomach is not by any means followed by rheumatic fever, and therefore considers that

"There is some peculiar tendency in the system to develop and retain the acid which does not exist in mere acid dyspepsia; and if the acidity show itself in the process of digestion, it has some more deep seated cause."

The Treatment of Rheumatic Inflammation of the Heart forms the subject of the fourth chapter; and we shall devote a few lines to the discussion of certain theories therein contained. Dr. Barclay considers that medicine has not much power in the removal of cardiac alterations, when they have once taken place; and that the whole train of antiphlogistic remedies, as bleeding, blistering, calomel and opium, antimony, and so forth, have been miserable failures. In this opinion most practical physicians will probably agree with him. But, on the other hand, he believes that much can be done to prevent damage from ensuing; and, for this purpose, he advocates strongly the free employment of some alkaline plan of treatment, which, he affirms, has been followed by the unlooked-for result of preventing to a great extent the liability to cardiac complication. Dr. Barclay goes the length of stating, as "a matter now placed beyond question, that, when the secretions are maintained in a state of alkalescence by the free administration of potash, the tendency of the disorder to excite inflammation of the heart is almost entirely obviated." He admits, however, that the alkaline method does not arrest joint-disease. How, then, according to his own views, can it "incontestably prevent inflammation of the heart", if the view is correct, that "the acid of acute rheumatism forms the link between the articular and cardiac inflammations"?

Dr. Barclay thinks the recent observations at Guy's Hospital prove that although, when no drugs are administered, patients often recover in a remarkable manner, yet at the same time there is great liability to disease of the heart in such circumstances. Having carefully perused the results of the observations above alluded to, and compared them with others, we question if the deductions drawn from them by Dr. Barclay can be said to have been satisfactorily established.

Our author is strongly opposed to the stimulant plan of treatment, but is an advocate for the use of mercurials, given to cause an action upon the digestive organs.

There is one statement in Chapter V from which we differ completely; viz., that, as far as heart-disease is concerned, "a young adult may be considered perfectly safe, so long as one or two joints only are implicated, however sharp the pain, however great the heat, and redness, and swelling." We could bring forward instances of individuals certainly from 18 years and upwards, in whom the heart has been most seriously implicated with acute inflammation, and where the articular affection has been so slight as to attract little attention either from the patients or medical attendants. We do not, however, wish to deny the general truth of the statement as to the influence of age on the liability to cardiac inflammation.

The connexion between Gout and Cardiac Disease forms the subject matter of the sixth chapter. Dr. Barclay divides cases of heart-disease occurring in gouty subjects into three orders.

"First, we have to distinguish those in which heart-disease has sprung from some wholly inde-



pendent cause in a person who is subsequently attacked by gout. Secondly, a large number of cases may be met with where the malnutrition accompanying a gouty diathesis slowly develops disease of the heart; and thirdly, we recognise cases of metastasis to the heart; the organ being either previously affected, or, as is more commonly the case, affected by some organic lesion."

We find no fault with this division, although we cannot agree with all that is stated on this subject. For example, we do not see the slightest proof of the assertion that a gouty person escapes the great cause of cardiac inflammation by the acid-forming vice of his constitution tending to the formation of uric acid in excess, and not the acid of rheumatic fever. Alluding to valvular affections, Dr. Barclay states that, from his own investigations, urate of soda is only found on valves previously damaged by other disease. Now, without questioning the possibility of the valves of the heart becoming the seat of urate of soda deposit, we should like to ask Dr. Barclay if he has ever seen such. We can find no record in works more especially devoted to these subjects.

Dr. Barclay objects to the term blood-poisoning, as applied to such diseases as gout—looking upon the abnormal matters found in the blood, not as a poison in the true sense of the term, but only as an evidence of blood-change.

The Principles of the Treatment of Heart-Diseases occupy the remaining two chapters of the work. Dr. Barclay does not lay down specific rules of treatment, but simply indicates the direction which must be followed in each case, alluding merely to one or two remedies. When discussing the treatment of cardiac disease depending on or accompanying a gouty diathesis, the reader may possibly be somewhat surprised to find that he must not look in the volume before him, but must refer to a treatise by another author, which Dr. Barclay strongly recommends, and which he thinks so highly of, that, if he attempted to give the treatment, he could only lay down the same rules as those therein contained in a different phraseology. Truly this is an example of disinterestedness seldom met with in these times.

Having thus passed shortly in review the principal topics dwelt upon by our author, let us give, in a few lines, our opinion of the work as an acquisition to our medical literature.

In the first place, we look upon the volume as elegantly written, and the tone throughout in every way professional. If we ask ourselves whether, from its perusal, we have gained any definite knowledge of the diseases under consideration, not before made public—whether, in fact, Dr. Barclay has added to the previous existing knowledge on the subjects—we are constrained to reply in the negative. He has, indeed, given his opinion of the results of the labours of others, and has offered suggestions of his own; but, at the same time, these are little more than hypotheses, and are unsubstantiated by facts. We have examined somewhat carefully Dr. Barclay's book, and have just reason to do so. Dr. Barclay has complained much of the illogical doings of his brethren. In a work, therefore, from his own pen, the profession have a right to expect great accuracy in statements, and such logical deductions as leave no room for criticism.

*We are requested to remind members of the Association that the Annual Subscriptions became due on the 1st of January. They can be paid either to the Secretaries of the Branches; or to the General Secretary, T. Watkin Williams, Esq., 13, Newhall Street, Birmingham.*

## British Medical Journal.

SATURDAY, DECEMBER 22ND, 1866.

### THE HANDWRITING ON THE WALL.

THE members of the General Medical Council are at this moment performing, in various parts of the country, a duty which we hold to be among the most highly important of the various functions entrusted to them by the Government. They are renewing the visitation of the examinations conducted by the qualifying bodies, which they undertook for the first time last year. The visitations of last year were open to many objections, which have been urged with great vivacity by some who were originally disposed to doubt the possible efficacy of the system adopted. The reports drawn up by the visitors were confessedly, to adopt the language of the English Branch Council itself in presenting its part, prepared without any uniform plan, and differing much as to the degree in which they enter into details. But the Branch Council urge that these inspections should only be considered as an experiment. They "trust that the experience which they have acquired may lead to a more effective performance of the duties of visitation in future." This is language which is at once modest and dignified; it is so wide of excess of self-appreciation, that those who omit to examine the details of the reports alluded to will by no means adequately estimate, from this statement, the important conclusions to which they naturally lead.

There are two reports amongst the first series which are of great interest, and which might in many respects be accepted, in our opinion, as models of what documents of this kind should be. There are not any two qualifying bodies whose examinations are now of greater importance, in their influence upon the professional fitness to practise of the general body of practitioners in England, than the College of Surgeons of England and the Apothecaries' Hall of London. The report on the examinations at Apothecaries' Hall, London, is due to the pen of Dr. Parkes and Dr. Quain, the visitors appointed. It may be true that the reports of a few inspectors, specially appointed to visit the examinations throughout the country, and drawing up their conclusions in a systematic and regular form, accord-



ing to a given scheme, would have given a more thoroughly searching and more easily comparable analysis of the attainable information; but we doubt whether their conclusions would be so authoritative, and on that account so valuable, as those which men of the very highest standing and professional experience thus afford, without remuneration, and from the sole desire adequately to fulfil a serious public trust. Dr. Parkes and Dr. Quain report that the candidates for the licence of the Apothecaries are examined in all the branches of medical knowledge *except surgery*: anatomy and physiology, chemistry, botany, materia medica, medicine and pathology, midwifery (including the diseases of women and children), forensic medicine, toxicology. At the first examination, the examination, both written and oral, was upon the first four (scientific) subjects. They observe that the questions in anatomy are especially directed to *medical anatomy*, and are intended so far to differ from the class of questions given at the College of Surgeons. In physiology, *practical* questions are chosen. They mildly observe, that they consider the questions "well suited for the purpose; if well answered, they will show, we think, a fair knowledge of these subjects. *Probably, as the system is matured, the number of questions will be increased, and more time will be given for the replies.*" It is impossible to treat a fault more gently, or insinuate a wish with a more tender delicacy. They observe further, that the examination in *materia medica* is sufficient, "if the object is merely to see if the candidate is familiar with the physical characters and properties of drugs, and knows the pharmacopoeial preparations. But we infer that the Examiners do not intend it to be an examination on therapeutics, which is, we presume, more properly deferred till the second examination, and is included in the examination on medicine."

Let us pass to the second examination. The subjects are, practice of medicine, forensic medicine, and midwifery. The examination takes place at the end of the period of study, the five years' pupilage being completed. There is a written examination on the first two subjects, and an oral examination on all the subjects. They observe that four written questions are given on medicine, and the same on toxicology. "This appears to us to be hardly in proportion to the importance of the subjects. Probably, as the Society of Apothecaries follow their invariable rule of gradually improving their examinations, they will increase the number of questions in medicine, and prolong the time of answering them." So, again, in midwifery, "there are no written questions; but we do not know the reason for this exception. We observe, however, that a certificate of attendance on no less than twenty labours is required; and therefore the So-

ciety may place reliance on the evidence of this previous experience." In medicine, they say: "There is no kind of practical examination; but we entertain little doubt that the Society will ultimately institute some test of this kind." Finally, they sum up: "On the whole, considering the importance of this examination, we are inclined to think it should exceed in duration and severity the first examination, in a higher degree than is the case at present." The whip is applied with so much lightness and dexterity, that it would barely flick off a fly, and would not turn a hair upon the skin. It is the Nasmyth hammer restrained visibly to crack a nutshell without crushing the kernel. We learn with pleasure that the compliments openly expressed, and the criticism delicately veiled, have had much of the intended effect. The pill so carefully gilded has been readily swallowed, and has a decidedly beneficial influence upon the venerable but "immature system" of the Hall; and it has produced much of the desired change in the constitution of the examinations. The number of questions have been increased; written examinations have been introduced in midwifery; more time has been given in medicine. Yet these two capital defects remain: a candidate may be—many are—put upon the *Medical Register*, and thus licensed to practise as a general practitioner, who has not been examined at all in surgery, and who has never given any proof at the bedside of the patient that he knows bronchitis from pneumonia, measles from scarlatina, or the aspects and signs of one disease from those of another. That a great number of such gentlemen do thoroughly well understand the things in which they are not examined, is a proposition which we should be readily disposed to accept and affirm. But, nevertheless, it admits of easy proof that not all are so informed; and it is a blot upon our system of medical examination, that any qualification entitling to general practice and to registration should be attainable without a complete, if moderate, investigation into all the ordinary departments of practice.

The report of the visitors of the College of Surgeons of England, Dr. Sharpey, Mr. Cooper, and Dr. Parkes, details cognate deficiencies extending over yet wider fields. Here, too, there are now two examinations for the membership: the first in anatomy and physiology; the second in surgery and pathology. The first examination is conducted in writing, for which four hours are allowed, and orally, for which twenty minutes are allotted. It appeared to the visitors to afford a fair and sufficient test of that degree of *anatomical* knowledge which may be reasonably exacted of candidates for a qualification to be registered as practitioners in surgery. "The subject of physiology is not embraced so fully in these questions; but we presume this subject is purposely made subsidiary to the anatomical part of the



examination." The second, or diploma, examination is conducted also in writing during four hours, and by oral examination during thirty minutes. In surgery and pathology, the papers contain "good practical questions on subjects with which every candidate ought to be familiar." But here the examination ends. Medicine, *materia medica*, botany, scientific physiology, the practical testing of the candidates by the bedside, the ascertaining whether they have any practical acquaintance with surgical proceedings and manipulations, are omitted from the programme of the examinations of this influential and extensively ramifying corporation. The visitors glance at this great *hiatus*, and indicate it with the finger; but they only venture on an indirect suggestion of the mischief which must accrue from the imperfection in the examinations. They say: "The candidates were practically tested, as far as it could be done, by the preparations on the table; but there was no practical testing of manual skill and readiness in such operations as passing catheters, putting on bandages, applying splints, etc.; nor were the candidates required to show that they could perform operations on the dead subject. It is for the Medical Council to judge what branches of professional and scientific knowledge it is expedient to include in an examination for a qualification in surgery. Our present duty, we believe, will be discharged by reporting on the examinations actually gone through. We have already expressed an opinion on the primary examination. Of the second, which is confined to surgery, strictly so-called, it appears, if we may be permitted to judge, very well conducted as far as it extends; but, as already hinted, it seems desirable, and we feel assured it is quite practicable, to subject the candidate to practical exercises in bandaging and other such appliances, and in operations on the dead subject, as far as the supply of subjects will permit." Mr. Cooper doubts the practicability; but what is necessary must also be practicable in such a case.

It is not necessary to add any comments to this plain statement thus isolated. We do not anticipate that it will be disputed that gentlemen, who have only undergone such an examination as that which is thus described, should not be so registered as to be justified in legally exercising their abilities in all the departments of general practice. We do not speak in the sense of reproach for the past; nor as implying any stigma of unfitness whatever upon those who are now so practising, in the case of those holding the diplomas of the one or of the other body. The great bulk of the hospital surgeons of this country—the Brodies, the Fergussons, and the Pagets—have never sought any other diploma than that of this College; because it is in the etiquette of the past that they should abstain from doing so. They have not the less thoroughly informed them-

selves on the subjects in which they have not been tested by examination. The hospital surgeon could no more dispense with a minute and accurate knowledge of therapeutics in all its branches, of chemistry and its medical application, and the art of prescribing for intercurrent disorders of constitutional character, than could the pure physician. But it is itself a severe condemnation of the present system of examinations, that surgeons find it necessary to study, for their own sake, subjects on which the College has not hitherto thought it necessary to make any adequate provision for examination, for the sake of the public. It confesses the importance of these studies, by requiring that all, who present themselves for examination, shall have attended full courses of lectures and hospital practice bearing upon them; but it has declined, up to the present time, to apply any test which shall prove that these lectures and that practice have been attended with profit.

The evils of the deficiency are mitigated by the fact that the great majority of candidates present themselves for examination at both College and Hall, or at the Colleges of Surgeons and Physicians; that the larger proportion of those who do not, still apply themselves to the study of the subjects in which they escape examination; but it should be borne in mind that examinations are intended to test incompetence and not competence. Incompetence now escapes undetected; and this evil is considerable and incontestable: one which these qualifying bodies ought to remedy, and of which the General Council ought to insist upon the cure. In all the public services a double qualification is now required. If it be not made equally essential in civil life, at least each corporation should be induced to make its own examination complete, or to unite with another of supplementary character, so as to afford combined and satisfactory test of the capacity and instruction of the candidate legally placed upon the official Medical Register. We cannot doubt that the College and the Hall will attach great weight to the reports which have suggested these remarks; and that, if they neglect them, the Council will be induced to give stronger expression to opinions such as we have uttered, and which, we have reason to speak, accord with the general conviction. Although the characters of the reports are lightly traced, they are not the less signs of the times, and for the corporations a "handwriting on the wall."

**DISEASED MEAT.** At the meeting of the Metropolitan Association of Medical Officers of Health, on Saturday, December 15th, Dr. Druitt in the chair, Dr. Letheby read a paper on Diseased Meat, and shewed fresh specimens of the principal varieties of such meat from the London markets, as well as specimens of meat and human tissue infested with parasites, as trichina, echinococcus, cysticercus, etc. He took the opportunity of showing the spectrum appearances of blood. Dr. Cobbold took part in the discussion which followed.



## YELLOW FEVER ON BOARD THE "TASMANIAN."

WE have again to announce this week the arrival of a ship at Southampton with yellow fever on board; and, if the particulars which we have been able to get are correct, this arrival would appear to be the worst of any which have yet come. The ship is the *Tasmanian*, another of the Royal Mail Company's line of steamers. She had a crew of about 130 or 140; and, out of that number, seventy-one have been attacked on the voyage here, and twenty-one fatally. The *Tasmanian* left St. Thomas's on November 30th, having, prior to leaving, sent some of her hands to the hospital there sick of the fever. With the exception of a medical man, the passengers have not suffered, the fever having been confined to the crew. We, however, are sorry to say that the surgeon of the ship, Dr. Hudson, in his praiseworthy efforts to save the lives of those entrusted to his medical charge has forfeited his life. Great praise is also due to three other medical gentlemen on board this fever-stricken ship, for they have voluntarily given their services for the good of their fellow passengers, and two of them have been down with the fever, though they are now convalescing. Every precaution was taken by the quarantine authorities at Southampton. The mails and specie were landed after fumigation. The healthy passengers were sent to the *Parana*, the healthy crew to H.M.S. *Æolus*, the convalescents were taken on board the quarantine hulk *Menelaus*, and the *Tasmanian* herself was ordered to the Motherbank to perform quarantine. We believe that two deaths only have occurred since the arrival of the ship, and in both cases the bodies were buried in the sea. The answers to our latest inquiries have been satisfactory, as no new case has occurred, and those who have had the fever are rapidly convalescing.

## THE COLLEGE OF PHYSICIANS.

AT a meeting of the College of Physicians on the 17th inst., the Registrar reported that the Foreign Office had forwarded to the College Reports of the Vienna Hospitals. The Science and Art Department of the South Kensington Museum had presented to the College photographs of the pictures of the College which had been lent to the Museum. The College also offered to lend to the Kensington Museum any other of their pictures for next year's exhibition. Application has been made to the College by a French Committee for a subscription to assist in paying off the expenses still due on account of the statue of Jenner lately erected at Boulogne. The application will be taken into consideration at the next meeting of the College. The Registrar had received a communication from a medical man, assuring the College that camphor was a sure cure for cholera; and also a nearly illegible note from a Frenchman, asserting that he alone had the secret of the nature of cholera. The College has also received a letter from Melbourne, pointing out the advertising vagaries of a Licentiate of the College of Physicians practising in New Zealand. The advertisement was read for

the edification of the College, amidst much laughter and general condemnation. Eventually, it was decided, with the consent of the Solicitor of the College, that the licensed author should be cited before the College to give an account of himself and answer for his doings; and that if, in due season, he failed to present himself or to give a satisfactory explanation of his conduct, his name should be erased from the Roll of the College, as has already been done in another case of professional *lèse majesté*.

## RELATIONS AT SEA.

LAST week, at the Zoological Society, a very interesting paper was read by Dr. Günther, on the Fishes of Central America, in which he brought zoological research to bear upon the history of earth-changes. It had been supposed that the existing fauna of the Atlantic was quite distinct from that of the Pacific; but Dr. Günther finds (in a collection recently made by Mr. Salvin), of the total number of species taken on both sides of the Isthmus of Panama, 30 per cent. to be specifically identical. Nay, they do not even appear to vary enough for Dr. Günther to be able to tell whether any given individual came from the Atlantic or the Pacific side. There was, therefore, no doubt, a communication between the two oceans, since the existing species of fish came into being; and the land across the isthmus near Panama is nowhere above 400 feet high; while to the north, through Lake Nicaragua, there is another tract, nowhere more than 150 feet above the sea-level. That these low tracts of land mark the site of former sea-channels, is rendered still more probable from the fact that in the Lake Nicaragua a sea-fish still exists, the ancestors of which were probably imprisoned by the land's upheaval. Dr. Günther believes that there has been no such interoceanic communication since the latter part of the Pliocene period; in which case, the persistence of these piscine specific forms would be very remarkable. It is well known that, in ancient Miocene times, one fauna extended on both sides of what is now the separating land; but the specific identity of so many existing forms is quite a new fact.

## FROM HALIFAX TO DEMERARA.

PRIVATE letters give us particulars of the fever at Demerara. The troops which have suffered so much from yellow fever are a small detachment of the 16th Regiment. They came direct from Halifax to Georgetown; and in the colony great blame is attached to the military authorities, for thus sending the men from an extremely cold to a very hot climate. The sudden change is believed to have had a very injurious effect in predisposing them to fever. This is readily understood. The present outbreak of fever in the garrison is attributed to flushing the trenches with sea-water (with a view to cleanliness); this leaves the ground moist and marshy, and sending up stinking exhalations under the hot sun. In the same way, the present prevalence of fever amongst the seamen in port is explained by the exhalations



from the wet mud at ebb-tide. Ninety-eight seamen had been sent into hospital in the fortnight before the mail left; of whom twenty-one were dead. The ravages amongst the garrison are described as positively sickening. The white troops left on November 9th, as our former letters stated that they probably would do. Previous application was made to the captain of the *Mersey*; but he declined to take them, or they would have left earlier. They sailed for Barbadoes in the brigantine *Hebe*. On the present occasion the town was free from the fever. Two years ago, the town was the seat of a great epidemic, and then there was only one case in the garrison. The army medical authorities then advised the Government, in the event of any future outbreak, to send the white troops to Barbadoes, as has now been done. We trust, and have reason to believe, that there is no foundation for the statement that the medical officer opposed this step. It probably arises from the objection which Mr. Bone is known to have entertained to the marching the troops to Bellfield, fifteen miles from George Town. The real responsibility rests, we apprehend, with those who persist in sending white troops to such a station, where they are wholly unnecessary, and where it has been more than once suggested, that black troops (such as are at this moment substituted) would answer all purposes; and with those who carry out that resolution by transferring men from Halifax direct to Demerara. The drainage and flushing of the trenches are important elements in the present outbreak; but for some reason the removal of the troops has stopped the inquiry by the Court of Policy into the causes of the present epidemic. We hope, however, that the Home Government will call for a more searching report than that which the Governor-General has now sent home. Outbreaks of yellow fever occur at close intervals at Demerara; and, as there are no hills for sanatoria, it is highly important that the general conditions should be carefully attended to.

#### FEVER AT WARRINGTON.

AN outbreak and epidemic of fever has been reported to us as having occurred at Warrington, a town situated in Lancashire, on the banks of the River Mersey. From what we have been able to ascertain, the fever is confined to a low part of the town, where the population is composed principally of the workers who are engaged in the manufactures peculiar to the place, such as fustian, weaving, and glass and file making. The town itself does not appear to bear a very high character as to its sanitary state; for there seems to be a good deal of overcrowding, not only of houses but of people in them, in some instances, we believe, whole families living in single rooms, and these, too, devoid of proper ventilation; and it would appear that to these unwholesome habitations the present fever, which is reported as being very malignant, has been principally confined. This would be a state of things upon which, we should think, the powers given by the Sanitary Act might be brought to bear; for it would appear that

it was to meet such cases as this crowding of families into single rooms that the 19th Section of the Act was passed. On inquiry, we learn that Dr. Buchanan has been sent down to Warrington to advise the authorities on the spot; so, no doubt, he will draw attention to all the powers which local authorities possess for removing such conditions as are favourable to the spread of fevers and such like diseases.

#### A VINDICATION.

IN justice to our American medical brethren, to whom it was imputed, in the course of the case of *Hunter v. Sharpe*, in the speech of Dr. Hunter's counsel (although the imputation was rejected by the Lord Chief Justice Cockburn), that such forms of advertisement and practice as he employed were accordant with the American standard of professional ethics, we give the following extract from the "Code of Ethics of the American Medical Association," which lies before us.

#### "ART. I.—Duties for the Support of Professional Character.

"1. Every individual, on entering the profession, as he becomes thereby entitled to all its privileges and immunities, incurs an obligation to exert his best abilities to maintain its dignity and honour, to exalt its standing, and to extend the bounds of its usefulness. He should, therefore, observe strictly such laws as are instituted for the government of its members; should avoid all contumelious and sarcastic remarks relative to the faculty as a body; and, while, by unwearied diligence, he resorts to every honourable means of enriching the science, he should entertain a due respect for his seniors, who have, by their labours, brought it to the elevated condition in which he finds it.

"2. There is no profession, from the members of which greater purity of character and a higher standard of moral excellence are required, than the medical; and to attain such eminence is a duty every physician owes alike to his profession and to his patients. It is due to the latter, as without it he cannot command their respect and confidence; and to both, because no scientific attainments can compensate for the want of correct moral principles. It is also incumbent on the faculty to be temperate in all things, for the practice of physic requires the unremitting exercise of a clear and vigorous understanding; and, on emergencies, for which no professional man should be unprepared, a steady hand, an acute eye, and an unclouded head, may be essential to the well-being, and even to the life, of a fellow-creature.

"3. It is derogatory to the dignity of the profession to resort to public advertisements, or private cards, or handbills, inviting the attention of individuals affected with particular diseases, publicly offering advice and medicine to the poor gratis, or promising radical cures; or to publish cases and operations in the daily prints, or suffer such publication to be made; to invite laymen to be present at operations; to boast of cures and remedies; to adduce certificates of skill and success; or to perform any other similar acts. These are the ordinary practice of empirics, and are highly reprehensible in a regular physician.

"4. Equally derogatory to professional character is it for a physician to hold a patent for any surgical instrument or medicine; or to dispense a secret nostrum, whether it be the composition or exclusive



property of himself or of others. For, if such nostrum be of real efficacy, any concealment regarding it is inconsistent with beneficence and professional liberality; and, if mystery alone give it value and importance, such craft implies either disgraceful ignorance or fraudulent avarice. It is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them."

#### SPLENDID MUNIFICENCE.

SOME further gifts to hospitals have been made by the benevolent and munificent gentleman who is understood to have set aside £25,000 for the benefit of the London hospitals. We are informed that the circumstances leading to this munificent appropriation are these. The gentleman in question is a member of the legal profession, and succeeded recently in recovering a sum of £150,000 for a pensioner of the metropolitan police. He made it a condition that, in the case of success, his client should set apart £25,000 for his poor relations, and that he should place in his hands £25,000 for distribution to hospitals. Both conditions, we understand, are being realised; and, remembering how often fortunes thus suddenly acquired have been squandered in such a manner as to prove a curse rather than a blessing, there is very great reason to admire the prudence and the nobility of the proviso.

#### MILK AND WATER.

THE introduction of some 500,000 gallons of milk into London per month from the country has not diminished the practice of adulteration. The chief ingredient used for this purpose is now, as heretofore, water. Anything more noxious than this is not often used. This is, of course, objectionable, as a fraud; and, moreover, there is reason to fear that water may be employed which is itself impure. When the mixture is made in the country, as is not uncommon, the sources of water-supply are very liable to contamination from surface-drainage, and from proximity to manure-heaps, cesspools, etc. The country supply of milk to London is subject to the inconvenience of considerable delay between the period of milking and delivery to customers. The dairy farms are not always near to the railway stations, and the trains do not run at the times best adapted for the milk trade. In most cases, milk which is obtained in the evening is not delivered till the morning, and sometimes not till the next afternoon. As a consequence, the milk is, especially in summer, either sour, or on the point of becoming so, when delivered to customers. Special milk-trains are provided on some of the railways, and, as the trade increases, should be provided on others. Shaking the milk has the effect of preventing the cream from rising so readily on the milk, which to some extent impairs its commercial value, though not its nutritive properties. It would be a good thing if railway companies would turn their attention to supplying spring carriages which should reduce the shaking to a minimum. We believe carriages have been devised for this purpose. At the

present time, it is probable that not more than half as many cows are kept in London as there were before the cattle-plague. It is very important that the arrangements for the conveyance of country milk should be made as satisfactory as possible; otherwise we shall, in summer months, have an outcry against country milk, and shall have a vast increase in the number of London cows, much to the contamination of the air of the places where they are congregated. Some limit is put on the number of cows which can be kept in London by the system of annual licensing. This has operated very beneficially; but it would be much better if some general principle were prescribed, so that the regulations in all districts might be equally stringent, instead of their being left, as at present, dependent upon the activity of local boards and the judgment of the county magistrates in petty sessions.

#### THE GENERAL MEDICAL COUNCIL.

THE following vacancies will occur during the ensuing year, 1867. *Apothecaries' Hall, London.* The appointment of George Cooper, Esq., of Brentford, expires on April 11th, 1867. This gentleman was elected a member of the Council, for a period of five years, on the 11th of April, 1862—the late Mr. Nussey having then resigned.—*The University of London.* The appointment of Dr. John Storrar expires on November 9th, 1867. Dr. Storrar was elected first to represent the University, for a period of five years, in November 1858. Since November 1863, the appointment has been annual.—*The King and Queen's College of Physicians in Ireland.* Dr. Aquilla Smith has represented this body on the Medical Council since October 1858. The appointment is annual, and the same terminates on October 18th, 1867.—*The Apothecaries' Hall of Ireland.* Dr. Chas. Henry Leet has been the representative of this body since 1858. The appointment (annual) expires on October 2nd, 1867.

#### LUNATICS AT HOME.

If the Commissioners of Lunacy should be induced to supplement the asylum system of England by the farming lunatics in private dwellings—and the deficiency of existing accommodation has been so marked for some time, that we have before been induced to recommend that course—one thing must necessarily and immediately follow—a great addition to the inspecting power of the Board. At present, lunatics in dwellings are practically uninspected in England; that is to say, they are not inspected more than once a year, and if in the house of a relative, not at all. Chancery lunatics only are, under such circumstances, inspected four times annually. It is the characteristic danger of the cottage and private house system, that it lends itself very readily to abuse. The history of Scottish lunatics showed this very fully; and, until lately, the grossest abuses existed where lunatics were confined in private dwellings in that country. A more perfect system of supervision is believed to have cured this evil; and



we see no reason why what now works well in Scotland should not be introduced into this country. But, if lunatics are kept at home, one of the characteristics of the home which Englishmen prize—its privacy—must be surrendered.

#### A GOOD EXAMPLE.

To commemorate the memory of the late Lord Northbrooke, it has been resolved to apply the fund already subscribed, and such further sums as may be added, to the erection of a "Baring Ward" for fever patients at the Portsmouth, Portsea, and Gosport Hospital. This is a form of memorial which cannot, we think, be too widely made known, as it supplies an example which may with advantage be generally followed, in the presence of our constantly increasing population, with its attendant increase in the contingent of sickness and disease claiming admission to hospital wards. By multiplying hospitals, we shall do something to diminish permanent pauperism, and to lessen the number and size of our workhouses.

#### PERSISTENCE OF THE CHOLERA IN WALES.

Some abatement is observable in the epidemic of cholera which is still prevailing in the Carnarvon Union. The number of fresh cases reported to have occurred during the past week is 76, the number in the preceding week having been 120. Still we are sorry to have to state that the number of deaths last week is 17, while during the preceding week they were only 7.

#### PROFESSOR SELWYN.

THE recovery of Professor Selwyn from the severe injuries which he received, has been singularly rapid and almost beyond hope. It is understood that the injuries were fracture of the base of the skull and concussion of the spine. The spinal symptoms first manifested themselves three days after the accident, and some paralysis ensued. The professor is now regarded as convalescent. Few men escape thus happily from fracture of the base of the skull.

#### PUBLIC GRANTS FOR SUCCESSFUL VACCINATION.

We have received information that gratuities in the shape of awards have been made to some of the public vaccinators in the country. We are not able to state upon what rule the different amounts are awarded, but we understand that they are for results. The Privy Council (the Medical Department) has the distribution of the money which has been devoted for this object; and, as that office has been for some time, and is still, inquiring into the state of public vaccination throughout the country, it is best able to undertake the distribution.

#### CHARING CROSS HOSPITAL.

We are glad to state that hopes are entertained that the points of disagreement between the staff of Charing Cross Hospital and the Committee, to which untimely reference has been made, will be privately

and amicably arranged. The medical staff are, we believe, of one mind on the subject, and act in union.

#### A DOUBT AS TO THE WATER-CHOLERA THEORY.

DR. LETHEBY does not seem to share the unqualified convictions of Dr. Farr as to the immediate dependence of the recent epidemic of cholera in the East of London upon the poisoning of the water-supply. He says:

"Forty-eight, therefore, or nearly three-fourths of all the choleraic deaths in the City, have occurred in the eastern division; but there is no evidence of its having been caused by the use of the water of either of the water companies which supply the City. On the contrary, its propagation and occurrence have been, as usual, among the poor and ill-conditioned; 18, in fact, of the 48 deaths in the East London Union, have been among the poor who were received into the cholera-ward in New Street; and it may be further stated, that 19 of the deaths were of labourers, 8 of porters and packers, 6 of charwomen and servants out of place, 6 of shoemakers, 4 of tailors, 3 of printers, and only 4 or 5 among the better classes of persons."

#### JUSTICE FOR INDIAN MEDICAL OFFICERS.

By the last overland mail came a copy of a despatch by which we observe that the Inspectors- and Deputy Inspectors-General of the Indian Medical Department are to be reduced from nine to five. The consequence of the reduction is, *first*, that the four who are to be reduced will have the advantage of the full pay of their rank immediately on their retiring, without being obliged to serve five years in it for the full pay, according to the despatch of the 7th November, 1864. But it will cause great disappointment to those expecting early promotion; for the present Senior Deputy Inspector-General of Hospitals will require *two* vacancies before he can be promoted now; and the Senior Surgeon-Major will not be promoted until five vacancies have taken place among the higher grades. In our opinion, compensation ought to be given for such a disappointment.

#### THE PSYCHOLOGICAL PHENOMENA OF ANÆSTHESIA.

AMONG the prize questions of the French Academy will be observed the following: "The Psychological Phenomena before, during, and after Induced Anæsthesia." On this subject, a very interesting essay might be written, not omitting some remarkable modern trials; for one of the psychological phenomena subsequent to induced anæsthesia seems to be a strong tendency to prosecute the doctor.

WE may direct the attention of our members to the letter of Dr. Sieveking, Treasurer of the Medical Benevolent Fund. That Fund is a child of the Association, one of which it may be proud, and should foster. It is a fine feature in the management of this admirable Fund, that its operations are conducted almost entirely by unpaid agency, and with a minimum of expenditure; and, above all, that no canvassing or public voting is required to obtain the beneficent assistance which it grants to the objects of its charity.



## A HINT TO THE LUNACY COMMISSIONERS.

WE would direct the attention of the Lunacy Commissioners to the paragraph in the *Times* which gives an account of Mr. Baker Brown's "Surgical Home". It seems that

"A peculiar feature of the Home is that, in addition to the ordinary maladies which come under the head of surgical diseases, women are received who are of unsound mind, provided that their infirmities are not hereditary or of long duration previous to their application for admission. In it the great experiment is being made, for the first time, of endeavouring to cure mental diseases by surgical operations."

Unless a house be licensed for the reception of persons of unsound mind, and unless intimation of their admission be given, the law is transgressed; and, under such circumstances, the offenders are usually prosecuted, even when no "great surgical experiment" has been performed upon the lunatic. It is worthy of note that, whereas Mr. Brown has stated that in many cases Dr. Maudsley attributes insanity to the cause which Mr. Brown declares to be so general, so fertile in insanity, Dr. Maudsley writes to us to-day flatly to contradict the statement, as Dr. West flatly denies the acts which Mr. Brown attributes to him. Dr. Maudsley said precisely the reverse. He has never known insanity to be traceable to this cause; and in the one case of insanity in which Mr. Brown performed his "operation", the patient was not one whit the better.

## A SOLEMN PROTEST.

WE have been favoured with a "form of solemn protest", which has appeared in the *Medical Reformer*, which is published by Mr. Morison's British College of Health. We give it for the amusement of our readers. Many other persons are occupied at this season of the year in giving birth to pantomimic productions. A good many people will be amused at the commencement of this singular agglomeration of words, and disgusted at the comminatory character of the end.

"*Compulsory Vaccination.* Form of solemn protest to be sent to the convicting justice and to the Home Secretary of State, London, where the vaccination is forced upon the parent—Know all men by these presents, that I, A. B., of C. D., having been forced against my will to vaccinate my child, which operation I consider as the sure promoter of disease, if not death, by poisoning the blood, do solemnly protest against such tyranny, and hereby invoke the judgment of the Almighty on those who may have been the means of passing such infamous, arbitrary, and unnatural laws. Dated this.....day of....., 1866."

It has been recently decided by a vote of the Commissioners of Public Charities and Correction of New York, that, for the future, no professor be allowed to introduce at one time more than twenty-five students to his clinics in any of the charity hospitals. There can be no question that the presence of a great number of students in the wards of a hospital simultaneously is unpleasant and injurious to the patients, interferes with the efficiency of the clinical instruction, and favours disorder.

LETTERS from Canada inform us that, at the burning of the military hospital of Halifax, which occurred lately, the patients were all safely removed, but the building and the whole of its contents were totally destroyed. The loss is estimated at near £20,000. It was a large isolated wooden building, standing upon the lower flank of the glacis of the citadel.

MR. G. RICHARDS of London has been elected Corresponding Member of the Academy of Sciences in the place of the late Admiral Fitzroy. His opponents were Dr. Livingstone, and Cialdi of Rome.

The *British Pharmacopœia* is not the only one which is severely criticised. Dr. Jeannel finds serious faults with the new French Codex. The disuse of the Latin language is regrettable, he says, and illogical; for the work is called *Codex Medicamentarius*, and pretends to universality in use. By giving up this language, also, pharmacy gives up its title of belonging to the liberal professions.

The prize-list of the French Academy for the year 1867 runs as follows. Prize of the Academy: The Clinical History of Fibro-plastic Tumours. Portal Prize: On the Various Kinds of Melanosis. The Civrieux Prize: On Dementia. The Capuron Prize: On *Post Mortem* Changes of the Fœtus in the Living Uterus—their Character, and the Means of Ascertaining their Date. The Amussat Prize for Improvements in Surgery or Discoveries in Anatomy. Itard Prize: The best recent work or memoir on Practical Medicine. The Godard Prize for the best Memoir on External Pathology:—all of the value of 1,000 francs.—The prize-list for 1868 is also announced. The Academy Prize: On Sanguineous Effusions in the Substance of the Tissues. The Portal Prize: On Tumours of the Encephalon, and their Symptoms. The Civrieux Prize: On Psychological Phenomena before, during, and after Induced Anæsthesia. The Capuron Prize: On the Treatment of Uterine Affections by Mineral Waters. The Orfila Prize: On Digitaline. The Godard Prize, as before. The Argenteuil Prize for Improvements in the Treatment of Stricture (1863-1868)—8,000 francs. Lavison Prize: The Physiological and Pathological Effects of Climate on Men and Animals—2,000 francs.

Dr. Wimmer, Physician to the King of the Belgians, has been specially sent to Miramar, to report to his King as to the condition of the Empress of Mexico.

MM. Martineau, Gèry, and Thibault, at the Paris Medical Society, remarked that in the recent epidemic of cholera they had observed no signs of premonitory diarrhœa. "The onset of the disease was overwhelming, and the cyanosis very marked."

A TESTIMONIAL, consisting of a silver salver, silver mug, and purse containing 100 sovereigns, was presented to Dr. Aldis by Dr. F. J. Farre and others, on Wednesday, December 19th, in recognition of the public sanitary services rendered by that gentleman during many years, and his connection, as physician, with several London charities.



## Correspondence.

### MR. WALTER COULSON AND THE HOSPITAL FOR STONE.

WE have been requested to publish the following correspondence.

The undersigned, members of the surgical staff of St. Mary's Hospital, desire to express the pain and regret with which they learn that Mr. Walter J. Coulson, recently elected assistant-surgeon to the hospital, has, since his election, resumed the position of surgeon to the institution known as St. Peter's Hospital, or the Hospital for Stone.

When Mr. Walter Coulson, in 1864, being then Surgical Registrar of St. Mary's Hospital, became Surgeon to St. Peter's Hospital, it was intimated to him on behalf of a large majority of the surgical staff of this hospital, that (in common with the great body of metropolitan and provincial physicians and surgeons who had signed a protest against the establishment of the institution) they regarded it as useless and mischievous, an injury to the schools, and an insult to the hospitals whose officers made it their pride and pleasure to give their most earnest and particular care and skilled attention to cases of stone, etc.; and that they, therefore, considered his position as an officer of St. Peter's incompatible with harmonious action as their colleague, and should be indisposed to accept him as such, in case of a vacancy occurring, should he retain the office of Surgeon to the Stone Hospital.

A meeting of the Medical Committee of St. Mary's Hospital was summoned, July 26th, 1864, by special requisition, to consider the subject; but to that meeting the information was conveyed, on Mr. Coulson's authority, that he had resigned his appointment at the Stone Hospital.

At the next vacancy in the surgical staff of St. Mary's Hospital, Mr. Coulson became a candidate; and, having the support of his present colleagues, was unopposed, and was unanimously recommended to the Governors and elected.

Mr. Coulson was fully aware that he only received that support on the understanding that he had definitively and in good faith relinquished his connexion with the Hospital for Stone; nevertheless, almost simultaneously with his election at St. Mary's, he resumed his office at that institution.

The undersigned still retain the objections to the Hospital for Stone which they previously expressed; and they consider that Mr. Coulson's present position is, under these circumstances, incompatible with his honour, and with those mutual relations of confidence which should exist amongst professional colleagues. They are of opinion that he should retire from one or the other office; and, in the disagreeable position in which they are placed as his colleagues at St. Mary's, they feel bound to express that opinion.

(Signed) SAMUEL A. LANE.  
H. SPENCER SMITH.  
JAMES R. LANE.  
ERNEST HART.  
GEO. G. GASCOYEN.

November 27th, 1866.

The following are extracts of the Minutes of the meeting above referred to, and of a meeting of the Weekly Board.

*Extract from the Minutes of the Weekly Board of St. Mary's Hospital, July 1st, 1864.*

A letter from the Marquis Townshend, calling the

attention of the Board to a statement in the *Morning Post* of the 24th ult., referring to the mortality after the operation for stone in general hospitals, and the want of attention shown to such cases in those institutions, was read; and the Secretary was directed, in acknowledging his lordship's letter, to furnish him with the percentage of deaths in St. Mary's, and to assure his lordship that in this hospital no class of cases received more attention than those referred to.

*Special Meeting of the Medical Committee, Tuesday, July 26th, 1864.*—Present: Alexander Ure, Esq., in the Chair; O. A. Field, Esq.; Ernest Hart, Esq.; Dr. Norton; H. Spencer Smith, Esq.; Geo. Gascoyen, Esq.; James R. Lane, Esq.; Arthur Noverre, Esq.; Edward P. Young, Esq.—

The Secretary read the following requisition.

"To the Secretary of St. Mary's Hospital.

"July 23rd, 1864.

"We hereby request you to convene a Special Meeting of the Medical Committee for Tuesday next, the 26th inst., at 3 P.M., to consider the position of the Surgical Registrar to this hospital, under the circumstances of his existing connexion with an institution known as the Hospital for Stone, and the correspondence recently published in the *Morning Post* concerning his statements at a public dinner.

(Signed) "ALEXANDER URE.  
"SPENCER SMITH.  
"JAMES R. LANE.  
"GEO. G. GASCOYEN.  
"ERNEST HART."

Mr. Spencer Smith said he was happy to be able to inform the Committee that the Surgical Registrar had no longer any connexion with the Hospital for Stone, and he had, therefore, much pleasure in moving that the Committee do adjourn.

The Committee expressed their satisfaction at Mr. Spencer Smith's statement; and the motion, having been seconded by Dr. Norton, was put from the chair and carried unanimously.

29, St. James's Place, Dec. 11th, 1866.

GENTLEMEN,—I have to acknowledge your communication, in which you call upon me to relinquish my position either as Surgeon to St. Peter's Hospital, or as Assistant-Surgeon to St. Mary's; but you cannot seriously suppose that I shall be ruled by your opinion in this matter. When I ceased to be Surgeon to St. Peter's in 1864, I gave up the appointment, not on any public grounds, but upon the urgent entreaty of one of your number, whom I regarded as a personal friend. I informed him at the time that I should still continue to act on the Committee of that hospital, and that I was resolved, as far as lay in my power, to make it a success; and this must have been known to you all.

When, therefore, you say I only received your support on the understanding that I had definitively and in good faith relinquished my connexion with the Hospital for Stone, you state that which is incorrect. No threatened opposition on your part would have had that effect.

My resumption of office at St. Peter's was from unforeseen circumstances, known to you, but which I cannot here particularise, an absolute necessity; and that it coincided with my appointment at St. Mary's was perfectly accidental.

You will perhaps permit me to remind you, that the Governors of St. Mary's are the elective body, and that the opposition of the very men whose names I find attached to the communication addressed to me was unavailing to prevent the election of Dr. Broadbent as Assistant-Physician.



As to what is compatible with my honour, I reserve to myself the right to judge; but I have the satisfaction of knowing that some of my colleagues at St. Mary's, who are acquainted with all the facts, concur with me in considering I am perfectly justified in the course I take. I have been long enough connected with St. Mary's to attach the precise value to the phrases "harmonious action and mutual relations of confidence," as applied to the staff; and, if my presence is to be made a perturbing element, my absence, I feel sure, will not remove all such influence.

I have no desire to enter into the question, whether special hospitals are justifiable. This has been answered by the public. St. Peter's will compare favourably with any of the numerous special hospitals in London; and, except that it is new, no unprejudiced judge would fail to see that it is as legitimate as the Lock, with which Mr. Lane and Mr. Gascoyen are connected, and that it is far more needed than the Hospital for the Treatment of Fistula and Piles, with which Mr. James Lane is connected; though, I presume, neither syphilitic affections nor diseases of the rectum are unworthy of this "earnest and particular care of surgeons." If any special hospital is justifiable under any circumstances, a hospital for lithotomy is more especially needed. The statistics of general hospitals shew that lithotomy is the rule, lithotomy the exception (*vide* Holmes's *System of Surgery*, art. Lithotomy); and a proportionate amount of mortality is the result.

The professional opposition now raised must soon cease, and I feel sure St. Peter's will ere long take a foremost place among the hospitals of London.

On every ground, I beg leave to decline the alternative you kindly offer me.

I am, gentlemen, your obedient servant,

(Signed) WALTER J. COULSON.

To Samuel Lane, Esq.; Spencer Smith, Esq.; Jas. R. Lane, Esq.; Ernest Hart, Esq.; George G. Gascoyen, Esq.

St. Mary's Hospital, Dec. 17th, 1866.

SIR,—We have to acknowledge the receipt of your letter of December 11th, which, in our opinion, in no way extenuates the evident breach of faith involved in your re-assuming the position of Surgeon to the Hospital for Stone after being recommended for election as Assistant-Surgeon to St. Mary's Hospital. We beg to reiterate the statement contained in our former communication, to the effect that it was solely upon the understanding of your having definitively resigned your appointment as Surgeon to the Hospital for Stone, that we, as members of the surgical staff and of the Medical Committee of St. Mary's, concurred in and supported the recommendation of you as a candidate for the office of Assistant-Surgeon; without which recommendation, as you are well aware, you could not have come before the Governors as a candidate with any probability of success.

We refrain from noticing the many irrelevant and offensive statements contained in your letter, with the exception that we feel it necessary directly to contradict your assertion that we, who now protest against a professional connexion with you while retaining your position at the Hospital for Stone, formerly opposed the election of Dr. Broadbent; the fact being, that we were unanimous in recommending him as a fit candidate for the office which he sought; and that, at his election, three of our number recorded their votes as Governors in his favour, one was neutral, and only one voted against him. The importation of Dr. Broadbent's name into your letter seems to us equally unnecessary and unjustifiable.

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As previously intimated to you, we shall now forward this correspondence for publication.

We are, sir, your obedient servants,

(Signed) SAMUEL A. LANE.

SPENCER SMITH.

JAMES R. LANE.

GEORGE G. GASCOYEN.

ERNEST HART.

To Walter J. Coulson, Esq.

29, St. James's Place, Dec. 18th, 1866.

GENTLEMEN,—I have to acknowledge the receipt of your letter of December 17th. You still impute to me a breach of faith. I reply that the only communication between any member of the surgical staff of St. Mary's and myself, respecting St. Peter's, was at a private interview with Mr. Spencer Smith. At this interview, he urged me to give up the Stone Hospital, with reference to my future prospects at St. Mary's, and with reference to St. Peter's as a special hospital. His arguments on these points failed to shake my determination to remain attached to St. Peter's; and it was only when he brought pressure of a private nature to bear, that I yielded to his entreaties. This Mr. Spencer Smith will not deny.

You state that I am well aware that I could not have come before the general body of Governors as a candidate, with any probability of success, without your recommendation, and proceed to say that my importation of Dr. Broadbent's name into my letter is unnecessary and unjustifiable. As an answer to these statements, I beg to enclose a letter from that gentleman, which I shall be glad for you to publish with the rest of this correspondence.

I remain, gentlemen, your obedient servant,

WALTER J. COULSON.

To Samuel A. Lane, Esq.; Spencer Smith, Esq.; James R. Lane, Esq.; Geo. G. Gascoyen, Esq.; Ernest Hart, Esq.

23, Upper Seymour Street, Dec. 18th, 1866.

MY DEAR MR. COULSON,—In reply to your appeal, I am bound to state that, in my election at St. Mary's, I experienced the opposition, actual or virtual, of the entire surgical staff of the hospital, with the exception of Mr. Haynes Walton. It was matter of notoriety at the time, and I had the fullest evidence of it in the course of my canvass.

Stating this, I am equally open to contradiction with yourself; and I am, therefore, compelled to notice the reasons alleged in support of the contradiction given to you.

The unanimous recommendation of me as a candidate spoken of, can be no other than the formal resolution of the Medical Committee sent up to the Weekly Board, in which my name was coupled on equal terms with that of my opponent. I may say that I have referred to the minutes of the Weekly Board on this point. The value of this fact, as used against your statement, is evident.

Three votes are said to have been recorded in my favour, and one gentleman to have remained neutral. I can only repeat that the influence of all was, directly or indirectly, used against me; that of Mr. Lane, sen., being wielded by Mr. James Lane, and not, so far as I know, exerted personally.

I was aware that votes and influence went in opposite directions; and it will illustrate this when I call to mind the fact that, on the day of election, Mr. James Lane and Mr. Hart were openly and actively engaged on behalf of my opponent. As one only of the surgical staff voted against me, one or other of these gentlemen must at the same time have voted for me or professed to hold a neutral attitude.



Much as I regret an open collision with colleagues, I cannot refuse you permission to make what use you please of this letter.

I remain, yours faithfully,  
W. H. BROADBENT.

### CLITORIDECTOMY.

LETTER FROM HOLMES COOTE, ESQ.

SIR,—My name having been mentioned in a correspondence on the subject of "Clitoridectomy" as a means of cure in cases of epilepsy brought on by self-abuse, I wish to record my protest against the performance of that operation under the circumstances referred to.

I believe that the operation is based upon a double error: first, the supposed prevalence of the vice, particularly in the female sex; and, secondly, the mistaken function of the organ which is removed.

That self-abuse prevails among the inmates of lunatic asylums, is most true; it produces great nervous prostration, and finally death. But such cases are readily recognised, and are treated accordingly. It is a disease of the brain, and not of the clitoris nor of the penis.

The cases are more difficult to treat in women than in men; because, in the former, the gratification of the erotic passion involves not so much the act of connexion, as the subsequent enlargement of the uterus in pregnancy, and the exercise after the birth of the infant of the various maternal cares, such as suckling, etc. The affection of the female is more comprehensive than that of the male, and involves, perhaps, the highest attributes of our race.

In the very commencement, marriage might rectify this morbid condition; but who would like to be the father of infants coming from such a source? In all probability, the same mental inability to control the passions which forms part of our being would be transmitted in due season to the offspring. In the male the treatment is easier, but the mental prostration and the vagaries of waywardness are lamentable and often disgusting.

It is with a feeling of indignation that I record the fact, that the operation was proposed in the case of a little girl aged seven years, the daughter of persons known to myself.

I am, etc., HOLMES COOTE.

7, Princes Street, Hanover Square, Dec. 1866.

LETTER FROM HENRY MAUDSLEY, M.D.

SIR,—Will you permit me to correct a statement in Mr. Baker Brown's letter, published in the *BRITISH MEDICAL JOURNAL*, of last week? To my no small surprise and dismay, I find myself there placed amongst other medical men, who, having had experience in the treatment of insanity, have expressed an opinion in favour of self-abuse being a frequent cause of the disease amongst women. In the same letter it is said that the result of the discussion on my paper, read at the Harveian Society, was a general concurrence of opinion to the same effect. Both these statements are incorrect. What I really said was exactly the opposite of the opinion attributed to me: that I did not believe such practice to be a frequent cause of insanity in women; that I had carefully examined into the histories of fifty insane women, who had been under my care, and where I had the best opportunities of observation, and that in two only was there any reason to suspect the existence of self-abuse, but even in these it was certainly not the sole cause, though it might have cooperated; and, lastly, that it was most important to bear in

mind that self-abuse was not a cause, but a consequence of insanity. I said further, that, I had met with one case of insanity in which the clitoris had been excised, without benefit to the patient, and without sufficient evidence, so far as I could judge, of self-abuse having been the cause of the disease.

I may now add that this case was that of a young lady demented after epilepsy; that the operation had done no good whatever; and that the operator was sufficiently skilful and experienced, for it was Mr. Baker Brown.

With regard to the discussion at the Harveian Society, so far as it touched upon the subject it certainly was not in favour of Mr. Baker Brown's views; on the contrary, the only speaker who expressed any definite opinion on the subject, coincided in what I had said.

I am loth to trouble you with this explanation, but, concurring as I do with the views expressed in Dr. West's letter of last week, I hope you will agree with me that the statement is not unnecessary.

I am, etc., HENRY MAUDSLEY.

38, Queen Anne Street, W.

LETTER FROM R. D. HARLING, M.D.

SIR,—I much regret to find that a case of clitoridectomy performed by Mr. B. Brown, at an advanced period of the patient's life, and associated with the names of Dr. Hawksley, Mr. Trustram, and myself, has been brought under the cognisance of the Obstetrical Society, and unadvisedly obtruded upon Mr. Brown's notice at a late meeting of its members. In the present immature state of its results, it is not possible to form a valid and abiding judgment respecting the propriety and the probable issue of that surgical adventure; and I accordingly refrain from offering or endorsing an inopportune opinion, favourable or otherwise, upon the operation in dispute. I feel, however, bound to declare that the facts of the case, so far as they were then, and are now developed, do not warrant the censure passed on Mr. Brown's procedure; nor do they, in my estimation of their significance, justify the congratulation retorted by that gentleman on the occasion referred to. I am sorry further to remark that, at this present time, the patient is in a pitiable and unmitigated plight of general nervous distress, and has sustained a return of the "irritation" which the excision of the clitoris was designed to eradicate. The relapse occurred within three weeks of the operation; and, although that source of evil is now very modified, and quite under the control of its victim, it has assuredly become yet more marked and importunate during the last twelve days.

I have no reflection to cast upon Mr. Brown's bearing in this transaction, which has been open and unreserved; but I may be permitted, I hope without such offence, to relate the part which I have taken during the progress of this case. For eighteen months, or more, the patient had been under the care of many London and provincial physicians and surgeons, and treated for a distempered state of nervous system, and, subsequently, a special manifestation of morbid nerve action, which I do not desire further to particularise. Every kind of local treatment had been practised without any favourable result, beyond a trivial and passing relief, often with obvious aggravation. All constitutional remedies, save those of a gently sedative nature, had been without the least avail, or had failed, equally with the former, to yield other than insignificant and fugitive ease, frequently with intolerance, and unquestionable prejudice.



Under these deplorable circumstances, she was urged by her friends to consult Mr. Brown, who insisted upon the immediate removal of the clitoris, as the adequate and only means of meeting the sad exigencies of the case. I did not assist at the consultation which resulted in this decision; but, in common with Dr. Hawksley, I had to consider and report upon Mr. Brown's proposal. We were jointly of opinion that the disease did not essentially consist in a mere peripheral affection of certain branches of the pudic nerve, but involved mischief of a far more extensive range of nervous structure, if not, indeed, of centric parts, and that the condition of general, preceding as it did that of local, neurotic derangement, and thus occupying an antecedent relation, could not be superseded by the removal of the latter. So far, we were actively opposed to the operation; but we were painfully conscious of the futility of all past and future methods of medical treatment; we felt the dire pressure of existing emergencies, and found ourselves in presence of our unflinching promise of cure made by a surgeon of great experience in such contingencies. We felt also, that the relief, if practicable, of the local complication, would be in itself a vast gain, and, even without a corresponding alleviation of the general disturbance, a welcome justification of the operation. We determined to raise no insuperable objection to the proposed measure; but to yield a passive assent, with the caution that, in our opinion, the operation would not have the complete result predicted, and might even prove totally ineffectual. On being assured that little danger to life would be involved, the patient at once negatived our scruples, and elected to submit to Mr. Brown's surgical interference. The operation was thus devised independently of Dr. Hawksley and myself, and carried out without our active participation.

At the earnest solicitation of the patient, I was present on the occasion, and have since remained a passive observer of the still indefinite development of its consequences.

I cannot consider it imperative upon me to enter into any further details of this case; and am only too ready thus to avoid the objectionable risk of a most inconvenient and painful publicity.

I am, etc., R. D. HARLING, M.D.

9, Upper Seymour Street, Portman Square, December 19th, 1866.

#### LETTER FROM FORBES WINSLOW, M.D.

SIR,—As Mr. Baker Brown has mentioned my name in his reply to Dr. West's letter animadverting upon his excision of the clitoris in the treatment of certain forms of insanity alleged to be associated with sexual irritation and exaltation, caused or promoted by habits of masturbation among women, I think, in justice to myself, I may be permitted to say that I never saw the operation performed, and have not in a single instance countenanced it.

I have been obliged, during the course of my professional life, to examine many cases of insanity connected with great uterine irritation, and I am bound to confess that I have never detected any local vaginal cause for the mental condition. I now refer particularly to an enlargement or elongation of the clitoris, necessitating its removal. I believe that, in this type of mental disorder, the source of the disturbance is, in the majority of cases, situated in the head; and that Mr. Baker Brown begins his treatment of these cases at the wrong end.

I am, etc., FORBES WINSLOW.

Cavendish Square, December 20th, 1866.

#### LETTER FROM I. B. BROWN, Esq.

SIR,—I must claim your indulgence for a brief reply, not only to the letter of Dr. West in your impression of the 15th instant, but also to the discussion at the Obstetrical Society, a report of which is given in the same issue.

A. Dr. West emphatically denies that "a patient was ever under his care with hysterical fits of an epileptic character, which he attributed to masturbation, and for the relief of which he applied caustic; and also that any patient has ever been recommended by him to come to London for the purpose of undergoing the operation of clitoridectomy;" and I am taken to task rather severely for not having correctly informed myself of the facts before I stated them. Now, I have in my possession a prescription signed "C. W.," and written early in 1865, which I have shown to several medical friends; and there is no doubt that it is in the handwriting of Dr. West. Amongst other items is the following.

"℞ Argenti nitratis gr. v;  
Aqua destil. ʒi. M. Ft. lotio."

The nurse who attended the lady has stated to me in the presence of witnesses (and she is prepared to testify on oath before a magistrate to the truth of her statement) that she has known the lady for whom the prescription was written for seven years, and that the lady has been under Dr. West's care for nearly two years; that during that time she has suffered from what she calls cataleptic fits; that when in her house, twelve months ago, the nurse applied the caustic solution to the clitoris of this lady, as she was informed, according to Dr. West's directions. And the nurse has further placed in my hands letters received by her from the lady, of which the following are extracts.

1. Dated May 10, 1866. "I was very poorly after you left. One night I got into such a wakeful, nervous state, I was really almost crazy. I do not think I shall go up to London just yet. I am going on with the caustic and my arsenic mixture. The caustic takes away the white look, and stops the irritation whilst I am using it; but I do not know that it does much more good: it seems to me too weak to burn anything away." With reference to this last remark, the nurse states that the lady informed her that Dr. West had said that, if the part was not burnt away, it would be necessary for her to come to London to have the part cut. He declined to do it, saying that any apothecary could; and he also stated that it would be unnecessary for him to be present at the operation. The reason why the nurse heard all this was, that the lady asked her, in the event of any operation being performed, to nurse her.

2. July 29, 1866. "The reason I have not written before is, that I have been too ill. I was so utterly worn out with misery and want of sleep, that I felt I must have somebody to look after me; and as my husband was away, and I could not come to London alone, I sent for ——" etc.

3. November 19, 1866. "I have been suffering ever since from my head. I get at times such a feeling of fullness in my ears, and giddiness in my head, together with a strangled feeling in my throat, that I often think I am going to have a fit. . . . I must stop now, as my head is all wrong again."

I leave your readers to judge whether I "have been giving currency to statements so false as to have not even one iota of truth in their composition."

B. I did not say that in any instance "has clitoridectomy been performed upon a patient who has been under Dr. West's care, at his instigation, with his approval, or even with his knowledge." I have just



now given, I think, some colour to the assertion I made of recommendation of, or instigation to, the operation, to a patient under Dr. West's care; but what I said in my former letter was—and Dr. West has not denied it—that, “in a case brought to me by an eminent physician in London, Dr. West had given his opinion to the effect that the case was a suitable one for my operation.” If Dr. West denies this, I am bound to accept his denial; but I am prepared to swear that I was so informed by the physician; that the physician was Dr. Greenhalgh; and that the case was the first one to which he refers in the recent discussion.

C. Referring to the other statement made in the first instance by Dr. West in his Lectures, the following is my version. The patient came to me with severe hysterical symptoms, complicated by a fissure of the rectum. She had suffered for many years, and had been under many surgeons; amongst others, Mr. Paget. She stated that she had not cohabited with her husband for many years, had occupied a separate room, and had been all this time in the habit of self-excitation; that she was so nervous when left alone at night, that she generally sat next the door until daylight, and consequently remained in bed during the day; that she drank largely of porter and wine. Having given this history, she extracted from me a solemn promise not to communicate the cause of her illness to her husband, nor to any one else. I sacredly maintained the secrecy so enforced; and when I operated, in presence of her own medical attendant, I did so entirely on my own responsibility, without communicating to him my strong reasons for so doing, or in any way making him a participator in the operation. A small piece of the labia minora remained after the operation—not the stump of the clitoris. The patient was constantly interfering with herself; indeed, her hands were seldom from those parts. This portion of my version the nurse in attendance is willing to corroborate on oath, and further to say that she left the patient a week sooner than usual, so disgusted was she with her conduct. When I remonstrated with the lady on the continuance of the malpractice, she turned against me, and told her husband that I had performed the operation contrary to her wishes. Then followed the consultation, as described by Dr. West; and I have for years suffered under an ignominious imputation, rather than violate my promised word. I think I am, however, now released; and this is my explanation. After the circumstantial evidence I have just given in corroboration of my former statement, I feel it hardly necessary to add, “that my life has been passed but ill, if my assertion or denial of a fact could gain weight with my professional brethren by its repetition.”

I now turn to your report of the discussion at the Obstetrical Society. As far as Dr. Tyler Smith and Dr. Greenhalgh are concerned, my answer appears inconsequent and ridiculous, because the first speaker has not put in print the unjustifiable language against which I protested; and because the speech of the second speaker is, as written, entirely different from the one spoken at the meeting. The first eight lines were, to my knowledge, never uttered. The first case given was brought to me to undergo clitoridectomy by Dr. Greenhalgh, and was operated upon in his presence, and afterwards attended by us conjointly for a month. This he admitted at the meeting, but suppresses in the report. In my answer (which, I regret to say, I abridged for the journals, but which will, I am promised, be given in full in the Society's *Transactions*), I drew attention to the fact that Dr. Greenhalgh's asking me to perform “this useless, pernicious, and most unjustifiable operation,” was the result of his diligent and oft-repeated per-

sonal attendance on my practice at the Surgical Home, in his visits to which he was frequently accompanied by pupils of his own from St. Bartholomew's Hospital. I also mentioned that, in the letter from the patient to Dr. Greenhalgh, she had asked him to consult with me about her; but that, instead of doing so, he had shown the note to almost every one of his medical acquaintances except me; and that, indignant at not hearing from him, the lady afterwards came to me, was under my care, became convalescent, and, the day before the meeting, I received a letter from her, containing the following words. “For the last two months my nights are decidedly better. I am truly thankful for present relief, and trust it will continue, and that the last operation may prove effectual.”

The second case given by Dr. Greenhalgh was one of a lady et. 72, a private patient, at the time under the care of Dr. Harling, Dr. Hawksley, and myself, which he most unwarrantably brought before the Society, and on hearsay evidence stated she had been operated upon by me, and to be no better, but rather worse. My answer makes me say that the case of S. W., Dr. Greenhalgh's second written one, had only that day been left by me as recovered from an operation which had taken place more than four years previously.

Next, Dr. Greenhalgh mentioned two cases in St. Bartholomew's Hospital; but he at the meeting gave no details of initials, dates, patients' account, clinical clerks' notes, etc., as reported in your JOURNAL; nor did he venture to state before a learned society that the operation of clitoridectomy “was followed by an abscess in the bowel”; nor did he state in another case the patient “expressed great alarm when informed that the parts had been mutilated”; nor did he regret “that he had not taken notes of many other cases about which he had been informed by trustworthy practitioners, operated on by the same surgeon, and alike unsuccessful and pernicious in their results”; nor, lastly, did Dr. Greenhalgh give an exposition of the conclusions he had formed with reference to the value of the operation, in words bearing any similarity to those used in the report, viz., “As an useless, pernicious, and most unjustifiable operation for the purposes for which it had been recommended by me”.

I call upon the secretaries to say whether the report of Dr. Greenhalgh's remarks is correct; and I have also asked a few gentlemen who were present at the discussion to state their opinion on this point. In conclusion, in a communication to the *Lancet*, November 3rd, 1866, I offered “to nominate, jointly with that Journal, a commission to report on the subject”.

On December 4th, the day following the Obstetrical Society's discussion, I wrote to Dr. Tanner, offering him twelve or twenty cases to examine, which had been operated upon at least three months, on condition that he should report on them to the Society or to the medical journals. That offer he very frankly accepted, and is prepared to commence the investigation at once; but, instead of availing myself of it, I now intend, at the next meeting of the Society, to move for a committee under certain conditions for the same purpose.

Meantime, in deference to the opinion of many members of the profession, I shall not perform the operation in any case without the sanction of the patient and her friends, nor without consultation with another independent practitioner.

It is extremely painful to me to carry on a paper warfare of a purely personal character; I must therefore decline any further correspondence until the result of the investigation is known; and it would be



well if this line of conduct on so delicate a subject were pursued by others.

I am, etc., I. BAKER BROWN.

131, Harley Street, December 17th, 1866.

SIR,—At the request of Mr. Baker Brown, we, the undersigned, have no hesitation in stating our conviction that the report which has appeared in your JOURNAL of Dr. Greenhalgh's speech at the Obstetrical Society December 3rd, differs materially from that which we heard actually delivered at the Society.

THOMAS BALLARD, M.D., Fellow.

THO. LOCKING, M.D., Visitor.

WILLIAM B. OWEN, Fellow.

THOS. R. POOLEY, M.D., Visitor.

### THE MEDICAL BENEVOLENT FUND.

LETTER FROM E. H. SIEVEKING, M.D.

SIR,—You were kind enough a short time back to draw the attention of the profession to an appeal which was largely circulated in behalf of the Medical Benevolent Fund, in lieu of holding a dinner.

The cause of the charity would doubtless be aided by the publication in your JOURNAL of the donations and subscriptions received in consequence of the appeal. I accordingly beg to forward to you the enclosed list.

I am, etc.,

EDWARD H. SIEVEKING, M.D.,

Treasurer to the Medical Benevolent Fund.

17, Manchester Square, Dec. 8th, 1866.

	Donations.			Subscriptions.		
	£	s.	d.	£	s.	d.
John Colebrook Esq., late Indian Medical Service .....	10	10	0	..		
Charles Pooley, Esq., Weston-super-Mare (by Jas. Paget, Esq., F.R.S.) .....	2	2	0	..	0	10
Dr. Sankey, Sandywell Park, Cheltenham .....	5	5	0	..		
Dr. Barnes, Carlisle .....	..	..	..	..	1	1
Dr. Lund, Richmond .....	1	1	0	..		
Dr. Holland, Matlock .....	..	..	..	..	3	3
Dr. Dartnell, Henley-in-Arden .....	2	0	0	..		
J. Robertson, Esq., Manchester .....	5	0	0	..		
Dr. Lingen, Hereford .....	1	1	0	..		
Dr. Bull, Hereford .....	1	1	0	..		
Thos. Pope, Esq., Cleobury Mortimer .....	..	..	..	..	0	5
R. L. Bowles, Esq., Folkestone .....	..	..	..	..	1	1
Dr. Lawford, Leighton Buzzard .....	..	..	..	..	1	1
Dr. Fawcett, Cambridge .....	5	0	0	..		
J. Covey, Esq., Alesford (additional) .....	..	..	..	..	1	1
Dr. Birch, Gore House, Kensington Gore .....	..	..	..	..	2	2
John Ellerton, Esq., Aberford .....	1	1	0	..		
C. H. Rogers Harrison, Esq., Lansdowne Road .....	..	..	..	..	1	1
R. Bryden, Esq., Uffculme, Devon .....	0	6	0	..		
Dr. Thomas Walker, Peterborough .....	..	..	..	..	0	10
Mrs. Sieveking, Manchester Square .....	5	5	0	..		
Dr. John Lowe, Lynn .....	1	1	0	..		
G. W. Pretty, Esq., Fressingfield .....	..	..	..	..	0	5
Dr. S. Wilks, St. Thomas's Street .....	2	2	0	..		
C. P. Bates, Esq., Ramsay .....	..	..	..	..	0	10
Dr. Bader, Finsbury Circus .....	..	..	..	..	2	2
Weeden Cooke, Esq., Upper Berkeley Street .....	..	..	..	..	0	10

### DR. RICHARDSON AND THE MEDICAL PROVIDENT SOCIETY.

LETTER FROM F. J. BROWN, M.D.

SIR,—I hope that Dr. Richardson will withdraw his resignation, for we cannot afford to lose him as a member of the Association.

Respecting the miscarriage of the Provident Society, I assert that the cause is want of adaptation to the poorer members of the profession. Surgeons earning less than £500 a year cannot afford to pay more than two guineas, as an annual premium. Professional expenses, with literary and charitable subscriptions, leave a balance barely sufficient to provide a respectable maintenance for a family. It is not a question of what ought to be done, but of what can and will be done. "Better a little than none" is the motto

of careful poor men. As for premiums of six or seven guineas, it is beyond the mark, more particularly as as there is no certainty of receiving an equivalent. Such a sum laid out in life assurance would provide a policy of certain value.

I trust that the directors of the Provident Society will take my advice in this matter, and will remodel the Society. Let them obey St. Paul in his injunction—"Condescend to men of low estate."

I am, etc., FREDERICK J. BROWN, M.D.

Rochester, December 3rd, 1866.

### STAMPING OUT THE CATTLE-PLAGUE.

LETTER FROM W. CROOKES, F.R.S.

SIR,—As you have done me the honour to mention my name in connection with the cattle-plague, will you allow me to make a few remarks on this subject? I should like to draw attention to a plan which is the result of some successful attempts to stamp out the cattle-plague from a considerable tract of country in the neighbourhood of Stafford, during May and June last.

Until the publication of the Third Report of the Cattle-Plague Commission, it was generally considered that an animal, after being infected, passed through a period of incubation, which varied from three to five days; and it was only towards the end of this period that the disease could be detected. At this stage the alteration of the mucous membranes has commenced, and the exhalations and discharges are loaded with virus, and are highly infectious. It followed, therefore, that the disease could not be detected in an animal until it was so far advanced as to be highly dangerous to others; and, even were the most rigorous measures of isolation and killing adopted, it would scarcely prevent the plague going right through a herd, when once introduced; for the disease could not be observed on the first animal until it had infected a second, and the second would not show signs of illness until it had communicated the plague to a third, and so on. The disease would commence with a start of at least forty-eight hours, and it would keep this much ahead until the last animal had succumbed. The precautionary measures might closely follow, but would never outstrip its progress.

Recent researches, and especially those of Dr. Sanderson, have now placed us in possession of a method of getting ahead of the disease in its progress through a herd. The judicious use of the thermometer (see Dr. Sanderson's report, page 17) will now point out when an animal is in the earliest stage of illness, when it is still in the exercise of its healthy functions. We are by this means placed in possession of the ground almost before the enemy approaches. We can seize upon an animal when it is in the first initial stage of the disease, and separate it from the rest of the herd at least twelve hours before it becomes capable of communicating infection to another.

The average normal temperature of a healthy beast is about 102° Fahr., but this has been found to vary in different herds, and even in the same individual; sometimes rising as high as 103·5°, without danger. A certain temperature, say 103°, should therefore be fixed upon as an arbitrary limit between health and disease, and the stock on an infected farm should be carefully examined with the thermometer once or twice a day, at milking time.

A thoroughly disinfected shed should be set apart, as far as possible removed from the healthy stock; and when a temperature above 103° is recorded, the animal should be placed in this shed in quaran-



time. If on subsequent examination the temperature of an animal in quarantine were found to sink below the arbitrary limit of 103°, it might be considered as showing that it was not in an incipient stage of the disease; and it would, after verification, be safe to replace it amongst the general stock: but if its temperature were found to be rising, it should be slaughtered without a moment's delay, as soon as the thermometer registered a temperature—say of 104°. At this point, the animal, if on an infected farm, is pretty certain to be in an early stage of the disease; but as generally no outward signs of it are visible, and a skilful expert, upon ordinary inspection, would probably pronounce it healthy, there would be little reason to fear that it had arrived at the infectious stage.

Armed, therefore, with the thermometer, and possessed of the responsibility instantly to kill apparently healthy animals, on the strength of its indications, and supplementing this with rigorous disinfection, stamping out the cattle-plague from any infected farm, district, or county, is in theory reduced to an almost mathematical certainty.

It may, however, be urged that a rise in temperature may take place without it being due to cattle-plague. This is true; but in an infected herd it is very much more probable that the increased temperature is due to the particular disease to which the animals are exposed, than to any other (Dr. Sanderson's report, p. 16); and when there are so many chances in favour of the rise in temperature being caused by incipient cattle-plague, and so few of its being caused by some other cause, it is certainly worth while to secure the safety of the rest of the herd, at the risk of slaughtering a healthy animal, when after all it might not be sickening for the disease.

In corroboration of your remarks last week, I may say that in September last, I drew the attention of the government to the danger of a renewed outbreak of the cattle-plague, which would arise when the cattle were taken up into sheds and houses for the winter, and predicted that if the disease were not entirely stamped out within six or eight weeks, it would begin to spread again.

There is great reason to apprehend that the evil is by no means diminished to the extent which a reference to bare statistics would appear to justify us in assuming. From all that I am able to learn, the disease has lost little, if any, of its virulence. When it appears on a farm it is as likely to go through the whole herd, as when it was at the height in February last; and were the cattle allowed to linger on, as in the early days, it is probable that the proportion of deaths would be equally great. The plague is simply being kept under by main force, and a relaxation of the stringent, although necessary, regulations now in force, will almost inevitably be followed by a renewed outbreak.

I am, etc., WILLIAM CROOKES, F.R.S.

London, December 18th, 1866.

**NEW MEDICAL OFFICER OF HEALTH.** We understand that Dr. Sutton of Finsbury Square, who is already well and favourably known by his professional labours, although still a young physician, has been elected Medical Officer of Health to the Shoreditch District, in the room of Dr. Robert Barnes, who has held the post for some years, and has resigned it by reason of the increasing pressure of practice. The appointment is one which is very creditable to the local vestry, who have in this instance selected, solely by reason of his superior professional testimonials, a candidate personally unknown to them.

## Medical News.

### THE VACANT EXAMINERSHIP IN THE COLLEGE OF SURGEONS.

THE resignation of Mr. Caesar Hawkins leaves, of course, a vacancy in the Court of Examiners of the Royal College of Surgeons. This will probably be filled by election at the meeting of the Council next week. The member of the Council nearest to the examiner's chair, according to past precedent, is Mr. Cock of Guy's Hospital. There is reason to believe, however, that, without intending any shadow of slight upon Mr. Cock, and entirely without reference to his individual eminence or special fitness, an opportunity will be taken by some members of the Council to endeavour to obtain now a recognition of the true principles of the College Charter. This provides for the election of examiners from without the Council; and with the very obvious and distinct intention that the examinership should not be limited to the charmed circle of Councillors. The sincerity and earnestness of recently elected members of the Council, and the liberality and freedom from prejudice, will be severely tested of those elder Fellows who are fain to acknowledge that in this matter the plain meaning of the Charter, the best interests of science, the expressed opinions of Green and Brodie, and the known feeling of the profession, entirely concur in recommending the suggested course. What will be the result on this occasion, we abstain from forecasting; but the occasion will be one of considerable interest, and the voting will be scrutinised carefully by electors or thinkers who do not sit in the Council Chambers, but who have a legitimate interest in the carrying out of the principles of the Charter, and in the government of the College.

**ROYAL COLLEGE OF PHYSICIANS OF LONDON.** At a general meeting of the Fellows, held on Monday, December 17th, 1866, the following gentlemen, having undergone the necessary examination, and satisfied the College of their proficiency in the science and practice of medicine, surgery, and midwifery, were duly admitted to practise physic as Licentiates of the College:—

Arnold, John, St. Bartholomew's Hospital  
Bainbridge, George, Harrogate  
Browning, Benjamin, H.M.S. Victory, Portsmouth  
Dougal, Daniel, Strathaven  
Eastes, George, M.B. Lond., 43, Trinity Square, Southwark  
Frampton, Thomas, Gloucester House, Gloucester Gardens  
Grigg, Joseph Collings, School Infirmary, Greenwich  
Nowell, Richard Bottomley, Guy's Hospital  
Plomley, John Frederick, Maidstone  
Reid, Lestock Holland, Toronto, Canada West  
Sims, Francis Manley Boldero, 14, York Place, Portman Square  
Stewart, William, Diss, Norfolk  
Taylor, Henry Shinglewood, 2, Merrick Square  
Taylor, James, General Infirmary, Chester  
Thompson, Joseph, Nottingham  
Thomson, Jno. Roberts, M.D. Edin., Royal Infirmary, Edin.  
Turner, Arthur Cromack, General Infirmary, Sheffield

At the same meeting, the following gentlemen are reported by the examiners to have passed the preliminary examination for the licence:—

Baxter, Evans Buchanan, King's College  
Brett, Francis Charles, St. George's Hospital  
Chapman, Charles William, Guy's Hospital  
Cole, Richard Mount, Guy's Hospital  
Cox, William Ashley, St. George's Hospital  
Dobson, Nelson Congreve, St. Thomas's Hospital  
Evans, Ernest Richard, St. Bartholomew's Hospital  
Greenhill, Arthur Francis, St. George's Hospital  
Inglis, Walter William, St. Thomas's Hospital  
McClean, Edward Henry, St. Bartholomew's Hospital  
Pern, Alfred, St. Thomas's Hospital  
Pierce, Frederick Morrish, Manchester



Pollard, Frederick, St. Thomas's Hospital  
Richardson, William Edward, Leeds  
Saundry, James Baynard, Guy's Hospital  
Sharp, John Adolphus, Guy's Hospital  
Shoppes, Edward Collett, University College  
Wallace, Frederick, Guy's Hospital

**ROYAL COLLEGE OF SURGEONS OF ENGLAND.** The following members of the College, having undergone the necessary examinations, were admitted Licentiates in Midwifery at a meeting of the Board, on December 12th.

Archer, Edmond, F.R.C.S.Eng. (St. Bartholomew's), Cape of Good Hope; diploma of membership dated Dec. 22, 1866  
Clarke, Edward Griffiths (St. Bartholomew's), Mold, Flintshire; dated May 1, 1861  
Crew, Eli, L.S.A. (King's College), Tetbury, Gloucestershire; April 24, 1866  
Crowther, Edward Lodewy, L.R.C.P.Lond. (Guy's), Hobart Town, Tasmania; April 24, 1866  
Hayden, James Augustus, L.S.A. (Charing Cross), High Wycombe; April 27, 1866  
Lowndes, Fredk. Walter, L.S.A. (Edin.), Liverpool; July 25, 1865  
Pollard, William Fox Branch (King's College), Demerara; November 16, 1866  
Rix, Richard Avery, L.S.A. (St. Bartholomew's), Beccles, Suffolk; April 26, 1865  
Stainthorpe, Thomas Edward (Middlesex), Hexham, Northumberland; November 15, 1866  
Visiek, Clarence (St. George's), Fleet Street; May 10, 1865

It is stated that six candidates failed to acquit themselves to the satisfaction of the Board. The next examination for the licence will not take place until February.

**APOTHECARIES' HALL.** On December 13th, 1866, the following Licentiates were admitted:—

Burn, William Barnett, 72, Fore Street, Limehouse  
Edwards, Edward Noble, 5, Kennington Terrace, S. Gurdon, Charles Goate, Boxford, Suffolk  
Smith, William, Spilsby, Lincolnshire  
Welch, John Burges, Anglesea Place, Southampton

At the same Court, the following passed the first examination:—

Brett, Francis Charles, St. George's Hospital  
Chapman, Charles William, Guy's Hospital  
Cole, Richard Mount, Guy's Hospital  
Evans, Ernest Richard, St. Bartholomew's Hospital  
Johnson, Edward Reginald, St. Bartholomew's Hospital  
McClean, Edward Henry, St. Bartholomew's Hospital  
Webster, William, King's College Hospital

### BIRTHS.

ASBURY. On December 12, at Broxbourne, the wife of C. J. Asbury, Esq., Surgeon, of a daughter.  
REID. On December 15th, at Canterbury, the wife of \*James Reid, Esq., of a daughter.  
SMALLMAN. On December 17th, at Willingham-by-Stow, near Gainsborough, the wife of \*J. C. B. Smallman, M.D., of a daughter.  
TURNER. On December 14th, at Ryde, Isle of Wight, the wife of \*W. F. J. Turner, L.R.C.P.Ed., of a son.  
WILLIAMSON. On December 15th, at 1, Clarendon Villas, Mildmay Park, the wife of James Williamson, M.D., of a son.

### MARRIAGES.

HOOD, John W., Esq., of Melbourne, Victoria, to Minnie, only daughter of P. BRADY, M.D., of Rathmines, Dublin, at St. Pancras Church, on November 23.  
LEWER, Alfred, M.D., Royal Horse Artillery, to Bessie, eldest daughter of Colonel J. H. SHAW, Governor of the Herbert Hospital, Woolwich, at Lee, Kent, on December 13.  
\*SQUIRE, Alexander Balmanno, M.B., to Ann Margaret, youngest daughter of the late John MARSHALL, Esq., of Tuobridge Wells, at Southampton, on December 15.  
WELLS, Lieut.-Colonel Frederick, to Georgina Mary, third daughter of G. R. DARTNELL, Esq., of Arden House, at Henley-in-Arden, Warwickshire, on December 12.

### DEATHS.

GIRAUD. On December 13th, at Margate, Christina Georgiana, wife of Herbert Giraud, M.D., Surgeon-Major Bombay Army.  
HILL. On December 14th, at Cumberland Street, South Belgravia, aged 43, Eleanor, wife of Arthur Hill, Esq., Surgeon.  
LINDOE. On December 8th, at Bournemouth, Anna, widow of Robert F. Lindoe, M.D., late of Bath.  
PAGE. On December 11th, at Calne, Wilts, aged 84, Ann, widow of George Page, M.D.

**ACADEMY OF MEDICINE.** M. Tardieu has succeeded to the presidency of the Imperial Academy of Medicine; and M. Ricord has been elected vice-president.

**ATTEMPTED POISONING.** A young servant girl named Matilda Somers has got a year's imprisonment at Taunton assizes for attempting to poison her mistress, Mrs. Towils, with muriatic acid in beer.

**THE HOSPITAL FOR STONE.** The members of the staff of Westminster Hospital have intimated to Mr. Teevan that they cannot support his candidature for the vacant assistant-surgeoncy at the Westminster Hospital, should he retain the office which he has recently accepted of surgeon to the Hospital for Stone.

**HOSPITAL VACANCIES.** Dr. Duckworth is candidate for the vacant office of assistant-physician at St. Bartholomew's Hospital. The vacancy is caused by the changes consequent upon the death of the late Dr. Jeaffreson. Mr. Teevan, Mr. Frank Marsh, and Mr. Bellamy, are spoken of as candidates for the office of assistant-surgeon to the Westminster Hospital, vacated by Mr. Heath on his election at the University College Hospital.

**AN ADVERTISING DOCTOR IN THE BANKRUPTCY COURT.** In the Court of Bankruptcy, December 13th, the bankrupt (R. Lalor) was a doctor of medicine, of Mecklenburg Street. This was an adjourned sitting for discharge. The debts are £736; no assets. Mr. R. Griffiths opposed. The bankrupt had brought an action for slander against his client, Mr. Job Caudwell, bookseller; and on the verdict going against him, came to this court *in forma pauperis*. Altogether there were thirty-seven creditors. His Honour said the bankrupt appeared to be one of those advertising doctors, of whom the public had heard a great deal lately. The order was suspended for six months, with protection (renewed) for three months.

**CHARING CROSS HOSPITAL MEDICAL SOCIETY.** The last meeting of this Society was held at Charing Cross Hospital, on December 6th, when the president, Mr. W. Calthrop, read a paper "On the Comparative Anatomy and Physiology of the Eye." He commenced by explaining the primary laws of optics, as far as they related to the passage of light through the eye, and the formation of images on the retina. He then gave a minute account of the general and microscopic anatomy of the tissues of the eyeball; and concluded by tracing the organ of vision, as far as it exists, through the whole scale of the animal kingdom. The meeting was not very largely attended, but a brisk discussion followed, in which Messrs. Buck, Hugo, Little, and Adams, took part. The proceedings terminated with a vote of thanks to the author of the paper.

**PATHOLOGICAL SOCIETY.** The following is the list of the officers and Council of the Society proposed for election for the year 1867. The gentlemen whose names are marked with an asterisk did not hold the same office during the preceding year. *President*—\*J. Simon, Esq., F.R.S. *Vice-Presidents*—\*T. B. Peacock, M.D.; W. Brinton, M.D., F.R.S.; J. W. Ogle, M.D.; F. Sibson, M.D., F.R.S.; G. Critchett, Esq.; T. B. Curling, Esq., F.R.S.; P. G. Hewett, Esq.; \*W. Adams, Esq. *Treasurer*—R. Quain, M.D. *Council*—J. S. Bristowe, M.D.; W. Dickinson, M.D.; \*Conway Evans, M.D.; \*E. Headlam Greenhow, M.D.; G. T. Gream, M.D.; Graily Hewitt, M.D.; T. Hillier, M.D.; \*Hermann Weber, M.D.; J. B. Sanderson, M.D.; H. T. Rooke, M.D.; \*Campbell De Morgan, Esq., F.R.S.; \*Ernest Hart, Esq.; W. Callender, Esq.; C. Heath, Esq.; A. Leggatt, Esq.; \*Thomas Smith, Esq.; \*J. Tanes, Esq., F.R.S.; Henry Thompson, Esq.; J. W. Trotter, Esq.; T. Spencer Wells, Esq. *Honorary Secretaries*—C. Murchison, M.D.; T. Holmes, Esq.



"THE POOR-LAW AND CHARITY" is the title of a very thoughtful paper by the Rev. J. Llewellyn Davies, in *Macmillan's Magazine*.

**CHARM FOR HYDROPHOBIA.** The *Pall Mall Gazette* lately gave an extraordinary example of the tenacity with which the uneducated cling to old superstitions. At an inquest held lately at Bradwell, Bucks, on the body of a child, aged 5, who died of hydrophobia, Sarah Mackness stated that, at the request of the mother, she had fished the body of the dog by which the child had been bitten out of the river, and had extracted its liver, a slice of which she had frizzled before the fire, and had then given it to the child to be eaten with some bread. The dog had been drowned nine days before. The child ate the liver greedily, drank some tea afterwards, and died in spite of this strange specific.

**HARVEIAN SOCIETY OF LONDON.** The following is a list of the names of gentlemen proposed as officers of the Society for the year 1867. *President*—\*J. E. Pollack, M.D. *Vice-Presidents*—T. Ballard, M.D.; \*W. F. Cleveland, M.D.; \*E. Hart, Esq.; J. B. Walker, Esq. *Treasurer*—H. W. Fuller, M.D. *Honorary Secretaries*—J. B. Curgenvin, Esq.; C. R. Drysdale, M.D. *Council*—V. De Méric, Esq.; J. Eardley, Esq.; J. Evans, Esq.; J. Gayleard, Esq.; \*R. S. Jeffs, Esq.; J. S. Lamb, M.D.; J. R. Lane, Esq.; J. Z. Laurence, Esq.; \*H. W. Lobb, Esq.; E. Lowe, Esq.; \*D. Menzies, M.R.C.P.; \*J. Rushforth, Esq. An asterisk is prefixed to the names of those gentlemen who did not hold the same office the preceding year. The election will take place at the Society's Rooms, on Thursday, January 3rd, 1867, at eight o'clock P.M.

**PHYSICAL DEGENERACY OF THE FRENCH POPULATION.** One of the causes which is said to delay the final decision of the Commission on the reorganisation of the French army is the difficulty experienced in making a proper selection, owing to the physical degeneracy and decrease of the population. A practical economist, Mr. Randof, has cited several facts in confirmation of that statement. From these facts it would appear that the population of France is each year on the decline, and that there is reason to apprehend that the moment is not far distant when the births will not be equal to the deaths. At the commencement of the present century more than five children in France and more than four in Paris were born to each marriage; whereas, at the present day, the average is three for France and two for Paris. And, if it be borne in mind that in France the mortality of children only, from one day to a year, is more than 20 per cent., there will be no surprise at the progressive diminution of the population. The number of births also tends to diminish each year; the children are less and less vigorous; and when they attain manhood are worse constituted in frame and lower in stature than in any period. This fact is proved beyond doubt by the official lists of the young men from 20 to 21 who are called upon every year to draw for the conscription; and they show that, while the population still increases by 0.20 per cent. annually, the number of young men from 20 to 21 remains pretty much the same, numerically, as they were forty years ago. This is not all. Not only the number of young men does not increase, but the relative number of healthy and vigorous subjects who constitute the strength of the country, tends more and more to decline. Any one who has chanced to be present at the Councils of Revision must have been painfully affected by the number of sickly or malformed young men, who comprise the contingent particularly in the industrial and manufacturing districts.

**THE FRENCH CODEX.** By an Imperial decree, dated the 5th December, the use of the new French Codex is made obligatory on *pharmaciens* from January 1st, 1867.

**DISEASES OF CATS.** It appears that there is one branch of pathology which scientific enterprise in this country has hitherto refrained from "attacking." In replying to his numerous correspondents, the editor of the *Field* informs "Nesciens" that "we know nothing of the diseases of cats." In the suburbs of Paris, if we are not mistaken, there is a cats' hospital on the line of the Chemin de Fer du Nord.

**CAUSTIC.** Dr. E. Williams (*Cin. Lancet & Observer*) says:—The application of the pure nitrate of silver in substance to the eye, unless very exceptionally, and then with great care not to use it energetically, or let it touch the cornea, should be excluded from practice. It is an unmitigated outrage on humanity, both in its direct and remote effects. I have seen so many cases like the above, where terrible and irreparable injury had been done to the eye by reckless cauterisation, that I cannot too severely condemn it.

**THE SANITARY ACT OF 1866.** The Poplar District Board of Works appear to have resolved to put in action the new powers of the Sanitary Act of 1866, for the regulation of lodging-houses. They have had printed a series of regulations prepared by their clerk, Mr. John Layton, jun., as to registration, number of lodgers, ventilation, washing accommodation, privy accommodation and drainage, water supply, yards and areas, cleanliness, powers of entry, fevers, complaints, and penalties. This excellent Act will require great discretion in the carrying of it out as regards the question of cubic space and number of lodgers. (*Builder*.)

**LUNATIC ASYLUM AT LAHORE.** "The Lunatic Asylum is especially worthy of study as the finest in India. There 200 insanes of both sexes, and all classes, many of them once desperate murderers, are to be seen under no visible restraint, won over to work peaceably, if not always to sanity, by skill and kindness. When we took Lahore, we found a few miserable madmen chained and whipped, and these were the nucleus of the asylum. The visitor is struck by the appearance of one lunatic especially, who, in humble clothing, wrapped ludicrously about him, walks with mincing gait and dignified strut, and patronisingly condescends to shake hands. He fancies himself an emperor. He is a prince—Shah-zadah, a son of the last King of Delhi, and, in spite of his imbecility, is looked on with some reverence by the natives. To this have the Great Moguls come."

**POOR RELIEF MEDICAL RETURNS.** In the 39 work-houses of the metropolitan district there were 2,728 births in the year 1865, and 16 women died in child-birth, namely, five in Islington, three in St. Pancras, two in St. Marylebone, and one (each) in St. Martin's-in-the-Fields, in St. George's (Southwark), in White-chapel, in East London, in West London, and in Hampstead. A Parliamentary return shows also that on the 7th of July last the number of sick cases on the books of the district Poor-Law medical officers of the metropolitan district was as follows:—Fever and zymotic cases, 2,542 (only 1,854 on January 7th), acute disorders, 3,299; chronic disorders, 4,507—total, 10,348. In the half-year ending at Michaelmas, 1865, these medical officers attended 101,345 cases. The number of persons in receipt of relief in the metropolitan district ranged from 90,000 to 107,000, more than two-thirds of them relieved out of the house. The list of the district medical officers comprises 156 names.



## OPERATION DAYS AT THE HOSPITALS.

MONDAY.....	Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY....	Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.
WEDNESDAY...	St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.
THURSDAY....	St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.
FRIDAY.....	Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
SATURDAY....	St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

## TO CORRESPONDENTS.

\* \* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

THE Publisher begs to intimate that orders for JOURNALS sent by post must be accompanied by stamps for the amount. Price of each number is, by post, sixpence.

MR. H. FISHWICK suggests that the mummy now in the Manchester Museum is that of a lady who is mentioned by De Quincey, in his *Autobiographical Sketches*, and who, having been attended for many years by Mr. Chas. White, F.R.S., of Manchester, bequeathed £25,000 to him, on the condition that she should be perfectly embalmed; that once a year, Mr. White, accompanied by two witnesses of credit, should withdraw the veil from her face. The lady was placed in a common English clock-case, having the usual glass face.

A STUDENT, GUY'S HOSPITAL, should communicate, in the first instance, with the Editor of the *Argosy*, who will no doubt correct misstatements.

DR. H. (Southampton).—Most acceptable.

## A CORONER WITHOUT INQUESTS.

G. L. writes:—The office of coroner for the University of Oxford, which Mr. Mayo has recently accepted, is, I suppose, the nearest approach to a sinecure of any coronership in the country. The emoluments are commonly estimated at about one guinea a year; five guineas is the fee for an inquest; and one in five years is a fair average. The last incumbent of the office was a clergyman; and when a fatal accident, calling for an inquest, occurred, the kindly and excellent man was so much disturbed in mind, as to wish to resign, in anticipation of the disagreeable duty. He was persuaded to hold the inquest, but would not retain the office.

A GUARDIAN.—Dr. Wiblin wrote a Guide to the Schools of Paris. Inquire of Mr. Renshaw, Strand, London.

## GOVERNMENT GRANTS TO VACCINATORS.

MR. WALTER MONDAY, Kennington, wishes to know who is to make the examination, how the examination is to be carried out, and what we consider the standard of goodness or the signs of successful vaccination. The authorities on the subject will be the inspectors appointed by the Medical Department of the Privy Council. The regulations are not drawn up yet. When they are ready, our correspondent and our readers generally will have full information on this important subject.

DR. WILLIAMS, MR. H. LEESON, and F. B., are referred to the answer to Mr. Walter Monday.

EXCELSIOR.—Among the earliest amateur writers was the celebrated Needham, the author of the first newspaper. He wrote *Medela Medicina*, a Plea for the free Profession and Renovation of the Art of Physic, London, 1665.

## TREATMENT OF NEURALGIA BY THE ETHER-SPRAY.

SIR,—Perhaps the following case may be of some service to others in the treatment of that painful, and often most obstinate, affection, neuralgia. A little girl, aged 7, having just recovered from measles, was attacked with most severe neuralgia in the right side of the face. The paroxysms of pain came on at regular intervals, the worst being generally about four o'clock every afternoon. She was treated with quinine three times a day, with port wine and good diet; but, after trying this plan for a week, the severity of the attacks did not seem to be in the slightest degree lessened. Being almost at a loss what treatment to adopt, I determined on the next attack to apply Dr. Richardson's ether-spray to the seat of pain. Accordingly, when the pain returned, a patch of skin was frozen on the cheek about an inch in front of the ear. The pain ceased immediately; and, to my surprise, has never returned from that moment to the present time, now nearly two months. The child's health rapidly improved after the cessation of pain; and she is now quite strong and robust.

I am, etc., HERBERT THOMPSON, M.R.C.S.

Sevenoaks, December 12th, 1866.

## NEURALGIA FOLLOWING SHINGLES.

SIR,—In answer to A. C.'s inquiry in the JOURNAL of December 8th, respecting a remedy for neuralgia following shingles, I beg to suggest the ammoniated tincture of valerian in drachm-doses three times a day, mixed with three table-spoonfuls of camphor mixture. I have repeatedly found this remedy answer when others have failed.

I am, etc., RICHARD GRAVELY.

Newick, Uckfield, Dec. 12th, 1866.

## NEURALGIA AFTER SHINGLES.

SIR,—In answer to your correspondent A. C., I would suggest, in respect to the "severe neuralgic pains attending or following shingles," that I have never found arsenic, either in the form of liquor potassae arsenitis alone, or conjoined with the tincture of sesquichloride of iron, to fail in such cases.

I think I can also answer the question of F.R.C.P., "why pigs, whose flesh is swarming with live trichinae, do not die of irritative fever," etc., while men, who eat their flesh, do. The fact is, the trichina, when it reaches its destination, and becomes fixed in its cyst, is comparatively harmless. It is only whilst effecting its passage through the intestine, peritoneum, and other sensitive textures, that it produces its irritative fever; and then the irritation produced is in proportion to the number acting at once. Thus, when introduced gradually, they may be unnoticed in their effect; but when in great numbers together, as in the recent celebrated instances, the aggregate effect of so many produces irritative fever and peritoneal inflammation, enough to kill. I will here mention a curious instance that came under my own observation. Some years ago, whilst lecturer on anatomy and physiology at the Bristol Medical School, I observed the muscles of a leg in the dissecting-room to be thickly studded with trichina-cysts; indeed, they must have been very numerous thus to have attracted my attention from a mere casual glance at the leg. I found, on inquiry, that the leg had been brought from St. Peter's Hospital by one of the students, and had been there removed from a patient by Mr. Stephens. I accordingly wrote to him, explaining the state of the leg, and asking him whether he could hear from the living patient—thus known to be suffering from trichina—anything bearing upon the symptomatology of the disease. He informed me that the leg had been removed from a man, aged 54, on account of a painful tumour above the knee-joint; that the man was otherwise in average condition; and that the only symptom, if such it were, that he could learn from him, was the occasional suffering from "rheumatic" pains in the limbs. The muscular power did not seem particularly impaired.

I am, etc., FREDK. BRITAN, M.D.,  
Senior Physician to the Bristol Royal Infirmary, and  
Lecturer on Practice of Medicine.

Clifton, Bristol, Dec. 8th, 1866.

J. BULT (Norwich).—The Preliminary Examination in Arts, etc., at the College of Surgeons, was brought to a close yesterday. Write to the Hall.

A PUBLIC VACCINATOR wishes to know on what authority we have made the welcome announcement that the Government have resolved to institute a system of grants to successful vaccinators, based on results of vaccination, comparable to the present Education Grants of the Privy Council. He "does not find any notice of it elsewhere in any journal, and is a little puzzled." Our correspondent will excuse us for merely assuring him that the announcement is correct in all its details; and it is one on which we have great pleasure in congratulating all "public vaccinators." It is a measure of unquestionably great public utility.

MR. WILLIAM BICKNELL.—The compliment is justly earned, and if the notice had arrived earlier in the week, we should have had a few words to say upon the subject.



THE

## Jacksonian Prize Essay

FOR 1865.

ON DISEASED CONDITIONS OF THE  
KNEE-JOINT.

BY

WILLIAM PAUL SWAIN, M.R.C.S.,

SURGEON TO THE ROYAL ALBERT HOSPITAL, DEVONPORT, ETC.

APPENDIX OF CASES. (*Concluded.*)

CASE XXIII. Notes of W. F. Clarke, and Martin Oxley, dressers. James Haggarty, aged 11, admitted into King's College, under Mr. Bowman's care, on February 6th, 1861.

He had previously been in the hospital from February to August 1859, with his knee in much the same condition apparently as now. It was then put upon a splint, and extended till it was nearly straight. When he left King's College Hospital, he was able to walk pretty well by the help of crutches.

Eleven months before admission he discarded the crutches, and ever since then the knee had been becoming more and more bent. On the 31st of last January he fell downstairs and struck it against a sharp corner; this gave him great pain at the time. A swelling began to form, and he was unable to use the limb as before; after being laid up at home a few days he was brought to the hospital on February 6th. He was a pale, delicate, strumous-looking boy, but his general health seemed to be pretty good. The following was the condition of the left knee. The tibia was dislocated backwards; the femur projecting in front of it to the extent of about an inch. This made the condyles appear prominent; immediately below them, and a little to the outer side of the leg, the patella was firmly fixed; below this again, and also on the outer side of the joint, there was a soft elastic swelling, very tender and sensitive on pressure; below the joint, on the inner side of the leg, there was a hollow caused by the displacement of the tibia. The limb was bent at an angle of about 130 degrees, and was almost perfectly ankylosed; on the skin covering the joints were the scars of one or two old cicatrices; on the tendons of the outer hamstring was a small discharging sore. [Fig. 12, page 492, gives an idea of the appearance and position of the leg.] The patient suffered no pain, except in the swelling mentioned above; and he was able to walk, or rather to limp about, with the help of a stick, though he could only touch the ground with the toes of his left foot.

March 2nd. Since his admission he had had a liberal diet, and had rested his leg by lying in bed. By these means his general health had improved considerably, and the knee was no longer painful or tender. To day he was taken down to the theatre, and placed under chloroform; Mr. Bowman then proceeded to resect the knee; a lunated incision, with long sides, was made, crossing the joint immediately below the patella. The skin was then dissected upwards, close to the bone, until about an inch and a half of the lower extremity of the femur could be removed with the saw; the tissues were next cleared away from the upper part of the

tibia, and a thin slice—averaging less than half an inch in thickness—was sawn off; it was then found that the surfaces of bone could be brought into perfect apposition; one artery was tied; the flaps of skin were brought together, and united by three sutures; the leg was then laid on a McIntyre's splint, and a bandage applied above and below the knee; the seat of the operation being covered only by a little simple dressing. The patella was firmly united to the femur, and came away with that portion which was removed; the ankylosis appeared to be partly fibrous, partly bony. On a vertical section of the end of the femur being made, it was seen that the whole of the epiphysis had been taken away, as well as a portion of the shaft of the bone.

March 3rd. Pulse 104; tongue clean and moist; he slept well after taking a draught, and was tolerably easy, and free from pain.

March 4th. Pulse 120. To day, as the femur seemed to project over the tibia, bandages were applied over the femur to keep it down; the straight splint was then attached to the McIntyre, and the limb extended; the wound was dressed with cold water.

March 5th. Pulse 128; tongue slightly furred; bowels rather confined; he complained of cough. He was sick yesterday afternoon. The knee was tolerably easy; he did not sleep well last night owing to the discomfort of the long splint.

March 7th. Pulse 120; the bowels had been slightly moved by a pill, and his tongue was cleaner. The knee was tolerably free from pain, except when it was being dressed.

March 10th. Pulse 140; tongue clean; bowels confined; the knee jumped a great deal, and gave him much pain; at other times it was tolerably easy.

March 12th. Pulse 130. Slept well last night, and felt better this morning. The knee was tolerably easy; bowels open.

March 16th. Pulse 130. He had a draught every night, and slept well. The knee was discharging freely, and gave little pain. Appetite good; bowels open; urine of specific gravity 1,015, no albumen.

March 19th. Pulse 120; tongue clean; bowels open. Yesterday the splint was removed, and reapplied, care being taken to raise the tibia, and depress the femur. To day he was easier, and his spirits seemed better.

March 24th. Pulse 104. He was going on favourably; bowels open; the knee was easy, and the front part had nearly healed. At both ends there was an opening, which discharged freely.

March 30th. Pulse 130. Tongue clean; bowels open; the knee was progressing favourably; it gave him less pain: indeed it was quite easy, except just when it was being dressed; the incision was healing; there was sufficient discharge from the ends of the wound. To day the splint was removed and reapplied, care being taken to depress the femur and raise the tibia, so as to keep the bones in a right line.

April 2nd. There was no pain in the knee; the discharge was less; he ate well, and slept well, and his spirits were excellent.

April 6th. His appearance improved daily; there was little or no pain in the knee, except just when it was dressed. He slept and ate well. The incision was almost healed along the front, but at the ends there were openings, from which a free discharge took place.

April 13th. He was going on favourably. His general health was excellent, and his appearance had greatly improved; the leg was in good position, and the bones were becoming firm; there was but little



discharge; the wound was dressed with water-dressing.

April 22nd. To day the limb was taken off the splint, and a plaster of Paris bandage applied.

May 20th. He could now walk slowly with a crutch, and could even bear the whole weight of his body on the left leg; the length of which, from the anterior superior spine of the ilium to the outer malleolus, was twenty-three inches and a quarter; the right measured twenty-five inches and a quarter. There was a small sore on both the inner and outer side of the knee, which discharged a little. His health had improved very much; he expected to go to Margate every day.

May 22nd. He went out to day.

October 7th. The leg that was operated upon measured twenty-four inches from the anterior superior spine of the ilium to the external malleolus, being two inches and a half shorter than the other. The boy's health was excellent. He walked a mile to the hospital this morning; he was on his legs all day; the limb had regained much of its plumpness, but remained thinner than the other; no movement could be perceived at the knee, but attempts at flexion gave a little pain, so that probably cartilaginous, and not osseous, union had taken place. The outer side of the incision still presented a small unhealed portion.

Cast No. 4 was taken from the knee in November 1865, when the limbs were carefully measured as given in the essay, and at the same time a photograph was taken (Fig. 13, p. 493).

*Cases in South Devon Hospital.* Emily Pemberthy, aged 25, married, was admitted May 4th, 1853, with scrofulous disease of the right knee-joint. The disease was of seventeen years' standing; it commenced with pain, followed in two years with swelling. She was attended by different medical men, and underwent a variety of treatment till July 17th, 1855, when she became an in-patient of the Truro Infirmary, and stayed there some time; no improvement taking place, in September 1857, she went into King's College Hospital, under Mr. Bowman, who twice applied the actual cautery, without relief. Mr. Bowman refused to resect, as there was not sufficient evidence of disease.

Excision was performed by Mr. Whipple, on June 2nd, 1858, by the H-incision, the McIntyre splint was used. The patient was discharged, having made a good recovery, September 10th, 1858.

Samuel Sargent, aged 28, sailor, admitted July 27th, 1859, under Mr. Fox, with rheumatic disease of the knee-joint. Excision was performed on September 23rd, 1859, and he was discharged December 28th, 1859, with good recovery. No notes were taken.

Richard Palmer, aged 25, waiter, was admitted January 13th, 1864, under Mr. Whipple. Excision was performed, (date not stated), death occurred on February 15th, 1864. No notes.

Eliza Brooks, aged 25, dressmaker, was admitted January 25th, 1864, under Mr. Whipple. Excision was performed February 17th, 1865. She was discharged, having made a good recovery, August 23rd, 1865.

Harriett Hillier, aged 32, servant, was admitted on August 2nd, 1865, under Mr. Whipple. Excision was performed on December 1st, 1865. She remained under treatment at the time of the report.

Martha Attrill, aged 15, was admitted September 5th, 1860, under Mr. Square. Excision was performed on March 13th, 1861. No notes. She died of phthisis, three to six months after her discharge.

Ann Batten, aged 29, tailoress, was admitted October 5th, 1859, under Mr. Square. Excision was

performed January 13th, 1860. She was discharged cured.

#### LIST OF CASTS.

1. Cast of the knee of a child showing chronic disease, with enlargement of the end of the femur, and partial dislocation of the tibia backwards.

2. Cast showing the characteristic appearance produced by effusion into the knee-joint.

3. Cast of the limb of a child, amputated by the author (Case XVIII), for strumous disease of the knee, with great distortion.

4. Cast taken recently of the knee of Mr. Bowman's case of excision, showing the growth of the limb, and the increase of bowing since the last photograph was taken.

5 and 6. Casts taken at five years' interval, from a boy from whom Mr. Heath excised the joint, for disease and ankylosis, in 1858. (See *Lancet*, July 7th, 1860, and drawing in body of essay.) The casts are intended to illustrate the material improvement in the nutrition and development of the limb in five years, and the slightly increased bowing at the joint.

7. Cast recently made from the limb of a girl, from whom the author excised the knee in May 1864, and who subsequently sustained a fracture of the thigh. (See Case XIII, and two photographs in body of essay.)

8. Cast of the knee-joint amputated by the author, for long standing disease in a phthisical patient. (See Case XIX.)

#### PREPARATIONS.

1. A knee-joint amputated by Mr. Holt. (Case XXII.) The joint is opened and a bougie is introduced to show how the pus had passed along the tendon of the popliteus, and formed an abscess at the back of the joint, and in the calf. The joint was full of pus. The synovial membrane is much thickened, and is thickly coated with lymph; the crucial ligaments are nearly destroyed; there is caries of the articular surface of the tibia, but a portion of the articular cartilage is still left, though softened and ulcerating; the articular surfaces of the femur and patella are thickly coated with lymph, and the cartilage of the patella is slightly ulcerated.

2. A knee-joint amputated for destruction of the joint, with ulceration of the articular surfaces; the crucial ligaments are softened, and nearly destroyed; the interior of the joint is thickly coated with lymph; inflammatory deposit is present in the head of the tibia, and is shown by a horizontal section of the bone.

3. A knee-joint amputated for destructive disease, (Case XIX) in a phthisical man, by the author. The structures of the joint are all more or less involved; the synovial membrane being much thickened and the ligaments softened. The articular cartilages are much thinned, and in parts ulcerated.

4. A knee-joint amputated for old standing disease. The synovial membrane has been in great part destroyed, as also the ligaments. The cartilages are most extensively ulcerated, so that the articular surfaces of the bones are exposed, and are carious. A vertical section, made when the preparation was fresh, showed, extremely well, inflammatory injection and thickening of the cancelli of the ends of the bones.

5. A dry preparation of the bones forming the knee-joint, amputated by the author (Case XX), for long standing scrofulous disease. The remains of the articular cartilages have been removed by maceration; but the articular extremities of the bones will be seen to be abnormally irregular and rough.



A vertical section has been carried through the bones, and shows them to be unusually thin.

6. A dry preparation of the bones forming the knee-joint, amputated by Mr. Liddon. (Case XXI.) The bones have been macerated, but when fresh, showed denudation of articular cartilage. The articular surfaces are rough, and the end of the condyles flattened; the bones are much thickened. The surface of the tibia is rough and carious; the spine of the tibia is gone, and there is a cavity on the inner articular surface. A small exostosis or osteophytic growth projects posteriorly.

7. Portions of bone and ossifying cartilage, removed by excision of the knee-joint of a child, by Mr. J. Wood. (Case XVII.) The slice of femur is very thin and nearly healthy on the surface, and the patella is healthy. The principal disease was in the tibia, two slices of which have been removed. An abscess may be seen on the lower surface of the head of the tibia (which includes the whole epiphysis); this has encroached upon the joint, and the articular cartilage is thinned, and the synovial membrane much thickened.

8. A wedge constituting an ankylosed knee, removed by Mr. H. Smith from a child. (Case XVI.) The wedge includes the articular ends of the femur and tibia, and half the patella, all bound together by strong fibrous tissue.

9. The portions of bone removed by excision, by Mr. H. Smith. (Case XV.) The synovial membrane is in great part destroyed, and what remains is much thickened. The articular cartilages are destroyed in great part. The patella is adherent to the external condyle, in which there is a carious cavity, and a corresponding one in the opposite surface of the tibia, the bones having mutually worn each other away apparently, in a remarkable manner.

10. Portions removed by excision, by Mr. Whipple. There is thickening of the synovial membrane, with thinning and communicating ulceration of the articular cartilages. The spine of the tibia was broken off during the operation, and is attached to the femur by strong fibres.

11 and 12. Two femurs are sent in to illustrate the correct and the incorrect modes of removing the articular surface, as described in the essay.

**HORSEFLESH AS FOOD.** According to the *Moniteur de la Meurthe*, hippophagy is making progress at Nancy. M. Pineau has already a dozen fattening in his stables. At present the consumption is two animals per week.

**BURLINGTON HOUSE.** The Pathological Society, like the Medico-Chirurgical Society, has applied to Government for apartments in Burlington House, and has received the same answer, that more applications had been received than could be met according to the existing accommodation. The circumstances, however, are somewhat different. The Pathological Society has not a library, and does not require apartments devoted to its sole use. It is at present paying a heavy rent for the use of an apartment on fifteen nights in the year. This, it is thought, might be granted without much inconvenience in some of the rooms now used by other learned societies in Burlington House, and a renewed effort will, we believe, be made by the Honorary Secretaries, Dr. Murchison and Mr. Holmes, to ascertain whether some arrangement cannot be made for this purpose. The Society devotes its limited funds in such large proportion to scientific purposes, as to leave a very narrow margin for other expenses; and the claim which they have to such public accommodation as can be reasonably afforded is very strong.

## Original Communications.

### REMARKS ON SYPHILISATION.

By GEORGE GASKOIN, Esq., Surgeon, Chevalier of the Order of Christ, Portugal; Surgeon to the Artists' Benevolent Fund; formerly House-Surgeon and House-Pupil, St. George's Hospital.

[Continued from p. 258.]

BOTH Vidal and Hebra support the opinion, that the influence and operation of soft or simple chancre on the frame is something more than local—something more than limited to the neighbourhood of their site. In default of direct proof, they adduce the protective power of vaccinia in illustration of a constitutional change established in the system, which, during the cycle of its occurrence, is betrayed by no other sign than such as may be read off from the vesicle as on a dial. That such a change does take place *pari passu* with the evolution of the vesicle and its decline, is a fact that will hardly be disputed. Syphilographers who entertain different views from the above insist that, beyond having afforded passage to the contagion, the manifestation at the spot of lesion in vaccinia has no kind of connexion with the concomitant interior change. They affirm that the elaborative process is distinct in each, and that each pursues an independent course. Hence, whatever may take place in the constitution, the appearance of the vesicle is neither to be regarded as a measure of its completeness, nor to be accepted as a token of its existence. Moreover, the failure, it is said, of definite incubation in vaccinia, destroys the force of the analogy; for a certain stage of incubation, subsequent to the implantation of the virus, is proper to syphilis. A better subject of comparison, they suggest, is to be found in variola, where a volatile animal poison received into the body is subject to an incubation of fourteen days' term. But here again analogy is at fault, in so far that variola, casually taken, exhibits no appreciable lesion at the point where it enters the system.

Such is this course of argument; no reference being made to the method of inoculation for small-pox, in the practice of which the matter of variola is dealt with as a fixed contagious principle. When variolar matter is inoculated, the stage of incubation is practically annulled, or reduced to an equality with that in vaccinia; meanwhile, as is well known, the communicated disease is neither altered in character nor destroyed. In this instance at least, it seems difficult to believe that the local and constitutional symptoms proceed independently side by side; for if, in three or four days' time, the wound of inoculation be seen to close, the inoculation is declared to have failed. If it should inflame rapidly, a bad eruption of variola may be expected; and a quantity of pus deposited, as the disease advances, in the inoculated part, is often found to diminish towards the end, and it has commonly been supposed to be assimilated or absorbed.

There is some difficulty, it may be remarked, in regarding disease (under a fair interpretation of the word) as exclusively local, or exclusively general. The existence or prolongation of a local affection presupposes a consent, or at least a tolerance, on the part of the economy. A constitutional malady seems to imply the idea of some local expression, sooner or



later pronounced, in one or other part, in one or more organs. Diseases display textural preferences in general disturbance, and take their character thence. The soft chancre, when contracted in disease, is multiple (averaging perhaps as many as six in number); its term of existence is moderately long, and the amount of secretion independent of the bubo is considerable. To what extent pus-formation influences the course of other disorders, and modifies diathesis, is perfectly well known. However much, then, the soft chancre may seem to differ in type from the more chronic or so-called infecting sore, however much in its consequences it may be found to differ from the other, it not unlikely has a searching influence on the economy, and entertains sympathies with it—there is much, indeed, which might persuade us that the secretion of the soft chancre does not find a pathway in the tissues; but it must be remembered that modern physiological research is far more favourable to the idea of rapid diffusion among our organs, than to the limitation, of fluid substances inserted or received within the frame.\*

This is all that need be said on so obscure and difficult a subject; the *onus probandi* remaining with those who maintain a proposition so little self-evident and capable of proof as the localisation of the soft syphilitic sore, and its independence of the general system. But we may be permitted, perhaps, to draw attention to another point of comparison. In inoculation for small-pox, a roseolar rash, with papules, frequently precedes the expected eruption. This rash is an indication of a mild infection, and promises a good event. *It may also precede a mitigated form of casual small-pox.* (See *Library of Medicine*, vol. i, p. 318; art. Small-Pox, by Dr. Gregory.) Now, some such eruption, but very characteristic and definite, altogether different from the syphilides, will sometimes occur during the course of syphilisation; and that indifferently, whether the matter from soft or hard chancres be used; and it is equally regarded as a favourable prognostic. This point, in common with variolar infection, may still further incline us to believe in a constitutional influence exerted by the artificial inoculations on the constitution. Syphilisation not being based on these analogies, but founded on experience and ascertained facts in the natural history of syphilis, it seems scarcely fair, on grounds so poorly established and disputable, to debar those who practise it from an interpretation of its phenomena such as best accords with their experience. If there is much that is inexplicable in the difference between venereal forms, we may reflect that what is known on these subjects bears no proportion to what is unknown. The study of syphilis is full of pitfalls, and this localisation of the soft sore may very well be one of them.

It may be further objected that, even if these forms of disease be shown to have a common origin, that of itself is not a sufficient proof of their being identical diseases; and if the soft sore be, as some suppose, derived from the implantation of the virus on a syphilitic, yet, the immediate effects of inoculation of soft and of hard sores being different, they are practically two different diseases. Now this, indeed, is what has been insisted on with regard to variola and vaccine, one of which excludes or supersedes the other. Let us not, where all is conjecture, be deterred from observation and practical suggestions by vain and uncertain arguments,

or be fettered from attempts at improvement by the vain babble of schools. It was not thus that Hippocrates understood physis; and when some refuse to entertain the question of syphilisation until it has been found that the inoculation of the soft sore, at some time or other, shall have produced consecutive syphilis, this only marks a departure from a right line of observation, and shows how ill the true spirit of medicine is upheld amongst us; for, although it might be possible to adduce some recorded case,\* a confused argument is but a slight persuasive to a novel field of research; and the real question before us is, whether a number of patients have been relieved of the pressure of their disease by the method of syphilisation, and whether they have enjoyed full health afterwards.

Perhaps it may not appear a contradiction in terms, to say that this disease of syphilis is less formidable when acute than when displayed in more chronic forms. It is even possible that, being derived, as far as tradition guides us, from individuals of a very low type and organisation, it may find its path to extinction through more energetic vital processes in highly organised frames. Diseases with which syphilis has some points of resemblance, such as leprosy, pellagra, etc., are aggravated by want, dirt, and distress, if not engendered by such causes; and they are known to disappear under better phases of culture. It is possibly thus that Dr. W. Boeck and other syphilographers have come to consider the soft chancre (with suppurating bubo) as a more acute form of the same disease, which drags out its slow length in consecutive syphilis, being formidable in proportion to its chronicity. Under such a view, the term chancreoid might seem inappropriate, as signifying an enfeebled or decaying syphilis, however much that in certain cases its analogues, vaccinoid and varioloid, have been known to return to their types vaccinia and variola. We have ventured the statement that the chancreoid carries infection; for, in a certain number of recorded cases, this has been proved by the event, although, indeed, a wider field of experiment is much to be desired. It is extremely probable that in many, nay, in by far the greater number of cases, inoculation from the chancreoid, in subjects hitherto exempt from syphilis, would not be followed by consecutive symptoms. The cases of Bidentkap and others tell as much in favour of this class of facts, as those of Ricord, Fournier, Cullerier, and Robert for the other; yet none of these facts are probably irreconcilable, though we have, indeed, to regret that our views are limited with respect to them.

The following passage of Fernel may be appended as not without interest, to show the ideas of an earlier age with respect to the contagion of syphilis, in contrast with modern doctrines.

"Now, this communication (of disease) either happens to one who is entirely free from it, through (contact with) an infected person; or it may be communicated to one who has it already, from some other who is very much worse (*plus gasté*). It never occurs between persons who are infected in the same degree; nor is it received from one who has it not so bad as his companion. Those who are in the same degree of the malady may sleep together without danger, and yet for all that, they might communicate the disease to others less diseased than themselves." (Fernel, *Path.*, liv. vi, chap. 20, *De la Vérole*.)

\* The recent experiments of Dr. Beece Jones, the prompt results of subcutaneous injections, and the constitutional effects occasionally shown of mineral caustics, are here referred to. Not less to the point are the paralytic affections which follow the inoculation of diphtherial poison.

\* Such a case, indeed, is quoted by Hebra, of a pustulous syphilide ensuing on repeated inoculations of the soft chancre in a patient afflicted with lupus. (Bericht der Allgem. Krankenhaus, in Wien für 1859; and Zeitschrift der Gesellschaft der Aerzte, 1860, N. 9.) One of Wallace's experiments might be quoted to the same effect. Certain cases to be on record of hard sore following infection from soft chancre.



## Reviews and Notices.

CENNA SOPRA UN NUOVO RIMEDIO DA SERVIRE COME MEZZO IGIENICO, COME PROFILLATTICO E PRESERVATIVO, E FORSE COME CURATIVO, CONTRO IL CHOLERA MORBUS. Pel Farmacista VINCENZO FROSINA MERLETTA, Socio di varie Accademie, etc. P. 16. Catania: 1866.

REMARKS ON A NEW REMEDY, RECOMMENDABLE AS A HYGIENIC, PROPHYLACTIC, AND POSSIBLY AS A CURATIVE AGENT IN CHOLERA. By VINCENZO FROSINA MERLETTA, Pharmaceutist, Member of certain Societies, etc.

THIS pamphlet has originated in a commendable desire on the part of the author to introduce the permanganate of potassa to the notice of his countrymen. It is to be used hygienically, and also internally as medicine. The latter suggestion we find supported by no kind of experience, but simply by references to pharmaceutical and other publications. The perusal of this *brochure* is only interesting from the glimpses it affords of the class and character of medicines most prized as efficacious in far-off Sicily. These, as regards cholera, are the phenate of bismuth, the camphorated phenic acid, the acetous tincture of camphor with phenic acid, the ammoniated tincture of camphor with arnica, etc. We had almost forgotten the permanganate of alumina and bismuth. For all of these formulæ are given, and each and all are recommended with that complacency which may be expected where endeavour is not yet chilled by experience or made humble by defeat.

ON AMPUTATION AT THE HIP-JOINT. By RICHARD G. BUTCHER, M.R.I.A., President of the Royal College of Surgeons in Ireland, etc. Pp. 30. Dublin: 1866.

FORTY-SEVEN years ago, Mr. BUTCHER tells us, Mr. Richard Carmichael amputated at the hip-joint for a large osteo-sarcomatous tumour in the Richmond Hospital. The patient died on the fifth day. From that day until the beginning of the present year, the operation had not been repeated in Ireland, until Mr. Butcher himself performed it for the relief of an enormous osteo-sarcomatous tumour extensively involving the leg and thigh. The entire history of the case, and the details of the operation, together with many practical remarks of great value, are now submitted to the profession in the publication before us; and we can only express our regret that the distinguished President of the Irish College of Surgeons had not the good fortune to be the first to operate successfully in the sister kingdom; the patient having died of pyæmia on the sixth day.

We think the duties of assistants in this important operation are most clearly and satisfactorily defined by Mr. Butcher. The number, six, who are told off to their various stations, seem none too many to meet thoroughly the exigencies of the case; and the manner in which the arteries of the posterior flap are secured, is deserving of marked commendation. Mr. Butcher relied on a skilled assistant to control the external iliac artery at the groin, and did not

use Professor Lister's clamp for the abdominal aorta. At the same time, he very candidly admits the immense advantage that must attend, under different circumstances, the use of this most effective instrument.

We relate his own account of the manner in which the femoral vein, in the face of persistent hæmorrhage, should be dealt with.

"In amputations of the thigh high up, I have often been troubled with hæmorrhage from the femoral vein, and, when neither plug or adjustment of flaps would check it, have invariably pursued the practice, in the last few years, of passing a wire suture, by means of a tenaculum with an eye near its point, through the skin, beneath and around the vein, and through the integuments in the opposite side of the vessel to where the instrument entered; thus the vein was pressed up by the ligature against the integuments, and a few twists of the wire perfectly controlled the flow of blood. The ligature was unravelled and withdrawn in twenty-four hours; and in no instance was there a return of this untoward complication."

The entire memoir should be carefully perused.

## Progress of Medical Science.

### SURGERY.

EXOSTOSES OF THE FRONTAL SINUS. At the meeting of the Academy of Medicine on September 4th, M. Dolbeau read a paper, of which the following are the conclusions. 1. The Schneiderian membrane lining the different sinuses, etc., connected with the nasal fossæ, may become the seat of osseous growths, independent of the cranial and facial bones, but capable of attaining a large size. 2. To this category may be referred an exostosis removed by M. Michon from the maxillary sinus; exostoses of the orbit originating in the ethmoidal cells; an osseous tumour removed from the nasal fossæ by M. Legouest; and osseous tumours described by M. Cloquet under the name of ossified mucous polypi of the nasal fossæ. 3. The membrane lining the frontal sinus may also be the seat of exostosis, as has been shewn in cases described by Otto, Roux, Jobert de Lamballe, Holmes Coote, and Dolbeau. 4. All these exostoses are more or less free in the cavity in which they originate. They may, in being developed, become more or less firmly fixed; but they always remain independent of the bone, and may be removed, if a sufficient opening can be made; hence it is important to operate at an early period. 5. Exostoses of the frontal sinus may be enucleated, notwithstanding the proximity of the brain. As their growth is undefined, it is wise to operate as soon as their presence is distinctly ascertained, in order to avoid their extension into the cranial cavity. 6. In operations, all attempts to attack the tumour with the gouge or trephine must be abandoned. Even the best made Liston's pliers have been broken on one of these tumours. The cavity must be freely laid open; and the tumour may then, by being shaken *en masse*, be readily removed entire without any very great effort. (*Gazette Médicale de Paris*, 8 September, 1866.)

INCOMPLETE LATERAL LUXATION OF THE CERVICAL VERTEBRÆ. M. L. Martin has observed five cases of this lesion; three in adults, two in children. In all three cases, the symptoms were the following. The head assumed an oblique position, and was rotated



and inclined laterally; the muscles of the nape formed a very strong tense projection on the side from which the head was inclined; the other side of the nape was depressed, and the posterior middle line of the neck formed a curve with its convexity turned towards the muscular projection. The sterno-mastoid on the side to which the head was inclined was relaxed; on the other side, it was tense. Symptoms of compression of the cord (paralysis, cramps, etc.) were present in the adults only; not in the children. To reduce the dislocation, the patients were lifted by the head, so that counter-extension was made by the mere weight of the body. In four cases, recovery was complete; in the fifth, some general symptoms remained after the reduction. (*Wochenbl. der Zeitschr. der Gesellsch. der Aerzte in Wien*; and *Gaz. Méd. de Paris*, June 9th, 1866.)

**LOCAL MEDICATION OF THE BLADDER.** Professor Crawcour of New Orleans has introduced into practice an instrument to apply vapours directly to the internal surface of the bladder, by a modification of Richardson's apparatus. The tube of this celebrated atomiser is simply lengthened out in the form of a catheter. For obvious reasons, the smaller tube of the apparatus is continued to the extremity of the larger one, where there is a small aperture for the escape of the vapour. The bladder is first emptied, and the stopper of the bottle being removed, the catheter is passed, after which, the cork being replaced, everything is ready for the application. As the vapour is thrown in by the pressure upon the hand-bulb, the bladder gradually expands, and every part of its internal surface as it is unfolded receives the vapour. (*New York Medical Record*.)

**TRAUMATIC ANEURISM IN THE ORBIT.** A man, aged 41, fell, in September 1860, on the back of his head, and was carried home insensible. Dr. Collard, who was called to him, found him in a state of stupor, with small slow pulse and cold skin. There was a small contused wound in the occipital region, but no fracture. Leeches were twice applied near the base of the skull, and counterirritation and purgatives were given; and the patient was able to move about tolerably well in a few days. Noises in the ears, however, still continued. After a time, there was developed in the left orbit a swelling which, eight or nine months after the accident, presented the following characters. It was as large as a haricot-bean, lay on the inner wall of the orbit, and had an undefined base. Pressure with the finger from before produced a sensation of *frémissement*, and pulsations isochronous with those at the wrist were perceived; on lateral pressure from left to right, the arterial pulsations were most strongly marked, and the buzzing experienced by the patient in the right ear was notably increased. The eyes were congested and projected much, the left more than the right. Leeches were applied to the mastoid region and the anus, and purgatives, calomel, belladonna, etc., were given; but the patient fell into so anæmic a state that in February 1862 this treatment was exchanged for tonics, when the patient's strength returned, the tumour gave less distress, the eyes became less congested, the projection of the left eye was less marked, and the diplopia, of which the patient occasionally complained, became less marked. On August 9th, the patient, after having, contrary to advice, engaged in hard labour, and perhaps also in consequence of suppression of a hemorrhoidal flux, was seized with an exacerbation of his symptoms. The left eye was considerably projected forward, as if it were about to burst from the orbit; the upper lid was swollen. The right eye remained in place, but was drawn inward.

Diplopia became persistent; the patient was obliged to cover one eye in order to see objects distinctly. Leeches were applied to the arms, purgatives were given frequently, and a pill of calomel and belladonna was administered daily; and cold lotions were applied to the forehead and eyes. In July 1863, the patient obtained a situation on a railroad, which relieved him from hard labour. In two months, vision began to improve distinctly; the amelioration increased rapidly, and in three or four months the tumour had disappeared, the eye returned to its place in the orbit, and the diplopia ceased. In short, there remained no trace of the disease under which the man had suffered during three years and four months. M. Collard believes that in this case there was a dilatation of the ophthalmic artery and its branches, arising from and maintained by a morbid state of the ophthalmic ganglion, which furnishes vaso-motor filaments to the arteries of the eye. This ganglion he believes to have been injured by *contre-coup*, and to have remained in a state of hyperæsthesia which produced dilatation of the walls of the ophthalmic artery and its branches, increase and acceleration of the pulsations, and the other symptoms which have been described above. He hence concludes that it is advisable to try the effect of medicinal treatment before having recourse to operation. (*Revue Médicale*, and *Gaz. Méd. de Paris*, 29 Septembre, 1866.)

**DERMOID TUMOUR UPON THE ANTERIOR FONTANELLE.** M. Giralde's relates the following case. A little girl, three months old and in perfect health, presented in the region of the anterior fontanelle a tumour of the size of a pigeon's egg. It was covered with a whitish down, showed no pulsation or vibration during respiration, and was transparent, as could well be seen by transmitted light. Size, shape, and transparency, favoured the presumption of its being a meningocele. An exploratory puncture caused a transparent liquid to issue. A few days afterwards, a fine trocar was introduced; through the cannula nearly ten grammes of a most limpid fluid escaped exactly similar to that yielded by a spina bifida which had been punctured just before. This fluid had a saltish taste; and with nitrate of silver gave a white curdy precipitate of chloride of silver. The diagnosis of meningocele thus appearing to be corroborated, a corresponding treatment was adopted. After the cyst was completely emptied, the surface was covered with a layer of collodion, and compressed with wadding and a bandage. Puncture and compression were repeated once a week. After six puncturings, however, there was no diminution in size. The liquid which escaped was invariably of the same quality. After six months' treatment, the child was lost sight of. When, at the end of another three months, she re-appeared, she had had measles in the interval. The tumour had lost its transparency and increased in size. A fresh puncture gave exit to a reddish fluid, a little thicker, and carrying white clots like the grains of semolina. These appeared, under the microscope, to be composed of epithelial elements. There were also present scales of cholesterine. An able microscopist declared the clots to be the membranes of fat-cells. A slight inflammation following the last puncture caused a delay in the treatment. It was resolved to dissect the integument down to the base of the tumour, ligature its communication with the arachnoid by a thread of wire, and cut off the strangulated portion. Should the communication be found to be very extensive, the tumour was to be opened, its inner surface touched with nitrate of silver, and agglutination sought to be obtained. Chloroform having been given, half of the base of the tumour was circum-



scribed by a curved incision, and the hairy scalp completely dissected, when a tumour was laid bare invested with a fibrous membrane of bluish appearance, and much resembling the dura mater. The broad implantation of the tumour caused the plan of strangulation to be abandoned. The cyst was laid open throughout its extent; a reddish fluid escaped, containing a very large number of white clots; the inner surface, constituted as it was by an array of white crystallisations intermixed with a down of pretty long filaments, presented a whitish granular aspect. The cyst was found to be entirely closed, and without any communication whatever with the cranial cavity. So the case was not one of meningocele; but a rare and brilliant specimen of a dermoid cyst. The tumour, which completely covered the anterior fontanelle, was removed *in toto*, the flap of skin re-applied, and lightly compressed with wadding and bandage. A few months afterwards the wound was thoroughly healed. The tumour, a sphere of three centimètres in diameter, had two distinct investments, the outer of a fibrinous character, the inner of cutaneous nature, as was proved by dissection and by maceration in a solution of tartaric acid. The outer membrane presented all the histological elements of fibrous tissue, and was studded with vessels, forming a plexus of narrow meshes and merging with a rich network into the inner membrane. This latter was constituted like true skin, with a finely granulated surface. These two membranes were traversed by whitish and pretty long hairs. The aspect of the epithelial layer contiguous to the inner membrane, contains the prolongation of the epidermic follicles of the hairs and sebaceous glands. The inner surface of the cutaneous membrane was covered with a great number of hairs, the bulbs of which were perfectly constituted, as they contain very complete sebaceous glands opening in the hair-tubes. A magnifying power of three hundred diameters suffices fully to verify these morphological details. The white granular mass which lines the cyst, and gives its inner surface a milky aspect, is due to epithelial cells without nuclei, and to cholesterine. Hardly any traces of fatty matter are observable in this compound of epidermic elements. The seat of the swelling on the one hand, and its fluid contents on the other, constitute the interest of the observation. No analogous example is known; although dermoid cysts of the skull, and even within the cranial cavity, have been described by Morgagni, Ogle, and Stanley. According to Rouget and Lenoir, cysts of this kind may, by their growth, induce atrophy and even perforation of the bone. Hence the necessity for an early removal. A large number of cystic tumours must be held to be of intrauterine origin. (*Gazette Méd. de Paris*, Oct. 20th, 1866.)

### MEDICINE.

**BENZINE IN HOOPING-COUGH.** The object for which children are advantageously carried to gas-works, of diminishing the intensity and number of the attacks of whooping-cough, Dr. Lochner obtains more conveniently by administering benzine in small doses internally, and likewise sprinkling it cautiously over the bed of the patient. A number of drops are given in a teaspoonful of water several times a day. Dr. Lochner has treated his own child, 21 months of age, successfully in this way. The premonitory symptoms lasted eight days; the disease itself only six days. The attacks were very violent, especially in the evening at bedtime; but their number never exceeded five or six in the twenty-four hours, and they did not last so long as in the cases of other

children. He gave his child from ten to fifteen drops during the day; and as soon as it had fallen asleep, he poured some drops of benzine on the bed. This outward use of the drug requires the ventilation of the room to be specially attended to. (*Gaz. Méd. de Paris*, Oct. 20th, 1866.)

**HOOPING-COUGH.** Dr. Unsicker (*Cin. Lancet and Observer*) reports favourably on the use of strong tea made of the dried leaves of the common chestnut-tree (*Fagus Castanea*) in mitigating the paroxysms of whooping-cough. He also asserts that its employment is attended with an actual shortening of the disease.

### ANIMAL CHEMISTRY.

**ON OXALURATE OF AMMONIA IN HUMAN URINE.** Mr. E. SCHUNCK, in a paper read before the Royal Society, says that when ordinary healthy urine is passed through animal charcoal, several organic substances are separated and absorbed by the charcoal, to a fatty acid. Among them is one which by treatment with strong acids is decomposed, yielding oxalic acid and urea. Its composition was found to correspond with the formula  $C^8H^{12}N^3O^8$ , which is that of oxalurate of ammonia. The author's experiments were not sufficiently numerous to decide the question whether this salt is a normal constituent of human urine or not. There is no doubt, however, that its presence, whether exceptional or not, affords an easy and satisfactory explanation of a phenomenon which has until now proved very puzzling, viz., the formation of oxalate of lime in urine long after its emission. It is doubtless owing to the decomposition of oxaluric acid, which takes up water and splits up into urea and oxalic acid; the latter then combines with lime, of which there is always a sufficient quantity present to saturate the acid. There can be little doubt also, that oxaluric acid is derived in the animal frame, as in the laboratory, from uric acid, the oxidation of which is its only known source.

After referring to the various forms in which fatty matter occurs in human urine, and to our extremely defective knowledge regarding its physical and chemical properties, the author proceeds to describe a process whereby he obtained from healthy urine a small quantity of a substance having the properties characteristic of the fatty acids which are solid at the ordinary temperature.

The author inclines to the opinion that it is a mixture of stearic and palmitic acid, which according to modern investigations constitute together what was formerly called margaric acid. The author does not venture to assert that it forms a normal constituent of the healthy secretion, though the urine employed in his experiments in no case exhibited anything peculiar. The experiments described do not throw any light on the question how this acid, which belongs to a class of substances almost insoluble in water, comes to be dissolved in a liquid like urine, which is itself usually acid.

**A TELL-TALE FLAVOUR.** We read in the *Chemical News* that, at Oxford, some drains and sewers were disinfected by means of carbolic acid, during last autumn, and the characteristic flavour of carbolic acid was soon afterwards detected in the drinking water, to the great indignation of some householders, who doubtless would have preferred the sewage, if undetected, to the flavour of carbolic acid, so easily perceived. This is of course quite a matter of taste; but if one must drink water polluted with sewage, it is perhaps best to be aware of it.



*We are requested to remind members of the Association that the Annual Subscriptions became due on the 1st of January. They can be paid either to the Secretaries of the Branches; or to the General Secretary, T. Watkin Williams, Esq., 13, Newhall Street, Birmingham.*

THE PUBLISHER begs respectfully to inform the Secretaries of District Branches and the members of the Association interested in extending its numbers, that the prospectus of the forthcoming volumes of the JOURNAL for the year 1867 is reprinted in a separate form for distribution, and that he will be happy to forward it where desired.

## British Medical Journal.

SATURDAY, DECEMBER 29TH, 1866.

### EDITOR'S FAREWELL.

WE cannot lay down the pen as editor of this JOURNAL, without offering to the members of the British Medical Association our thanks for the invariable support which we have received from them in our efforts to maintain the high standing of our calling, as well as to widen the influence of the Association by improving the condition of its JOURNAL. Thanks to their support and generous sympathy, we may venture to congratulate the Association that we have been enabled not only to hold our own in the struggle of journalism, but to have conquered for our JOURNAL an unquestioned position in the field of medical literature, and effectually carried on no mean struggle in the cause of professional morality.

Perhaps we may be pardoned if, at this moment, we venture with some little self-complacency to congratulate the Association on its present state of vigour, on its influence and its usefulness. Surely we may affirm, that never at any period of its existence has the Association had a firmer hold on the profession than it has at this moment. Year after year the highest illustrations of medicine and surgery have been proud, at its annual meetings, to present themselves as exponents of the scientific labours and of the sentiments of our profession, thereby acknowledging the Association to be the worthy representative of its honour and its science. This is the high position now assumed by our Association; and it is not a little significant of its solidity, that we no longer hear whispered from within, or cried aloud from without, "*Cui bono?*" when men speak of its operations.

As regards our conduct of the JOURNAL during the past six years of its existence, we must speak

with moderation; but yet, after the many votes of thanks to us, recorded, we believe, by every Branch of the Association in the kingdom, it would be an affectation of modesty if we were to pretend that the JOURNAL, in our hands, has not somewhat contributed in raising the Association into its present high condition of scientific vigour and of social influence. And if we speak of this, it is that we may remind our readers of the struggles for its very existence which the JOURNAL has had to maintain; or rather, we should say, of the many and constant efforts which have been made by ill-judging friends and open enemies to bring it to a close. This struggle, happily, is now at an end. Friends have become convinced of the error of their intentions, and enemies of the inutility of their attacks; and no one now ventures either to question or to doubt the propriety of its existence. Its special object and usefulness are now accepted facts. It encourages medical science by recording the transactions of the Branches of the Association; it promotes fraternity in the profession, by being a bond of unity and goodwill between its members; it gives power to the will of the profession by imparting to it the force of unity; and, above all, it sustains the morality and honour of the profession. Being the mouthpiece of the sentiments of the profession, it is bound by the very terms of its existence, without fear or favour, to maintain and proclaim those sentiments of morality which are the guiding rules of our professional life. Whoever subjects himself to the rebuke of this JOURNAL may be sure that he subjects himself to the rebuke of the profession at large—that he sins against professional morality. The editor's pen does not express the opinion of an individual; it records the judgment of the profession. Swayed by no interests excepting those of the Association which he represents, the editor of this JOURNAL is bound uncompromisingly to denounce what the Association—*i.e.*, the profession as a body—condemns. The necessity for the existence of such a journal has been proved by its deeds. Those deeds have been appreciated; and the BRITISH MEDICAL JOURNAL, as the fitting exponent of the will and intention of the profession, is now an accepted fact.

We may be forgiven if we thus refer to the immediate past history of this JOURNAL. The lesson to be learnt from the past is one which may be usefully remembered in the future. The editor, to work manfully and usefully, requires the united and firm support of the Association. His efforts in the advancement of science, and while doing battle with professional disorder, are paralysed so long as he is forced to defend the very ground upon which he stands.

Sincerely, therefore, do we congratulate the profession that the JOURNAL has at last lived down all the many attacks made on its existence. And no



small matter of congratulation is it to ourselves, that we are enabled to hand to our successor the JOURNAL at a moment when the voice of opposition, both from within and from without, is heard no more. Gladly also do we record the fact, that we leave it in peace with all our medical contemporaries.

For these reasons, then, we may be forgiven if at this parting moment we indulge the honest pride of having been in some degree instrumental in the progress and expansion which the Association has undergone during the past few years. And surely, also, we may fairly indulge the sanguine hope that, in the vigorous and practised hands of its future distinguished editor, the JOURNAL will not fail still further to extend the usefulness of the Association, and to exercise a salutary and guiding influence in promoting the well being of the profession at large.

Perhaps there never was a moment in the history of our profession when a firm and honest criticism was more needed in dealing with its literature; for assuredly there never was a time when the press *per fas et nefas* has been so widely resorted to as a means of gaining fictitious notoriety, as well as a true scientific reputation; never a period when books have been made so extensively available as a means of advertisement. Moreover, in the ethical character of our profession, there is, unfortunately, still work enough for the exercise of an uncompromising condemnation of things professionally dishonest. And who is to do this work, if not the medical press? The profession (and not unnaturally) are apt to underestimate, and even overlook, the real value of an earnest and determined monitor engaged in directing and preserving the credit and character of the profession; and sincerely therefore do we hope to have done something in elevating the position of journalism in the eyes of our medical brethren; in bringing them to regard it as the exercise of talent worthy of all that consideration which attaches to high professional skill honestly exercised.

In conclusion, we must add one word especially personal to ourselves. We have, in the performance of the work delegated to us, been forced at times to say that which may have hurt the feelings or the prejudices of individuals. An editor cannot avoid such criticisms and be honest. We hope, nevertheless, that those who may have thus taken umbrage at our words, will regard them as in no sense personal, but simply as the conscientious and necessary expressions of an editor engaged in the performance of his duty. And, in asking this for ourselves, we would ask the same for our successor. Fortunately or otherwise—we think fortunately—the editor of this JOURNAL is a known and responsible person; and just, therefore, in proportion as the justice of his criticism is guaranteed by his personal responsibility

—just in proportion to its sincerity and value—ought the consideration and protection of the profession to be extended to him.

A great future, we verily believe, is in store for our Association. In that future its JOURNAL must ever play a conspicuous and leading part; and if there be one earnest wish we would impress upon our readers in these our parting words, it is this, that they should in the future cement and foster the relations of the JOURNAL with the Association.

#### THE STONE HOSPITAL CORRESPONDENCE.

OUR silence on the subject of the Stone Hospital Correspondence seems likely to be misinterpreted. The particular case, however, of Mr. Walter Coulson can be judged, we think, without comment. His letter admits, in fact, the practical misleading of the members of the surgical staff of St. Mary's Hospital who signed the document which we published, on a subject on which, in common with other professional men who signed a protest against the Stone Hospital, they feel strongly. But he declines to remedy the breach of faith by the only reparation which he can offer, resignation of one or other appointment. He pleads that the deception was not premeditated. This lessens the offence, but by no means lessens the honourable obligation to repair it. Mr. Nunn has already marked out, we think, the better course, in deferring to the opinions of his colleagues at the Middlesex.

As to the general case of the Stone Hospital, we think it ought by no means to be confounded—as the attempt is being made—with that of other special hospitals. They profess to provide for the superfluity of the hospitals—the tedious and overflowing cases of cancer, paralysis, consumption, syphilis, and the like. This proposes to abstract the scanty cases of stone, which are earnestly sought after and carefully provided for, and which are necessary for clinical instruction in the general hospitals, on the offensive and absurd ground that they will be better treated by Mr. Coulson, junior, Mr. Herbert Scott, and whoever else may be induced to join them, than in the hands of such men as, say, Fergusson, Curling, Prescott Hewett, Paget, Henry Thompson, and the great body of hospital surgeons generally. It differs from all other special hospitals in its *raison d'être*; and amply deserves the proscription which for three years has been imposed upon it. At least, any one who patronises such an assumption and becomes party to the offence is out of place amongst the staff of any general hospital.



## A NEW DOUBLE QUALIFICATION.

We rejoice to announce that the important change which we only last week warmly advocated is likely to be quickly commenced.

A communication, which is likely to have much influence on the future status of our profession, has been made to the College of Physicians by the College of Surgeons. Some of our readers may remember that, on more than one occasion, the College of Physicians has earnestly and seriously endeavoured to enter into mutual agreement with the College of Surgeons for the purpose of instituting a joint examination, and granting by a single examination a high and effective double qualification. Hitherto, however, the College of Surgeons has not been sufficiently advanced in progressive modernism to accept such a proposal; and it may certainly, therefore, now be hailed as one of the cheering signs of its advancement in liberalism, that it now comes forward in its turn expressing a desire to bring about some arrangement of the kind referred to. Great credit is due to Mr. Partridge, the President of the College of Surgeons, for the active part which he is taking in bringing the College up to a level with the requirements of the age. Mr. Partridge informs the College of Physicians, in a letter addressed and read to them on the 22nd inst., that a Committee of the College of Surgeons is desirous of meeting a Committee of the College of Physicians to confer as to the propriety of joint cooperation in the matter of granting diplomas. The College of Physicians at once unanimously accepted the proposal, and then and there the President nominated, as members of the Committee to represent the College, the President, the Treasurer, the two Senior Censors of the College, with the Registrar and Dr. Risdon Bennett. As the College of Physicians have always had a strong feeling in favour of this system of joint examination, and as the College of Surgeons now comes forward, we must suppose, with a *bonâ fide* intention of assisting in bringing it about, and as there assuredly exists intrinsically no difficulty in coming to suitable terms, we may regard this important movement as almost as good as an adopted conclusion.

## NEXT SESSION.

Who is to blame for the continuance of that system of nefarious extortion and obscene fraud which is carried on by the authors of "secret guides", "private friends," and "physiological handbooks," and the like? Not the press; for the advertisements of these men are now excluded by respectable journals, and their tactics have been many times exposed before, as they are again this week, by the *Saturday Review*, in an able article on "Secret Terrorism." Not the medical profession; it has expelled the very few rogues who sought to legalise the traffic by obtaining diplomas from various Colleges; their names have been erased from the rolls of the registered practitioners of the country and have been struck off the lists of their Colleges. Moreover, this has been done publicly, and the names have been printed in all the

professional and political journals. But they flourish almost unhurt, and will continue to do so while the law countenances by inference the illegal assumption of medical titles by men who no longer possess them, or who never had any just claim to them. A penalty is, indeed, imposed by the Medical Act upon those who assume to be "registered practitioners"; but the punishment is reserved for the pretence of registration, and not for the false assumption of the title. This, of course, makes it a dead letter. The Register is a big and costly volume, which, we should suppose, hardly a layman in the kingdom possesses, and to which very few have access. This state of the law is an obvious evil; it is not merely absurd, but very injurious. A very simple and efficient clause has been proposed to the Government by way of a short amendment of the Medical Act. This clause has been approved by Mr. Thring, and sanctioned by the last Government. The bill containing it was in the Home Office, drawn and ready for the House, when Mr. Walpole came into power. Its introduction had been greatly delayed by the reform debates; and Mr. Walpole was unable to press it on, in the then crowded state of the business of the House. The draft of the Bill is before us; and the clause is simple, and would be effective in preventing the fraudulent assumption of medical titles, which is the kind of protection really needed by the public. We have reason to believe that the Bill will be introduced early in the ensuing session; and a more useful piece of legislation could hardly be accomplished.

## THE PERSISTENT EPIDEMIC IN CARNARVON.

We are glad to hear that the attention of Government has been drawn to the continued prevalence of cholera in the Carnarvon Union. Some weeks ago, we reported the outbreak, and we have each week since given an account of the fresh attacks and deaths which have taken place. It will be remembered that our last notice recorded the fact that the deaths had increased from seven to seventeen, though the fresh cases had not been so numerous. We understand that the Medical Department of the Privy Council has directed one of its inspectors to go to Conway to ascertain the cause of the outbreak, and to advise the authorities as to the best way of dealing with the epidemic, with a view of arresting its extension and progress. Last week, the fresh attacks were 145, but the deaths 15, only two less than in the preceding week.

## ROYALTY.

The loyalty of Englishmen (if not their love of taxation) gives them always a great interest in anticipated additions to the numbers of the royal family. The recently published statements on this subject are understood to be correct, except that the accouchement of the Princess of Wales may be expected in March, and that of the Princess Christian in April. The Princess Royal of Prussia has quite recovered her health and spirits, which were depressed by the loss of her infant. The recent in-



disposition of the Prince of Wales was, we believe, nothing more serious than an attack of boils, probably consequent upon a great deal of fatigue, but attributed by *cognescenti* at court to partaking of frozen meat at St. Petersburg, which has the reputation of producing such mishaps.

#### WASTED LIVES.

It seems that the old hunt for slavers is continued on the old principles, spite of the useless waste of life involved, and the utter absence of results. The "poor old *Oberon*", which cannot sail over 2.8 knots, or steam more than about 6 knots, was, on the 7th of November (according to the *Army and Navy Gazette*), on her way to Lagos, one of the most deadly stations on the West Coast of Africa; then, if there were any slavers to be found in their old haunts, they might have the satisfaction of laughing at her. Meantime the assistant-surgeon and others had been down with the coast fever. It is suggested that a run up to Ascension would be a prudent step, *if the commander could take the responsibility upon himself in the absence of his senior officer.*

#### A DIFFERENCE WITHOUT A DISTINCTION.

If the Medical Council should succeed, as we hope they may, in obtaining a legal protection for the various medical titles conferred by the chartered colleges and universities of the kingdom, so devised that it will be a penal act to assume them without warrant or to imitate them fraudulently, it is possible that some difficulty might occur as to the letters M.R.C.P. They, of course, indicate that the owner possesses the diploma of the College of Physicians of London; but they also distinguish (or confound) the members of the Royal College of Preceptors, and between the two colleges there is a very great difference, although between the initials there is no distinction.

#### THE YELLOW FEVER NEST.

THE Lords of the Privy Council have just made an order directing that every vessel coming from or having touched at the port of St. Thomas "shall come to an anchor at such place or places as may from time to time be appointed by the Commissioners of Her Majesty's Customs, for the purpose of having the state of the health of the crew of such vessel ascertained, before such vessel shall be permitted to enter the port whereto she shall be bound, or any other port of the United Kingdom; and shall remain at such place or places until the state of health of such crew shall have been ascertained;" and further directing that every vessel is "thereafter to be subject to such lawful direction as may be made in that behalf by or under the direction of the said Lords."

THE PRESIDENT AND COUNCIL OF THE QUEKETT MICROSCOPICAL CLUB have issued cards for a *soirée* on Friday, January 4th, at the University College Library, which has been lent for the occasion by the authorities.

#### CHRISTMAS IN THE HOSPITALS.

THE sick in the London hospitals have not been forgotten during the Christmas season; they have been made to feel, so far as it has been possible, something of its festivity, and all its religious import. The wards of many hospitals are gaily decorated not only with holly and mistletoe, but with every variety of bouquets and floral devices; and some present a singularly gay and pleasing aspect. Such change in their fare as can be permitted has occasionally been made. The chaplains and lady visitors are chiefly to be thanked for this seasonable labour of love.

#### GOOD NEWS FROM THE EAST.

It is reported that the cholera epidemic in Persia has come to an end, and that since the beginning of this month not a single case has occurred. The presence of cholera in Persia is a matter of the highest importance to us in Europe, as a rigid quarantine against India would be of little value in the face of endemic or epidemic cholera in Persia. We are glad to learn, also, that the cholera which had recurred at Constantinople has been confined to a few isolated cases, and has disappeared since some weeks. It has also ceased, we are informed, in Alexandria, since the 20th ultimo. Vessels from the above ports will now, therefore, be admitted to free *pratique*.

#### THE QUEEN'S AT BERMUDA.

We have received a communication from Lieutenant-Colonel Attye, the officer commanding the Queen's at Bermuda at the time when they were so decimated by yellow fever and were retained in the very hot-bed of the epidemic, contrary to urgent medical representations and to all experience. The object of this communication is to show that the blame lies not with himself, but in a higher quarter; and we feel bound to add that we have received another communication this week of like effect from a gentleman who was in a position to be well informed, but who desires to withhold his name. Colonel Attye writes:

"On the morning after the Queen's landed at St. George's, Dr. Hunter, the Health Officer, called on their commanding officer and reported that a fatal case of decided yellow fever had occurred the former day in St. George's, and that a few days before there had been also a suspicious death, but which had been called jaundice. He, therefore, recommended the removal of the regiment to the Ferry, where communication with St. George's could, in a great measure, be cut off.

"The commanding officer of the Queen's, being the junior of four lieutenant-colonels on the islands, could act only 'under authority.' He at once went with his adjutant to the senior officer on the spot (the second in command), and requested that immediate steps might be taken for the removal of his corps. A telegram was sent to the Commandant, who refused to sanction it, but his own corps, the 39th, was sent there a day or two later; and, although their tents were purposely left standing on their embarkation, it was not till after repeated applications that the commanding officer of the 2nd obtained authority for the move, and then only for a limited proportion."



## THE BOULOGNE STATUE OF DR. JENNER.

THE College of Physicians, on the 22nd instant, considered the application for a grant from the French Committee engaged in erecting the statue of Jenner at Boulogne, and subscribed £25 towards defraying the still outstanding amount due on account of the statue.

## THE DYSTER ENDOWMENT.

THE College of Physicians have adopted the following regulations for the management of the money presented to them by Dr. Dyster.

"That the memorial shall consist of a gold medal of the value of £20, to be called the 'Baly Medal', and to be awarded, as provided, every alternate year to the person who shall have distinguished himself in physiology. That the honour shall be extended to foreigners without exception. That the medal be presented after the Harveian Oration, by the President of the College. That of the sum of £400 placed at the disposal of the College by Dr. Dyster, such part shall be first expended as may be required to procure the dies for the medal; and that the interest accruing from the remainder shall be expended on the medal. That the medal shall present on the *obverse* the portrait of the late Dr. Baly, surrounded by the words, 'In honorem Gulielmi Baly, M.D.,' surrounding the head, and beneath the bust, the words, 'Ex instituto F. D. Dyster, M.D., MDCCCLXVI'; and on the *reverse*, a view of the College, with the words, 'Coll. Reg. Med. Lond.' under the same. And that the name of the medalist, in his native language, with the date of the award, be engraved on the rim of the medal."

## "WORTHY OF THE SPONGE."

THE name of George Frederick Thomas of Melbourne, Member of the Royal College of Surgeons of England 1859, Licentiate of the Royal College of Physicians of London 1864, has been removed from the *Medical Register* by virtue of the powers entrusted to the General Medical Council under the Sect. 14. This person, besides representing himself as a member of the Council of Medical Education, London, had been guilty of unprofessional conduct, of which it will be remembered that the College of Physicians, as mentioned in our report of last week, then took serious cognisance. Unfortunately, in the present state of the law here, this, which is intended to be a very serious punishment, is practically robbed of its intended efficacy; since the deprival of diploma and the erasure from the Register, still leaves the culprit free to assume his medical titles as of yore, and to practise undisturbed, as many others do under similar circumstances at present, in England.

## DR. GOOCH.

A PORTRAIT of the late Dr. Gooch has been presented by his daughter to the College of Physicians. "Not many of you," said the President, in speaking of this gift, "may remember Dr. Gooch. But some of us personally knew him, acute, sagacious, and successful. He died too early, in the very zenith and at the acme of his reputation." His daughter hoped that the portrait might be allowed to take its rank amongst the worthies of the College.

## BURIED ALIVE.

A HORRIBLE instance of neglect and ill-treatment of a lunatic in Scotland, which was brought to light through the vigilant activity of one of the Deputy-Inspectors in Lunacy, has been published in most of the daily papers. The patient, a young woman, had been walled up in her room, and had lived there naked and filthy for years; the relatives who had the poor creature in their charge having evidently acted in this barbarous manner from an ignorant horror of insanity, and from an unwillingness to let her be taken from them to an asylum, rather than from any positive cruelty of disposition. A few years since, before the Board of Lunacy was established, many cases of a like kind occurred; but, in consequence of the active exertions of the deputy-inspectors, whose special duty it is to visit the registered lunatics in private dwellings, and to search out those who are so placed illegally, these terrible cases have almost entirely disappeared. It is only now and then that such a case is discovered in some remote country district. Their past frequency and present great rarity testifies to the value of the rigid system of inspection, and the excellent progress made in this matter in the last few years.

## THE CHOLERA-POISON AND CHOLERA-DISCHARGES.

DR. J. S. ALLEYNE, of St. Louis, in his Report on Asiatic Cholera, which has been epidemic in that city, says:

"The cholera-discharges were not always copious or frequent; indeed, we may say with truth, from our own observation, sustained by the remarks of others, that there did not appear sufficient reason, in the quantity of secretion from the bowels, for the rapid and profound collapse. The most malignant cases, as we now can recall, by reference to notes, were those where the vomiting and purging were insignificant. Judging from them, the prognosis was favourable; but the rapidly fatal termination showed the fallacy of our belief. As an extreme instance of the powerful impression of cholera poison, without the usual symptoms, we witnessed, in what we could not otherwise term than a case of cholera, all the symptoms, such as cold extremities, cramps, sunken eyes, choleraic voice, depression of the nervous and circulatory systems, and yet no vomiting, not even nausea, and no dejections. The patient, after a week's sickness, gradually recovered. On the other hand, large evacuations seemed to throw off at once the poison from the system—if such an expression may be allowed—and the patient recovered as rapidly as he sank."

USE OF TOBACCO BY CHILDREN. In Fall River, Mass., the children in the public schools use tobacco, and become intoxicated to such an extent that the Superintendent of Schools has written a public letter on the subject.

ST. MARY'S HOSPITAL will presently benefit to the extent of £5000 by the will of Mr. J. Scrivener, lately deceased; this amount is bequeathed in reversion. Landed property, believed to be of considerable value, is devised by the same testator to St. George's and Middlesex Hospitals.



## THE EXPECTED WARRANTS FOR THE ARMY AND NAVY MEDICAL SERVICES.

THE Army Medical Warrant, of which so much has been said, is ready, and in type. It is not yet, however, promulgated, and will not be separately published, but will be included, we are informed, in the second volume of the Amended Army Regulations, which is about to be published. We understand that it will grant rates of pay in some respects rather higher than those suggested by the Committee on whose recommendation it is founded. Sir James Gibson's protest on behalf of the officers of higher rank has been attended to, and they will receive an increase (of no considerable amount, however) beyond the scale of pay published in the recent blue-book. The amended Naval Medical Warrant is not yet ready. We believe that the benefits which it will confer will chiefly consist in improved retirement in the higher ranks and better allowances for officers on shore.

At the last meeting of the Academy of Paris, M. Larrey asked if the officers had any news of MM. Follin and M. Rayer, who were reported to be very ill. "The Academy could not by its silence show itself indifferent to the state of these two honourable members." M. Trousseau and M. Broca reported that M. Follin was out of danger; and we learn from another source that M. Rayer is also doing well. M. Follin has just been elected President of the Société de Chirurgie.

Dr. Thiersch of Erlangen recalls attention to some earlier researches on the question, Are non-volatile combinations produced in the spontaneous decomposition of choleraic dejections which, introduced in small quantity into the healthy animal organism, give rise to the disorder? The dejections were without injurious action on the animals during the first three or six days of the decomposition; but in the following days of the decomposition a poisonous principle was developed, attached to the dry residuum of the dejections, of which a small portion produced in the animals a disease presenting the symptoms characteristic of cholera. This poisonous principle disappeared at a later period of the decomposition. The decomposition took place at a temperature of from 43° to 52° Fahr.

M. Preterre, a well known dentist of Paris, states that, after a considerable experience of the protoxide of nitrogen as an anæsthetic, he considered it a most precious agent. In one or two minutes, at most, a sufficient sleep is obtained to extract a tooth or to practise an operation of short duration. After awaking, the nausea, the loss of appetite, the helplessness, and the fatigue, which ordinarily follow anæsthesia obtained by chloroform or ether, never occur.

M. Ricord has been elected Vice-President of the Academy of Medicine, so that he will succeed in turn to the presidency. This has not occurred without opposition from the Faculty, by whose influence M. Denonvilliers was nominated. The opposition to M.

Ricord was by reason of his position external to their body. But the Academy maintained its position as the equal platform for all worthy celebrities, and M. Ricord triumphed easily.

## REPORT ON LEPROSY.

A REPORT on Leprosy by the Royal College of Physicians has been prepared for Her Majesty's Secretary of State for the Colonies. It is a very bulky, very elaborate, and very valuable contribution to our knowledge of this intricate subject. The College have performed this great labour at the request of the government. The suggestion arose out of a letter from the Governor of Barbadoes to the Duke of Newcastle, stating that this fearful malady is on the increase in that colony, and suggesting that, hopeless as the case of the unhappy leper may be, the collection of reports from all the colonies on the character and progress of the disease, the treatment and dietary observed, and the general regulation of leper-houses, might be attended with some possible advantages, and tend to ameliorate the condition of these unhappy sufferers. The College assured the Duke of Newcastle of their willingness to cooperate in this humane work; on the nomination of the President, Dr. Budd, senior censor, Dr. Owen Rees, Dr. A. Farre, Dr. Gull, Dr. Milroy, and Dr. Greenhow, were appointed a committee to frame interrogatories and report on the disease. These were dispatched to all the colonies, and a considerable mass of evidence has thus been obtained, and is here elaborately digested and collated. One most important conclusion at which they have arrived discredits entirely the belief that leprosy is contagious, or communicable by proximity or contact with the diseased. The evidence derived from the experience of the attendants in leper asylums is especially conclusive on this point. Thus there is not, in this great mass of reports from all parts of the world, "anything which justifies measures for the compulsory segregation of lepers." In India no such segregation is attempted, but in many countries, including some British colonies, the slightest ascertained taint of the malady carries with it a seclusion tantamount to banishment from the rest of the community, or even to perpetual detention in a lazaret. Enactments for the arrest and imprisonment of lepers have been proposed or passed even within the last few years in some of our Indian colonies. In the villages of Syria, lepers are required to go to Damascus, or some other town where there may be a public asylum; and if they will not conform to this rule, "they are made to live in a cave or hut outside the village, where they remain in perpetual quarantine." All such enactments or regulations should be abolished. The Report constitutes a book of great size, and will require further analysis.

THE DANGER OF USING CHEMICAL POWDERS IN COOKING. A very narrow escape from poisoning a whole family has occurred at Wilmington. As Mrs. J. Davis was making a hard pudding for dinner, she went to a shelf to get a pinch of "baking powder", as she thought, to mix with it; but, in mixing, she fancied it did not feel just like baking powder, and, on taking up the packet and looking at it, she saw "poison" labelled on the packet, and which was found to contain oxalic acid, which had been left there unknown to her, for cleaning boot tops. She was much frightened, and at once threw it all away. (*Brighton Paper.*)



## Association Intelligence.

### BATH AND BRISTOL BRANCH: ORDINARY MEETING.

THE second ordinary meeting was held at the York House, Bath, on December 13th, 1866; J. S. BARTUM, Esq., F.R.C.S., President, in the Chair. There were also present thirty-two members and seven visitors.

The minutes of last meeting were read and confirmed.

*New Members.* Mr. H. Wintle (Bristol), Mr. J. R. Dunn (Keynsham), and Thos. Barrett, M.D. (Bath), were elected members of the Association and the Branch.

Dr. TUNSTALL and Mr. E. N. STONE gave notice that they should introduce amendments to the present law regarding the mode of ballot for new members. The President suggested that they should confer together, and give notice to the Secretaries to make the next meeting *special* to discuss the subject.

*Communications.* The following communications were made.

1. On Gonorrhoeal Rheumatism. By A. Prichard, Esq. A discussion followed, in which Drs. Cooke, Tunstall, and Martyn took part.

2. An Extraordinary Case of Carcinoma in a Child. By W. B. Herapath, M.D. Mr. Leonard, Dr. Gourlay, and Mr. Mason took part in the discussion.

3. The Internal Use of Tartar Emetic in sudden Acute Inflammations. By J. K. Spender, Esq.

4. Mr. H. W. FREEMAN showed some interesting readings of the Sphygmograph from patients under his charge at the hospital.

### SOUTH-EASTERN BRANCH: EAST SURREY DISTRICT.

A MEETING of this Society was held on Thursday, December 13th, at the Longton Hotel, Sydenham. EDWARD RAY, M.D., of Dulwich, was in the Chair; and eighteen members and visitors were present.

*The Late Mr. W. T. Sargent.* The following resolution was proposed by Dr. LANCHESTER, seconded by Mr. BOTTOMLEY, and carried unanimously.

"That this Society has heard with the deepest regret of the untimely death of Mr. W. T. Sargent of Redhill, which occurred only a few days after he had attended and read a paper at its last meeting. The Society desires to express its appreciation of his high professional worth, as well as of the general esteem in which he was held; and to tender the expression of its warm sympathy with his widow and family in their sad bereavement."

*Communications.* 1. Dr. J. M. BRIGHT, of Forest Hill, read the notes of a case of Intrathoracic Cancer. The symptoms, at first obscure, were ultimately such as to enable a correct diagnosis to be formed. Dr. Bright was thanked for his paper, and requested to allow it to be published.

2. Mr. SYDNEY JONES gave the history of a recent case in which Gastrotomy had been performed for the relief of a patient suffering from Stricture of the Œsophagus. The patient survived the operation twelve days—a longer period than in any previously recorded case. He eventually died of pneumonia—an apparently accidental complication.—Mr. COOPER FORSTER congratulated Mr. S. Jones on the degree of success he had met with, and made some remarks

on the operation, which he himself had twice performed.

3. Mr. CRESSWELL, of South Norwood, read the report of a case of Fatal Obstruction in the Small Intestines, occurring in a patient who had been the subject of gastric fever some time previously. The *post mortem* examination showed great constriction of the intestine at one point, due, Mr. Cresswell believed, to the contraction of an old typhoid ulcer.

4. Mr. E. REYNOLDS RAY showed a large Gall-Stone, which had passed by ulceration into the intestines of a patient, producing a fatal result; and read the notes of the case.

5. Dr. RAY exhibited the Bones of a Fœtus, which had been passed *per rectum*, at different times in the course of two years, by a woman the subject of extra-uterine foetation. The patient eventually did well.

6. Dr. BRAXTON HICKS exhibited his Cephalotribe, and promised, at a future opportunity, to make some remarks on its use, and on the advantages to be derived from it.

*Next Meeting.* It was arranged that the next meeting should be held at Croydon, on Thursday, March 14th, 1867; and that Mr. Berney be requested to act as chairman.

*The Dinner* took place at 6.15 P.M., and was attended by sixteen of those who were present at the meeting.

### BIRMINGHAM AND MIDLAND COUNTIES BRANCH: GENERAL MEETING.

THE third general meeting of the present session was held at the Midland Institute, December 13th, 1866. Present: T. A. CARTER, M.D., President, in the Chair; and twenty-four members.

*Communications.* 1. Dr. B. W. FOSTER exhibited a specimen of Rupture of the Aortic Valve from muscular effort. The specimen was taken from a soldier who had been discharged on account of the symptoms produced by the rupture, which occurred while the man was stretching over a high obstacle in order to reach something beyond. The left segment of the aortic valve was torn from its attachment at its angle of junction with the posterior; it was still attached about three-eighths of an inch below the other segments. The curtain of the valve was also perforated in two places. The pulse-traces, taken with the sphygmograph, were also shown.

2. Mr. OLIVER PEMBERTON read notes of a case of Foreign Body in the Larynx, and exhibited the *post mortem* appearances of the same. The child, 7½ years old, came under Mr. Pemberton's care in August last. She was said to have swallowed, in the September of the previous year, a portion of a japanned buckle. She was seen by a surgeon within half an hour of the accident, when she presented an anxious appearance, and suffered from difficulty of breathing and loss of voice. There was no difficulty in deglutition. The symptoms began to abate; and, when Mr. Pemberton saw the child, she was healthy, and suffered no inconvenience beyond the weakness of voice. There was no stridor; and no abnormal physical signs could be discovered upon auscultation of the lungs or of the larynx. On account of the absence of urgent symptoms, laryngotomy was not deemed advisable, and the child returned home. Three days after her return, she was seized with violent vomiting from an overloaded stomach. This probably stirred the foreign body, set up inflammation of the laryngeal mucous membrane, and caused death. The body of the buckle, an inch long, was found lying vertically in the larynx posteriorly, while the teeth lay in the angle of the thyroid cartilage.



3. Dr. RUSSELL read a paper on Cholera and the Water-supply. Dr. Russell alluded to the origination by Dr. Snow of the theory of the propagation of cholera through the water-supply, and said that the experience of the present epidemic accorded entirely with this theory. According to Dr. Snow's theory, cholera is the result of a specific poison which lives and multiplies in the alimentary canal; and further, the cholera poison is extensively contained in the discharges from the stomach and bowels of the cholera patients, and is disseminated by them. Being dried, the poison may be conveyed by the atmosphere or by clothing, though by far most frequently by water; the water holding in solution the germs of the disease, which it conveys into the system when used as a drink. He noticed that the salient facts which had been established respecting the extension of recent epidemics accorded with this theory. He said that man was the main, if not the sole, agent in multiplying the disease and conveying it to distant places. Even a single individual may be the means of introducing the disease into a locality, and thereby originating an epidemic; and the infecting power was intensified when man moved in masses, as in pilgrimages, armies, etc. Dr. Russell then gave details of some of the most remarkable epidemics of cholera, and showed how in each instance it might be attributed to impure water; and mentioned cases in which the disease had been traced to privies, and through these to the infection of land-springs. He mentioned Dr. Budd's aphorism, that cholera is a disease that infects the ground; and said that this infection of the ground was the principle which connects itself with the relation which subsists between cholera and the water-supply. Dr. Russell then detailed many instances in which the outbreak of cholera was distinctly traced to infected water; and stated that authors, and also the medical officers of health, were agreed in this view almost unanimously. Dr. Russell concluded a very interesting paper by some practical remarks upon the prevention of an outbreak of cholera, and called attention to the frequency with which the pump-water of large towns was found to be unwholesome, such unwholesomeness in many instances not being recognisable by taste or smell.

Each of the papers was followed by an interesting discussion.

**New Members.** At a Council-meeting of the Branch, the following gentlemen were elected members of the British Medical Association:—Dr. Wylie, the General Hospital, Birmingham; Dr. Overend Drewry, Walsall; Mr. Charles Iliffe, West Bromwich; Mr. George Elkington, jun., Birmingham; Mr. C. J. Bracey, M.B., Birmingham; Mr. E. H. Addenbrook, the Children's Hospital; Mr. Francis Wm. Underhill, Tipton.

**THE BLANE MEDALS.** The Council of the College of Surgeons has just forwarded these naval medical prizes to the Director-General of the Medical Department of the Royal Navy, to be distributed to the successful candidates.

**LONGEVITY.** A question which has long been agitated and argued *pro and con* is, whether the work of the brain is injurious to health, and whether it shortens life. In relation to this subject, the Paris correspondent of the *Morning Star* notices that most of the clever men of France reach a great age. Of the members of the French Academy, M. Viennet is 89; M. de Ségur, 86; de Pougerville, 76; Lebrun, 82; Villemain, 76; Lamartine, 76; Flourens, 78; M. Guizot is 79, and M. Thiers, 69; Berryer is 74; the Duke de Broglie 82. The ages of the younger members of the Academy range from 60 to 70.

## Reports of Societies.

### WESTERN MEDICAL AND SURGICAL SOCIETY.

FRIDAY, NOV. 2ND, 1866.

W. MARCET, M.D., F.R.S., Vice-President, in the Chair.

*A Case of Rupture of the Heart.* By G. F. BLANDFORD, M.B. R. T., aged 71, who had been for thirty years an inmate of an asylum, summoned the resident medical officer to see him early in the morning of May 13th. He appeared to have caught a severe cold, had some cough, and much pain in the chest; was shivering. His face and eyes seemed swollen; and he had vomited. His pulse intermitted regularly every three beats; the heart's sounds were muffled, and the action feeble. The feet were cold, and all appetite gone. Mustard plasters were applied to the chest, and ammonia and other restoratives were given; and, before the day was over, he expressed himself greatly relieved. On the 14th, he had had a restless night, but was better in the morning. He was sitting on the sofa; was unaccountably languid and weak; pulse very irregular; the heart's sounds were very muffled. On the 15th, he was much better, but still languid, and could not eat. When Dr. Blandford saw him at 2 p.m., he was sitting up at his table, trying to eat some dinner; but he said he could not get on with it. His pulse then was of an extraordinary character; it was so irregular, that it was impossible to count it. At six o'clock, the medical officer saw him again, and took him the newspaper, which he came forward to receive in his usual manner. Shortly afterwards, his attendant, going in with his tea, found him on the sofa, apparently asleep, but in reality dead.

At a *post mortem* examination, the pericardium was found distended with bloody serum; and the whole of the heart was covered with blood-clot, which, after being removed, weighed about 5½ oz. At the very apex of the heart was a small orifice, through which the blood had come, the muscular tissue round being also stained for some distance. This orifice opened into the right ventricle. The valves were healthy; and the muscular structure generally did not appear either softened or fatty, neither was it dilated or thinned. There was no fat upon the surface of the organ. The other organs were healthy.

*Acute Pericarditis apparently from Pyæmia.* By A. GODWIN, M.D. A boy, C. W., aged 5, well nourished, who had nearly all the prepuce removed on account of phimosis, eight days afterwards had severe rigors, and was very ill. The author saw him on the tenth day, when he was lying on his back with his knees drawn up; much fever; hot dry skin; tongue foul and dry; pulse rapid; and breathing hurried. The whole abdomen was very painful to the touch, more especially in the hepatic region. The heart-sounds were healthy, and nothing but a few moist *râles* were heard at the base of the lungs. He went on much the same for three or four days, sometimes appearing better, but soon relapsing. The pain shifted to the epigastrium; he had once or twice partial sweats at night, more especially of the head; but the author never found his skin in the least degree moist. He would take no nourishment but wine. Occasionally he asked for food, but would not eat it when given to him. He was at times delirious, but was never observed so by Dr. Godwin. He had tenderness of both knees and the right wrist, lasting for a few



hours only, and shifting from one to the other, but unaccompanied by swelling. On the fifth day, he was decidedly worse; there was now a loud endocardial murmur and a to-and-fro sound; the bases of both lungs were dull on percussion; the breathing was more hurried; the pulse intermitting, etc.; and he died the next morning. The urine was clear all through his illness, without any deposit.

On *post mortem* examination, the small piece of psoas that was left was found to be oedematous. On raising the sternum, a small quantity of ill-looking pus appeared, as if from the right sterno-clavicular articulation. The liver was large and softened, easily broken down, and had a mottled appearance. The pericardium contained about two ounces of fluid; and both layers were covered with an extensive deposit of lymph, with a few slight adhesions. The right chambers of the heart were filled with clot, that in the auricle being entirely decolorised, that in the ventricle less so, the valves bound down by adhesions; the left chambers were tolerably healthy. There was much fluid in both pleuræ; and the bases of both lungs were intensely congested, appearing almost solid. The ascending cava appeared quite healthy; and there was not any deposit of pus found, except the one mentioned.

# LIVERPOOL MEDICAL INSTITUTION.

NOVEMBER 15TH, 1866.

W. M'CHEANE, Esq., Vice-President, in the Chair.

*Specimens.* Dr. GRAHAM exhibited a Larynx with a Pendulous Growth attached to the inferior vocal cord, completely blocking up the opening of the glottis. The tumour was epithelial. The patient was 75 years of age, and had suffered from laryngeal symptoms for seven years. He was found one morning dead in his bed, death being caused by sudden suffocation.

Mr. EDGAR A. BROWNE showed a specimen of Hydatids of the Liver. There were no special symptoms in the case during life suggestive of their presence.

Dr. CAMERON brought under the notice of the Society a specimen of Pneumonia complicated with recent Pericarditis. A negro sailor, aged about 60, was admitted into the Southern Hospital, and died on the tenth day of an attack of pleuropneumonia of the left lung, complicated with recent pericarditis. There was hepatisation of the whole of the lung. Thick layers of lymph had been effused on its pulmonary and diaphragmatic pleura. In the diaphragm were several highly vascular patches. The opposed surfaces of the pericardium were adhering extensively, on the left side of the heart especially, by soft recently effused lymph. The following points in this case seemed worthy of notice. 1. The occurrence, during the whole time of the patient's residence in hospital, of troublesome hiccup, explained by the condition of the diaphragm. 2. The development of pericarditis independently of rheumatism, evidently by extension of disease from the inflamed pleura. 3. The results of thermometric observations. It was found that the temperature decreased from 100° Fahr. to 96.6°, notwithstanding the progressive aggravation and eventual fatal termination of the disease. In another case of pneumonia which died in the Southern Hospital some time ago, the same discrepancy was observed by Mr. Evans between the movements of the thermometer and the progress of the case. 4. The density of the urine, instead of being above the healthy standard, was throughout the patient's illness 1013;

the quantity passed not being excessive. It did not contain albumen; nor were the kidneys diseased. The chlorides increased considerably in the urine passed the day before he died, having been previously exceedingly scanty. Urates were found in considerable quantity in the urine passed on the eighth and ninth days of his illness.

*Pyæmia.* Mr. LONG read the notes of some cases of Acute Pyæmia, and made some remarks on the nature of the disease and its complications.

## Correspondence.

### CLITORIDECTOMY.

LETTER FROM CHARLES WEST, M.D.

SIR,—I fancied that I had, in my former letter, denied the truth of all Mr. Baker Brown's statements with reference to myself. It seems, however, that in his opinion I have still left one uncontradicted. I therefore hereby deny that I have ever given an opinion to the effect that any case whatever "was a suitable one for Mr. Brown's operation".

The mention of "arsenic" in the letter quoted by Mr. Brown has furnished me with a clue which I should otherwise have failed to find to the case which he designates "one of fits of an epileptic character, which I attributed to masturbation, and for which I applied caustics to the clitoris without any good results, and then recommended the patient to come to London to undergo the operation of clitoridectomy."

The case was *not* one of fits of any kind whatever, nor did the patient mention having ever had any; but one of chronic eczema of the external organs, in which the suffering caused by the disease would have rendered any attempt at masturbation absolutely impossible. I fortunately have preserved a record of the case in my note-book, from which I make the following extracts.

"Jan. 11th, 1865. Mrs. —, aged 40?, has undergone several operations for lacerated perinæum, which have been successful in great measure; but she suffers very much from irritation at perinæum and vulva, with occasional external redness and swelling. It causes much distress at night. Besides that, however, is not very well, sleeping badly, and having nervous sensations of various kinds. Menstruation regular, slightly postponing; but has much back-ache. Leucorrhœa is but slight. Bowels act with an enema every other day, not else. Youngest child 7 years old. I find perinæum and all parts at vulva itself perfectly healthy; but the præputium clitoridis and upper and inner surface of nymphæ in a state of chronic eczema, with hard white cuticle, a little cracking of skin, and adhesion beginning between præputium clitoridis and nymphæ.

"℞ Zinci oxydi ʒij; glycerini ʒij; aquæ ʒvj—for lotion once a day. Argent. nit. gr. v; aquæ ʒj.

"℞ Liq. pot. arsen. ℥iv; ferri citratis gr. ij. Bis die.

"March 17th. Has not taken medicine regularly; had earache and erysipelas, which called for other treatment; but has used the glycerine lotion a little, and the nitrate of silver solution frequently, which latter allayed the irritation very much.

"The condition is decidedly one of much improvement, the white condition and thickened cuticle being limited almost entirely to the præputium clitoridis; but there are adhesions between the two surfaces of clitoris and nymphæ. Not menstruated for six weeks, when she had an attack of severe pain.

"To try the arsenic again steadily for two months.



"April 7th. Wrote to say she could not now bear the medicine; she had had aching of head and eyes, lost appetite, and had some rash over face.

"Acid and serpentary; then quinine and iron.

"July 9th, 1866. Has varied in condition; has been on and off better; but is now worse again than she has ever been."

Since this date I have not seen the patient.

I have no recollection, nor do my notes, the whole of which I have published, bear any record of any "operation" having been suggested by me; for, indeed, no one but a person who can state that a case of chronic eczema is one of epilepsy, can assert the habitual practice of masturbation by a poor woman whose local disease rendered the slightest touch most painful, and can allege that an application once a day of a weak solution of nitrate of silver to the diseased and thickened skin was designed to burn away the part, would see in the patient's history the possibility of clitoridectomy having been suggested for her cure.

It is, however, possible that, though I do not in the least remember it, I may have said that some small portion of thickened and indurated nympha which caused great irritation to the adjacent tender parts might be snipped off with a pair of scissors by "any apothecary". No one knows better than Mr. Brown the difference between an operation which "any apothecary could do," and which was so trivial that "I did not need to be present at it," and clitoridectomy, which sets its mark upon a woman for life, and calls for an amount of surgical skill in its performance which the operator considers not overpaid by an enormous fee.

I have remarked in my former letter, with I trust no undue severity, on the careless propagation of statements which a little inquiry would have ascertained to be inaccurate. I have no comment to make on the reiteration of a charge which has already received my positive denial. It lies beyond the pale of criticism, below the reach of censure.

I am, etc., CHARLES WEST.

61, Wimpole Street, Dec. 24th, 1866.

#### LETTER FROM ROBERT GREENHALGH, M.D.

SIR,—It is with great reluctance that I occupy my time and your space by noticing the letter which Mr. Isaac B. Brown has inserted in the last number of your JOURNAL. That letter, however, contains sundry statements reflecting so acrimoniously on me, that I think it due to myself to trouble your readers with this brief reply.

I will take Mr. Brown's statements in order. A. If I may judge from the tenor of Dr. West's last letter on the subject of clitoridectomy, he will scarcely think it worth his while to descend again into the arena of controversy; though Mr. Isaac B. Brown may "swear" ever so stoutly, and his nurse take "oaths" without number "before a magistrate." If I may be permitted to place reliance on the evidence adduced in the prescriptions and letters, as quoted, I should imagine that the case was one of chronic eczema. The lotion, I may observe, was stimulating, not "caustic". The allusion to the part being "burnt away", or "cut out", refers probably to some hypertrophy, or adhesion of the nymphae not very uncommon in that affection.

On the delicacy of giving publicity to the letters of the lady to her nurse, I too "leave your readers to form their own judgment."

B. Mr. Isaac B. Brown, referring to my first case, says: "In a case brought to me by an eminent physician in London, Dr. West had given his opinion to the effect that the case was a suitable one for my

operation." He adds: "I am prepared to swear that I was so informed by the physician; that physician was Dr. Greenhalgh." To this assertion I give the most emphatic denial. Dr. West had never seen the patient, at least in consultation with me, as Mr. Brown might have ascertained from her before he made so reckless an assertion. We know on the best and most unquestionable authority that Dr. West never has advised and never would advise clitoridectomy for the object specified, and we are asked to believe that he made an exception to this rule in favour of a patient whose case he had not personally diagnosed, and whom he had never even seen! Mr. Brown complains that this lady had asked me to consult him about her, and I had omitted taking any steps. I submit that Mr. Brown's forgetfulness of professional etiquette in this case seems to have blinded him to the consideration that it would have involved a loss of dignity and self-respect to which I, at least, could with difficulty be reconciled, if I had consented under the circumstances to such a course. The patient, I may simply observe, had been taken out of my hands by the very man to whom I had introduced her! I deny that I ever recommended removal of the clitoris for self-abuse. The patient just referred to stated that she could not and would not discontinue the habit to which she was addicted, and that she would have the part cut out, *coûte qui coûte*. Such being her determination, I advised her to have Mr. Brown's opinion, who was at that time, as I believe, the only surgeon who performed the operation on which she was so resolutely bent. Mr. Brown urged the excision, and promised it would effect a cure. Mr. Brown must know as well as I do that when I was appealed to, I declined to express an opinion, stating that I had no experience, and could have no faith in the result thus confidently promised. The operation was performed in July 1865, by Mr. Brown, and in January 1866 she was worse than ever. In presence of this signal failure of clitoridectomy, it would be an inquiry of great interest to the profession to know what treatment it is which has proved, as Mr. Brown alleges, successful.

C. The profession have now before them two versions of what it is difficult to believe can be the same case. It is no part of my business to determine whether Dr. West, corroborated as he is by Mr. Paget, is more deserving of credit than Mr. Isaac B. Brown. The last named surgeon is, I think, not always felicitous in conveying an exact idea of what actually occurred in particular cases. Whether he has been more fortunate on the present occasion, others must judge.

With regard to the report of my observations at the meeting of the Obstetrical Society, I think it will be generally agreed, that neither the interests of societies nor of the profession at large would be promoted by the publication of the *ipsissima verba* uttered on the spur of the moment at any particular meeting. At the same time, I quite see the difficulty involved in the publication of a report which is not taken *verbatim* from the lips of the speaker. On the whole, however, I suppose the greatest advantage must accrue from the system of reporting in journals which best conveys what the writer really meant to say, and would actually have said, if he had had more time to prepare his words and curtail his observations within a moderate space. It was under the influence of these views that, some days after I spoke at the meeting, I endeavoured to put down on paper as well as I could the purport of what I had uttered impromptu. It seems to me it was my bounden duty to take all care that what appeared in print should be free from any of the inaccuracies incidental to an unpremeditated address unassisted by notes. I can honestly say that, if



have erred in thus amplifying or correcting what escaped from me at the meeting, it was out of no sinister intention, but solely from a desire to be accurate.

Mr. Isaac B. Brown refers to my visits to the Surgical Home. They were paid on the following occasions: March 24th, April 14th, May 19th, June 2nd, December 1st, 1864; and March 6th, 1865. I have the greatest pleasure in recording these visits, and in adding that on every occasion I was received by Mr. Brown with the greatest courtesy and attention. The fact that I paid them at all, and that I paid them so frequently, is a proof that I was determined to judge for myself the merits of that institution; and that, if I now pen an adverse verdict upon it in one of its most important features, I do so "by mine own experience, not by others' talk". I shall always do Mr. Brown the justice to admit that I there saw surgical operations of considerable difficulty executed with conspicuous success. But I saw more than that. Truth compels me to add, that I there saw scenes and heard details which I will not further characterise than by saying that I thenceforth advised my class never again to visit that institution, and came to a like resolution as regards myself.

I desire to express my regret at having alluded, as it is alleged, prematurely to Dr. Harling's case. It is, however, a satisfaction to me to find, from that gentleman's letter, that the statement I made was correct. "A relapse occurred within three weeks of the operation, and at the present time the wretched patient is in a pitiable and unmitigated plight of general nervous distress, and has sustained a return of the irritation which the excision of the clitoris was designed to eradicate."

To conclude this thoroughly nasty subject, I am of opinion that Mr. Isaac B. Brown's theories are founded on the most unwarrantable assumptions respecting practices to which it is calumniously pretended the women of England are largely addicted; and I am further of opinion that the operation to which Mr. Brown gives such offensive publicity is not only utterly futile in effecting the alleged cure, but is further fraught with considerable danger to the morals of the public and the high tone of the profession. I am, etc., ROBERT GREENHALGH.

77, Grosvenor Street, W., December 26th, 1866.

[Dr. Greenhalgh's theory of reporting at societies can hardly pass without remark. The object of speakers who report their own speeches should obviously be to give them with as nearly as possible literal accuracy, and to avoid introducing new matter. Dr. Greenhalgh's intentions on the present occasion were clearly of the best kind, and we have no intention of impugning his motives in criticising his theories. The system of reports made by speakers after "due thought" or the lapse of days is, however, open to objection; and we think that the time has come for a revision of the system of reporting at societies. EDITOR.]

## INFLUENCE OF NERVE-DISORDERS ON NUTRITION.

LETTER FROM E. M. C. HOOKER, L.R.C.P.Ed.

SIR,—In your JOURNAL a few weeks ago, was a letter from Mr. Paget, calling attention to, and courting inquiry in, what appears to me a matter of great interest to the physician: viz., the effect of nerve-disorders on nutrition.

My attention was forcibly directed to this subject by a case published by myself in the *Lancet* seven years ago, but which I had better briefly recapitulate. Jane B., aged 26, had been for fifteen years the

subject of a very painful condition of the leg, attended by ulceration and atrophy. She had been treated by the most eminent London surgeons, but had received little or no relief. With a view to afford some ease to the tormenting pain, I cut down on, and made a section of, the popliteal nerve as high up as I could well reach it.

The result was most satisfactory; within three months, the ulceration was at an end; the limb, from being wasted to the last degree, assumed the appearance of most perfect development. The patient, who had been for years dependant on crutches, was able to walk four miles without any aid from crutch or stick. So much for the case.

The question at once arises: if this degenerate limb could be so thoroughly restored by such direct interference with nervous supply, why should not more highly organised tissues be repaired? If tuberculosis, etc., is ever to be under the control of the physician, I feel strongly that it will be by directing attention to the matter of nerve-supply.

I am, etc., E. M. C. HOOKER.

Tunbridge, November 28th, 1866.

## FACTS CONNECTED WITH THE EARLY HISTORY OF VACCINATION.

LETTER FROM R. T. HUNT, Esq.

SIR,—The following correspondence between the late Dr. Jenner and my father, may perhaps be interesting to the members of the Association.

"136, New Bond Street, 1st February, 1802.

"My dear Sir,—Knowing that you have carried the vaccine inoculations to a very considerable extent, I take the liberty of requesting you to favour me with the general result of your practice; particularly with your opinion respecting the fact, whether the inoculation of the cow-pox is a safe and efficacious preventive of the small-pox.

"My motive for making this request, is the possibility that in a little time the subject may undergo Parliamentary discussion, and I wish to be prepared with correct statements for the inspection of the House of Commons. Allow me to observe, that I by no means want you to take the trouble of going into detail, but only to give a compressed statement of facts. Perhaps it would be as well to state the numbers inoculated; then to point out instances of resistance to the small-pox; and, finally, your opinion of the merits of the new mode of inoculation.

"The sooner you can indulge me with a reply, the more you will oblige,

"Dear sir, yours very faithfully,

"E. JENNER.

"P.S. Say nothing of Parliament in your letter.

"I have enclosed one of my late papers of instructions; which, I fear, you will hardly think worth the price of a double letter.

"To Mr. Hunt, surgeon, Burford, Oxon."

"Dear Sir,—Not long since, I had the pleasure of seeing my friend Mr. Dutton in town, and expressed a wish to him, if he should chance to see you, to request the favour of you to send me your evidence upon vaccine inoculation. I know you have gone far into it, and can give me some strong facts. I would not wish to trouble you in going much into detail. Be so good as to say what numbers you have inoculated, and with what success, and give me your opinion whether or not the small-pox might not be driven from the earth by the universal adoption of vaccine inoculation?.....

"Dear sir, your very faithful humble servant,

"E. JENNER.

"New Bond Street, March 3rd, 1802."



"Burford, Oxon, March 8th, 1862.

"Dear Sir,—Having tried the vaccine inoculation in 817 patients, many of whom have since visited patients in small-pox houses in all the different stages of that direful disease, both in the natural and inoculated small-pox, and ate and drank in company with them; and having also repeatedly inoculated some of my vaccine patients with the most active small-pox virus; all of which tests they have all uniformly resisted—I feel fully justified in stating that the vaccine inoculation, when judiciously conducted, and the requisite attention is paid to the progress of this benign disease, is a safe and efficacious preventive of the small-pox.

"I am, dear sir, with great respect,

"Your obedient servant,

"THOMAS HUNT.

"To Dr. Jenner, 136, New Bond Street, London."

In reference to the manner in which my father tested the efficacy of vaccination, I may mention that my native town Burford was so severely visited by small-pox during the last century, that a pest-house was built about half-a-mile from the town, to which the small-pox patients were removed. After my two elder brothers had been successfully vaccinated, my father sent them, together with my mother, who had in early life had the natural small-pox, to live for some weeks in the pest-house, which was then full of small-pox patients. The result was their perfect immunity from the disease. The original letters, together with a report of the different numbers vaccinated at each town or village, were shown at the last meeting of the Manchester Medical Society.

I am, etc.,

R. T. HUNT.

Manchester, Nov. 10th, 1866,

**GREAT NORTHERN HOSPITAL.** The Right Hon. Earl Grosvenor, M.P., has kindly consented to take the chair at the anniversary dinner of this hospital, to be held in the spring. The Committee intend trebling the number of beds, and are liable for £7,000 to complete the purchase and furnishing of the new hospital. Additional wards will be opened as soon as funds warrant the Committee in doing so.

**SWINGING AS A REMEDY.** Dr. Brown-Séquard recommends the use of the swing as a preventive of nervous paroxysms which recur periodically. In certain cases of hysteria and epilepsy, he has prevented the paroxysm by engaging his patient in violent swinging at the first indication of the accession of the fit. The *modus operandi* is easily explained.

**VITAL STATISTICS OF THE PUNJAB.** A first attempt has been made to collect vital statistics of the general population in the Punjab. In a population of 14,820,845, there are said to have been 253,838 deaths, or only 1.71 per cent. As the death-rate in England is 22.36 per thousand, this is evidently considerably understated. The rate varies from 3.95 per cent. in Montgomery district to 0.42 in Simla, and only 0.92 in hot Mooltan, and 0.79 in sickly Peshawur. Of the total number of deaths, 3,148 were from violence, 66,222 from small-pox, 3,310 from cholera, 139,065 from fever, and 40,969 from other diseases. Epidemic cholera did not appear except in Ferozepore. There were 156 suicides, 30 were poisoned, 601 died from snake-bite, 204 from wounds, 176 from wild beasts, and 1,981 from accidents. These statistics were collected by Dr. Dallas, inspector-general of dispensaries, through the district officers who employed the village police. The people gave information very willingly.—*Homeward Mail*.

## Medical News.

**ROYAL COLLEGE OF PHYSICIANS OF LONDON.** At a general meeting of the Fellows, held on Saturday, December 22nd, the following member of the College was duly admitted a Fellow of the same.

Travis, Nathaniel Allen, Nice

At the same meeting, the following gentlemen, having undergone the necessary examination, were duly admitted members of the College:—

Bateman, Frederic, M.D. Aberdeen, Norwich  
Bäumler, Christian Gottfried Heinrich, M.D. Erlangen, 10, Finsbury Place North  
Headley, Walter Balls, M.B. Cantab., 5, Tavistock Place  
Lee, Robert James, M.B. Cantab., 4, Savile Row  
Paxton, Francis Valentine, M.B. Oxon., West Dean, Chichester  
Whipham, Thomas Tillyer, M.B. Oxon., St. George's Hospital

**UNIVERSITY OF OXFORD, 1866.** Final Medical Examinations for the Degree of B.M.

Whipham, Thomas Tillyer, M.A., Oriel  
Whitwell, John Maude, M.A., Pembroke

**First Medical Examination.**

Corfield, William Henry, B.A., Pembroke  
Flowers, William Field, B.A., St. Alban Hall

### APPOINTMENTS.

#### ARMY.

BRYSON, Surgeon A., M.D., 76th Foot, to be Surgeon 27th Foot, *vice* W. A. Thompson, M.B.  
HOOPER, Staff-Surgeon A., to be Surgeon 30th Foot, *vice* Surgeon-Major R. W. Read.  
READ, Surgeon-Major R. W., 30th Foot, to be Staff-Surgeon-Major, *vice* A. Hooper.  
THOMPSON, Surgeon W. A., M.B., 27th Foot, to be Surgeon 76th Foot, *vice* A. Bryson, M.D.  
WALL, Staff-Surgeon T. F., to be Staff-Surgeon-Major, having completed twenty years' full-pay service.

**AN UGLY CANARD.** It is stated (says the *Sunday Gazette*) that, at a large military hospital established in Breslau-on-the-Oder, in Silesia, by order of the Prussian Government, a circular saw worked by steam is to be used for the purpose of amputating such limbs of wounded soldiers as the surgeons shall direct to be taken off.

**DONATION.** A lady named Dimond, residing in Southampton, has given her house and its furniture to the Committee of the Royal South Hants Infirmary for the benefit of that institution, and has gone to reside in lodgings. The furniture has been sold by auction, and fetched £500; and the house has been let for nearly £100 a year.

**CARNARVON.** The authorities are said to have for the last few years uttered continual warnings on the subject of want of drainage and filthy courts. In the various quarters of Carnarvon where deaths have taken place, there is no difficulty, it appears, in tracing the causes either to crowded neighbourhoods, overflowing cesspools, absence of drains, or drains without traps. About one-fourth only of the town is at present supplied with water, by no means of the best or purest, by two companies, which have been bought off by the corporation, which body obtained an Act during the last session of Parliament for supplying the whole town with water from Quellan Lake, about five miles from the town, on the Beddgelert road. This water was analysed by Mr. Herepath, who pronounced it to be the purest water he had ever tasted. But for the opposition of some small landed proprietors, the new waterworks would be now almost completed. All propositions for a thorough system of drainage, too, have been met by popular clamour and objections to pay the requisite rates.—*Builder*.



**BEQUESTS.** St. Mary's and the Cancer Hospitals have just had £100 each bequeathed to them by Sir John Pollard Willoughby, Bart., of Westbourne Terrace, formerly of Bombay, who has also bequeathed 2,000 rupees to the Grant Medical College, Bombay, and sums to other institutions not strictly medical.

**ARMS AND LEGS.** Since the beginning of the late rebellion up to May 11th of the present year, the American Government has furnished gratuitously to disabled Union soldiers the following number of artificial limbs:—arms, 2,134; legs, 3,784; hands, 144; feet, 9; apparatus for excision, 104. The cost of the same amounted to \$357,728.

**THE BENGAL MEDICAL SERVICE.** The offer made by the Government, of a retiring pension of £250 a year, without putting in the required period of service, has naturally found ready acceptance amongst the inspectors-general and deputy inspectors-general of hospitals in the Bengal medical service. The *Englishman* believes that there is a race amongst them who shall first accept the proffered pensions and get away; that Dr. E. Hare, deputy inspector-general of hospitals, Lahore circle, has sent in his papers to accept the pension and retire from the service; and that other officers either have accepted or intend doing so, in order that the reduction of the administrative medical staff to the minimum desired by the Secretary of State, and prescribed in his orders recently published, may be carried out. [We pointed out last week the injustice involved in delaying the promotion of those next in rank, to whom compensation should be made, as we think.]

**THE CONTAGIOUS DISEASES ACT.**—The necessity for putting in force at Aldershot the provisions of the Contagious Diseases Prevention Act has formed the subject of a memorial from the Farnham Board of Guardians to the Secretary of State for War, the Guardians complaining of the heavy expense entailed upon the Union by the admission to the workhouse infirmary of a large number of women requiring a long course or medical treatment. The following reply to the memorial has been received, addressed to the Clerk of the Guardians:—"War-office, Dec. 10, 1866. Sir,—I am directed by the Secretary of State for War to acknowledge the receipt of your letter of the 6th inst., and to acquaint you in reply that he is anxious that arrangements should be made for putting the Contagious Diseases Act into force without delay at Aldershot, a building for a hospital having already been selected, and that he has called for information which he hopes may enable him to do so effectually. I am to add that the delay which has occurred has been mainly due to the difficulties interposed by the Hampshire magistrates in occupying the War Department building (chosen for a hospital) by the constabulary at Aldershot.—I am, sir, your obedient servant, EDWARD LUGARD."

**MILK AND WATER.**—The water cholera theory of the Registrar-General is not yet accepted by scientific men as proved, for a good many reasons, of which we shall probably hear more as the more deliberately worked out reports of the medical officers of health and the special commissioners of the Privy Council are completed and published. Meantime it has been a matter of some difficulty to merely practical and unscientific persons to understand how, amongst a population of whom a very small proportion ever drink unboiled water, the cholera should be so widely spread by that agent. Will the prevalence of adulteration help to solve the difficulty? Beer we all know to be largely adulterated with unboiled water, and London milk equally or more so. Even country milk, it appears from a statement in a medical contemporary, is not free from admixture with water

drawn from surface-wells suspiciously near to cess-pools and dunghoops and drains. We have no hope of stopping this sophistication; but may we appeal to the consciences of the adulterators—or such remnants of conscience as may be presumed to be in their possession—to boil the water before they adulterate our beer and our milk? It would, perhaps, be too great a stretch of indulgence to expect that it should be filtered through charcoal.—*Pall Mall Gazette*.

### OPERATION DAYS AT THE HOSPITALS.

**MONDAY.**.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.  
**TUESDAY.**....Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.  
**WEDNESDAY.**...St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.  
**THURSDAY.**....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.  
**FRIDAY.**.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.  
**SATURDAY.**....St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

### MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

**TUESDAY.** Pathological Society of London, 8 P.M.—Anthropological Society of London, 8 P.M.  
**WEDNESDAY.** Obstetrical Society of London, 7 P.M., Special Council Meeting, 8 P.M., "Fœtal Peritonitis in Utero", by W. A. Hunt, Esq.; and other papers. 9 P.M., President's Address.  
**THURSDAY.** Harveian Society of London, 8 P.M. A paper by the President; "Report of the Committee on Infanticide and Infant Mortality"; *Conversazione*.

### TO CORRESPONDENTS.

\* \* \* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

**COMMUNICATIONS.**—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

**CORRESPONDENTS**, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

The Publisher begs to intimate that orders for JOURNALS sent by post must be accompanied by stamps for the amount. Price of each number is, by post, *sixpence*.

**A JUNIOR**, Cheltenham.—The result of the preliminary examination in arts, etc., at the College of Surgeons, will not be made known for two or three weeks. There were nearly one hundred and forty candidates, including seventeen for the Fellowship.

**A FREE VACCINATOR** shall receive a detailed answer next week.

**MR. ROBERT MARCHANT**, Taunton, wishes to know how the sulphate of iron is used for the purpose of poisoning rats.

We are indebted to Mr. C. C. Wallis for his good wishes.

**VACANT ASSISTANT-SURGEONCY AT CHARING CROSS HOSPITAL.**  
**SIR**,—I was very much startled last week by reading an announcement in a medical journal to the effect that I was to have the vacant assistant-surgery at Charing Cross Hospital. I beg to inform you that not only is there no vacancy at the Charing Cross Hospital for an assistant-surgeon, but that I have not the honour of being either directly or indirectly connected with that institution.  
I am, etc.,

10, Portman Square, Dec. 27, 1866.

W. F. TREVAN.



## GRANTS FOR SUCCESSFUL VACCINATION.

A FREE Vaccinator has seen the notices which we recently gave of "Public Grants for Successful Vaccination", quoted in the *Scotsman*, and asks whether Scotland is to participate, etc. In reply to his questions, we have to say, that the powers of the Privy Council in the matter of vaccination are confined to England and Wales, *ergo* the granting of awards to public vaccinators is limited to the same portions of the United Kingdom. We are not aware of a similar system of awards being in operation in Scotland, the public vaccination of which division of the United Kingdom is under the direction of the Board of Supervision in Scotland.

**PRELIMINARY EXAMINATIONS.**—In reply to several correspondents anxious to know when the reports of the examiners on the recent examinations in arts, etc., at the College of Surgeons will be made known, we have ascertained that at least a fortnight must elapse before the result can be communicated to the Council.

## NEURALGIA AFTER SHINGLES.

SIR,—I fear your correspondent A.C. will find his case of "neuralgia after shingles" very rebellious to treatment. Some months ago, I attended a gentleman with a most severe attack of "herpes zoster". His general health much improved after the eruption; and, instead of being sallow and depressed, as he was before the attack, he became clear in his complexion, and active in mind and body. The neuralgia that has succeeded bids defiance to all remedies. As he is disposed to slight gout and rheumatism, iodide of potassium, colchicum, and afterwards steel and quinine, have been ordered, without any relief to the local pain and irritation. Belladonna, tincture of aconite with laudanum, rubbed into the part, as recommended by Mr. Erasmus Wilson, have also failed. Change of air, and the most regular diet, have done no good for the neuralgia. In other respects, my patient is so much better in health than he has been for years, that he objects to a course of arsenic, which I have frequently advised. I have some faith in this powerful alterative; and I fully agree with Mr. Morgan of Bristol, that it would be well to give it a fair trial. I may observe, that my patient's eruption commenced on the left side of the neck, extending from the shoulder to the back of the ear and side of the head, in the course of the cervical nerves; it then appeared on the right forearm, and afterwards in the abdominal region. Mr. Wilson never saw the patient; but, in answer to a letter which I addressed to him, he thus writes:—"As a herpes zoster, the case is anomalous; for that disease never attacks more than one side of the body, and generally confines itself to the distribution of an approximal group of nerves," etc. It was not complicated with eczema, nor any other eruption. The pain and irritation now generally come on at night, followed by heat and redness of the left side of the neck. Nothing affords so much relief as a lotion made with the liquor plumbi diacetatis and laudanum. This my patient used in the acute stage; and for temporary relief it answers equally well in the chronic.

I am, etc., W. H. DAY.

10, Manchester Square, W., December 18th, 1866.

## NEURALGIA FOLLOWING SHINGLES.

SIR,—In a recent number of your JOURNAL, a correspondent asks what remedy best relieves the neuralgia following shingles. It so happens that I have just had two cases under my care; and, after trying quina internally, and local applications of iodine, veratrin ointment, and various opiate lotions, with but little benefit, I bethought me of aconitia (Ph. Brit.) in the proportion of two grains to half an ounce of rectified spirit. The good effect was most marked, after painting it once or twice over the affected part. The only drawback is the expensiveness of the remedy.

I am, etc., G. GODDARD ROGERS, M.D.

Grosvenor Street, W., December 18th, 1866.

**THE DERBY GUARDIANS** have engaged in a squabble with Mr. Lindley, their surgeon. The dignity of the chairman and the members was terribly hurt by some observations, and especially by some "gesticulations" of Mr. Lindley. The result of the matter has been that Mr. Lindley, whose "gesticulations" are described as having been fearful, has resigned; and, perhaps on the whole, it was the best thing that he could do under the disagreeable circumstances.

F. C. H. can best protect himself by openly and plainly denouncing the conduct which he describes, taking care that his language be moderate though firm, and that the facts of which he speaks have been rigorously tested. The position is, no doubt, a very difficult one. Misstatements of any kind from which specific damage can be shown to have resulted will, of course, carry damages if it should be necessary, which we trust it will not, to resort to law.

**ERRATUM.**—In the correspondence on Mr. Walter Coulson and the Hospital for Stone, that gentleman wishes to substitute a reference to the "Article Lithotripsy" on Holmes's *System of Surgery* for "Lithotomy".—In Dr. Harling's letter of last week, for "our experienced surgeon," read "an, etc."

MR. EDWARD BELLAMY writes to say that he is not a candidate for the Vacant Assistant Surgeoncy for the Westminster Hospital, for which his name has been mentioned.

H. S.—Mr. Elliott, Surgeon to the Chichester Infirmary, performed lithotomy three times on the same subject. Another distinguished provincial surgeon, Dr. Scott of Southsea, Hants, was the first person in this country who successfully performed the operation of oesophagotomy. It has been done since by Mr. Cock of Guy's Hospital.

MILES.—We have not lost sight of the question; but it is desirable to wait a little longer before discussing the subject openly.

## THE BERMUDA BLINDERS.

THE *Bermuda Colonist* states that the epidemic of yellow fever which proved so fatal to the Queen's Regiment, was traced to an external source.

"A steamer from Wilmington arrived here, and as she was by some suspected as a 'tainted' vessel, the cry of warning was raised against her by an unfortunate journalist at the time; but mercantile interests and influence were brought out to smother the cry, and a card was immediately published over the signatures of certain army medical gentlemen, contradicting the warning raised against the ship as an infected vessel; but, after the disease had developed itself, there was no doubt whatever in the public mind concerning its introduction."

It concludes as follows:—"However, the object of Dr. Barrow's report, and the article of the *BRITISH MEDICAL JOURNAL* referring to it, being obviously intended to strengthen the position of the medical gentlemen of the army in their science, and thereby to enable them to carry out a more efficient system of sanitary provisions than has been hitherto carried on in towns like ours, we feel very sanguine that much good will be brought to light from this very important subject."

MR. BOTT of Bury shall receive an answer shortly. We are making further inquiries on the subject.

BERMUDA will see that the same series of facts are stated in Colonel Attye's letter, which we publish elsewhere.

X. asks:—Can any of your readers tell me what is "a camphor moxa", of which I read as being extremely beneficial in some obstinate cases of sciatica, where hypodermic injection of morphia has failed? also, what is the best and least irritating formula for the solution of morphia for hypodermic injection?

PAPERS are in type by Mr. Paget, Professor Christison, Professor Longmore, Mr. Henry Thompson, Mr. Berkeley Hill, Dr. Down, Dr. Wm. Newman, Dr. A. T. H. Waters, Dr. S. W. D. Williams, Dr. Cossar, etc., and will be published in early numbers.

COMMUNICATIONS, LETTERS, etc., have been received from:—Lieut.-Colonel Attye; Dr. Cogan; Mr. Walter Coulson; Dr. Harling; Dr. William Budd; Dr. E. Waters, Chester; Dr. Lingen, Hereford; Mr. Brendon Curgenven; Dr. Maudsley; Dr. J. Marion Sims, Paris; Mr. Charles Lahee; Professor Christison; Mr. T. B. Bott, Bury; Mr. Trotter, Durham; Mr. Donnelly, Dublin; Dr. Peacock; Dr. M. Mackenzie; Dr. W. Newman, Stamford; Mr. William Copney; Mr. T. Symson; Mr. T. M. Stone, H. B. F.; Dr. Charles West; Dr. Harling; F. C. H.; Dr. Miller, Glasgow; Secretary of the Great Northern Hospital; Mr. E. Bellamy; Mrs. Baines; Mr. Marchant, Taunton; Mr. C. C. Wallis, Castle Carey; Dr. Gibbon (with enclosure); Dr. S. Wood (with enclosure); Dr. J. L. H. Down; Dr. Greenhalgh; Mr. W. Corke, St. Stephen's, Tonbridge; Dr. Parkes; The Honorary Secretary of the Obstetrical Society; and Dr. W. B. Herapath.

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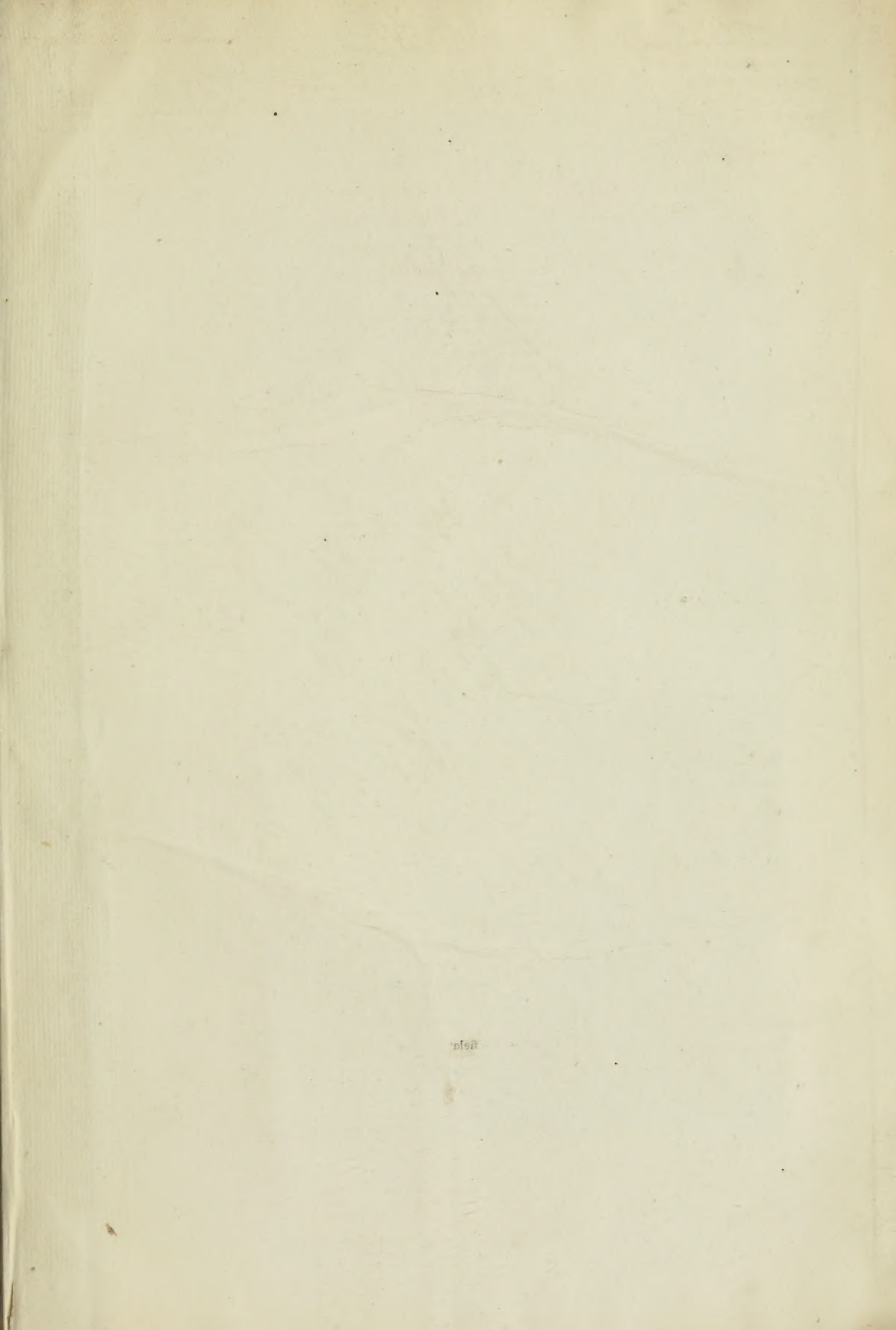


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